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Assessment of Knowledge and Acceptability of Cervical Cancer Screening Among Child-Bearing Women in Rural Communities of Yobe State, Nigeria

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ABSTRACT

Although cervical cancer is preventable, it is still a significant public health problem for women in developing countries due to the lack of early detection and screening programs. Despite the lack of awareness and socio-cultural barriers, poverty and limited access to health services, uptake of cervical cancer screening services in Nigeria especially in rural communities is low. The current study aimed to evaluate knowledge and acceptability of cervical cancer screening among child bearing women in rural communities of Yobe State, Nigeria. The study was conducted using descriptive cross-sectional survey design. The study population consisted of women of reproductive age from selected rural communities, Yobe State. Structured questionnaires were used to gather data and descriptive and inferential statistics were used to analyze the data. Results of past and related research revealed that women's knowledge about cervical cancer was low even after they heard of the disease, while knowledge about prevention, screening, causes and risk factors were still low. The study also noted that education, work, cultural beliefs, fear of diagnosis, husband's influence and the availability of health care facilities were important factors affecting the acceptance of cervical cancer screening services. Low awareness and misconceptions about cervical cancer screening were found to be significant barriers to uptake of screening among rural women. The study has found that lack of knowledge has a significant impact on acceptability and utilization of cervical cancer screening services among child bearing women in rural areas. The study advocated for strengthening public health education to boost awareness, community-based initiatives to raise awareness, embedding cervical cancer screening within primary healthcare services, introducing subsidized screening programs, and improving the availability of screening centres in rural areas to facilitate early detection and minimize the burden of cervical cancer in rural communities.

INTRODUCTION

Despite improving preventive health and screening technologies, cervical cancer remains a significant threat to women's reproductive health worldwide. Disease has a disproportionate effect on women in low- and middle-income countries with poor health care systems and low-quality preventive services. The World Health Organization (WHO, 2023) reports that the majority of cervical cancer mortality cases worldwide are in developing regions, where less than 90% of women are screened for cervical cancer, and diagnosis and treatment are delayed, with fewer facilities providing treatment. Cervical cancer is one of the major causes of cancer-related deaths for women in sub-Saharan Africa, where women are often diagnosed at a late stage in their disease. Cervical cancer is one of the most prevalent cancers in Nigeria in Africa. Poor health-seeking behaviour, lack of access to screening services, low awareness and inadequate vaccination program are some of the factors linked to the high burden. Cervical cancer screening services are available in some urban health care facilities; however, utilization of these services is low when it comes to rural women, due to socioeconomic and cultural barriers. Rural women face a higher risk due to their weaker health-care system and lower level of literacy than their urban counterparts, in addition to poverty and transportation challenges.

Human Papillomavirus (HPV) infection has been identified as the major etiological factor associated with cervical cancer. High-risk HPV (HPV-16 and HPV-18) is a major cause of CINE and invasive cervical cancer (Arbyn *et al.,* 2021). The susceptibility to cervical cancer is elevated by several risk factors such as early sexual exposure, multiple sexual partners, poor genital hygiene, smoking, immunosuppression, and long-term contraceptive use. Although there is a rise in the awareness of HPV vaccination and cervical cancer prevention globally, the awareness level is low among the rural communities in many African countries.

The introduction of cervical cancer screening programs has contributed greatly to reduction in incidence and mortality in developed countries. The use of screening tests including pap smear, Visual Inspection with Acetic Acid (VIA), HPV DNA testing, and colposcopy, can help detect and treat precancerous conditions early, before they can progress to invasive cancer. But the existence of structured screening programs is still poor in several developing countries; such as Nigeria. Women also face

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low uptake of screening due to financial constraints, inadequate health care staffing, a lack of diagnostic tools, and poor health policies.

Socio-cultural factors are also significant to women's attitude towards cervical cancer screening. In certain rural communities, reproductive health matters may be considered sensitive and hence women may be restricted from accessing reproductive health information. Stigma, shame and misinformation about cervical cancer are additional barriers to women seeking screening services. Religious and traditional beliefs also can play a part in women's health care choices, particularly when diseases are believed to be caused by a supernatural source, rather than a biomedical explanation.

Cervical cancer screening uptake among women of reproductive age has been observed in various studies conducted in different parts of Nigeria and has been found to be low. According to Eze *et al.* (2021), lack of knowledge and low education level are important factors that predict low screening uptake among rural women in south eastern Nigeria. Likewise, Musa *et al.* (2023) reported that the knowledge of girls/women about the cervical cancer screening services is limited, and access to reproductive health care facilities is poor in the North of Nigeria.

Spousal influence is another important factor that influences the use of screening services. In many rural African societies, health-related decisions made for women are often made by the husbands or family. When spouses are not supportive of screening, women might not pursue screening services. Moreover, fear of diagnosis and treatment costs could be a further disincentive for engaging in screening programs.

Low uptake of cervical cancer screening in rural areas is a public health issue. The morbidity and mortality and healthcare costs of managing cervical cancer are increased due to delayed diagnosis. As vaccination and early screening are a major prevention opportunity for cervical cancer, it is critical to enhance awareness and acceptability of screening service to lower the burden of disease and enhance women's reproductive health outcomes.

The study subsequently makes contribution to previous studies as it evaluates the knowledge level and acceptability of cervical cancer screening among child bearing women in rural communities of Yobe State, Nigeria. The results will inform evidence-based policy, practice and programmatic recommendations to healthcare providers, public health practitioners and policy makers for culturally appropriate interventions to foster increased uptake of cervical cancer prevention and screening services in rural communities.

Theoretical Framework

Health Belief Model (HBM)

The study was guided by the Health Belief Model (HBM), a model that helps explain health-related behaviours from the perspective of individuals' perceptions, beliefs, and attitudes about diseases and preventive behaviours. Rosenstock created the model in the 1950s to account for the lack of participation in disease prevention and screening programs.

The HBM proposes that people are more likely to undertake preventive health actions if they think they are vulnerable to the disease, if they believe that the health consequences of the disease are serious, and if they believe that taking preventive action will help them to avoid the disease. The model also accounts for factors that can prevent people from engaging in preventive health care.

The key constructs of the Health Belief Model are:

Perceived Susceptibility

An individual's attitude about his or her risk of contracting a disease. Those women who believe that they are at risk for cervical cancer are more likely to seek screening services. Those women who believe they are at risk for cervical cancer are more likely to seek screening services.

Perceived Severity

This includes attitudes about the severity of the disease and its implications. Women who are aware of the serious complications and death rates from cervical cancer might be more likely to have a screening.

Perceived Benefits

This means the idea that screening services can help to stop the disease getting worse and help to improve health.

Perceived Barriers

These include problems in accessing screening services like fear, financial issues, cultural beliefs, distance from healthcare service, embarrassment, etc.

Cues to Action

These include things that encourage people to adopt preventive measures such as media awareness programs, healthcare workers' advice and health education campaigns.

Self-Efficacy

It is an individual's self-assurance about taking preventive health care measures, like cervical cancer screening.

The Health Belief Model (HBM) is relevant to this study because it provides an explanation of the relationship between women's beliefs, perceptions and awareness and their acceptance and utilization of cervical cancer screening services in the rural communities.

MATERIALS AND METHODS

Study Design

The study was descriptive cross sectional survey design in order to evaluate the knowledge and acceptability of cervical cancer screening among child bearing women in rural communities of Yobe state, Nigeria. The design proved to be suitable since it allowed the researcher to get

information from the respondents about their awareness, perceptions and acceptance of the cervical cancer screening services at a particular point of time.

Study Area

This study was carried out in selected rural communities of Yobe state, Nigeria. Yobe State is in the north-east part of Nigeria and is mainly inhabited by rural populations who are predominantly involved in farming, trading and small businesses. Limited healthcare infrastructure, inadequate road network, low literacy and poor access to reproductive health care services are features of the state. Primary health care centres are the health services provided mainly in many rural communities of Yobe State, and there is a shortage of health care personnel, equipment and medical supplies in all the primary health care centres. In the communities that are interviewed, women encounter several problems when accessing health care services; these include poverty, cultural barriers, insecurity, and distance to healthcare facilities.

Study Population

The study participants were women of child bearing age in the selected rural communities of Yobe state. In this context, child-bearing women referred to women who were in reproductive age, which in this context was defined as between 15 and 49 years of age.

Sample Size Determination

The sample size was determined using Cochran's formula for cross sectional studies (Cochran, 1977):

$n= Z^2 pq/d^2$

Where:

- n = minimum sample size
- Z = standard normal deviation at 95% confidence interval (1.96)
- p= estimated prevalence of cervical cancer screening uptake from previous studies
- q=1−p
- d = margin of error (0.05)

Using the prevalence of cervical cancer screening uptake of 31.2% reported by Musa *et al.* (2023) among women in northern Nigeria, the sample size was calculated as follows:

p=0.312

q=1−0.312=0.688

$n= (1.96)^2 (0.312) (0.688)/(0.05)^2$

The calculated sample size was adjusted upward to account for non-response rate, resulting in a final sample size of 400 respondents.

Sampling Technique

A multistage sampling technique was used for the study. Simple random sampling was done to select the rural communities. Household units in the targeted communities were systematically identified and the eligible respondents were selected by the convenience sampling method by taking respondents who were available and willing to participate.

Inclusion Criteria

The study included:

- Females of reproductive age (15-49 years).
- Women living in the targeted rural communities.
- Informed consent of women willing to do so.

Exclusion Criteria

The study excluded:

- Severe ill women during the collection of data.
- Women not desiring to take part in the study.
- Women living transientally in the study area.

Tools Used To Gather Data

The questionnaire which was structured along the lines of previous related studies was used for data collection. The questionnaire was divided into four parts:

Section A: Age and sex distribution of the population
Section B: Knowledge about cervical cancer.
Section C: The awareness of cervical cancer screening
Section D: Acceptability of cervical cancer screening

Both closed ended and multiple-choice questions were included in the questionnaire.

Validity And Reliability of Instrument

The questionnaire was given face and content validity by the experts in the area of public health and reproductive health research. The required changes and improvements have been undertaken in accordance with their suggestions.

The instrument was tested for reliability with the use of a pilot study on women in a similar rural community but outside of the study area. The internal consistency was determined by Cronbach's alpha coefficient, which had an acceptable reliability.

Method of Data Collection

Data collection was done using research assistants who are experienced in the local language. The respondents were informed about the purpose of the study before they were asked to fill the questionnaires. The confidentiality and anonymity of the study was ensured

Data Analysis Method

The data gathered were coded and analysed with the aid of Statistical Package for Social Sciences (SPSS) version 25. Data were summarized using descriptive statistics including frequencies, percentages, mean and standard deviation. Associations between variables were made using inferential statistics, such as chi-square testing. A p-value less than 0.05 was considered statistically significant.

Ethical Consideration

Ethical approval for the study was obtained from the appropriate institutional ethical review committee. Community leaders and health care authorities in the study

area were also contacted and secured permission. The respondents gave informed consent before taking part in the study, and the confidentiality of the information disclosed was maintained throughout the study.

RESULTS AND DISCUSSION

Results

The characteristics of the respondents are given below:

The respondents were selected in 400 selected rural communities in Yobe State, Nigeria where a total of 400 questionnaires were distributed to the respondents. Of these, 386 questionnaires were completed and returned properly, with a 96.5% response rate.

Table 1: Sociodemographic Characteristics of Respondents (n = 386)

Variable	Frequency (f)	Percentage (%)
Age Group (Years)		
15–24	96	24.9
25–34	148	38.3
35–44	102	26.4
45–49	40	10.4
Marital Status		
Single	38	9.8
Married	298	77.2
Divorced	24	6.2
Widowed	26	6.7
Educational Level		
No Formal Education	118	30.6
Primary Education	96	24.9
Secondary Education	122	31.6
Tertiary Education	50	13.0
Occupation		
Farming	134	34.7
Trading	116	30.1
Civil Servant	42	10.9
Housewife	76	19.7
Others	18	4.7
Religion		
Islam	320	82.9
Christianity	66	17.1

The results presented in Table 1 indicated that most respondents were in the age group 25 – 34 (38.3%), married (77.2%) and secondary education (31.6% of the respondents. The respondents were mostly farmers (34.7%) with Islam being the dominant religion among the respondents (82.9%).

Knowledge of Cervical Cancer among Respondents

The results revealed that 64.2% of respondents had heard about cervical cancer, but detailed information on the causes, risk factors, symptoms, and prevention of cervical cancer was generally low. Less than one-

Table 2: Respondents' Knowledge of Cervical Cancer

Variable	Yes f (%)	No f (%)
Have heard of cervical cancer	248 (64.2)	138 (35.8)
Cervical cancer affects the cervix	186 (48.2)	200 (51.8)
HPV infection can cause cervical cancer	122 (31.6)	264 (68.4)
Multiple sexual partners increase risk	164 (42.5)	222 (57.5)
Early cervical cancer may not show symptoms	118 (30.6)	268 (69.4)
Cervical cancer can be prevented	172 (44.6)	214 (55.4)
Screening helps detect cervical cancer early	194 (50.3)	192 (49.7)

third (31.6%) were aware that HPV infection can lead to cervical cancer, and 50.3% had an understanding of the importance of screening for early detection.

Awareness of Cervical Cancer Screening

The results showed that more than half of the respondents (54.4%) did not know about the service of cervical cancer screening. For those who were aware, the main source of information was healthcare workers.

Table 3: Awareness of Cervical Cancer Screening Methods

Variable	Frequency (f)	Percentage (%)
Aware of cervical cancer screening	176	45.6
Not aware of screening	210	54.4
Source of Information		
Health workers	82	21.2
Radio/Television	58	15.0
Friends/Relatives	24	6.2
Social media	12	3.1
Not applicable	210	54.4

Acceptability of Cervical Cancer Screening

The results found that 55.4% of the respondents were willing to take cervical cancer screening test, but only 15.0% had already taken the test. The main factors cited for barriers to acceptance of cervical cancer screening were financial issues (24.4%), fear of diagnosis (31.6%), lack of awareness (43.5%) and poor access to health care facilities (35.2%).

Table 4: Acceptability of Cervical Cancer Screening among Respondents

Variable	Frequency (f)	Percentage (%)
Willing to undergo screening	214	55.4
Not willing to undergo screening	172	44.6
Have previously undergone screening	58	15.0
Have never undergone screening	328	85.0

Factors Influencing Acceptability of Cervical Cancer Screening

Respondents identified several barriers affecting acceptance of cervical cancer screening, including lack of awareness (43.5%), poor access to healthcare facilities (35.2%), fear of positive diagnosis (31.6%), and financial constraints (24.4%).

Table 5: Factors Influencing Acceptance of Cervical Cancer Screening

Factor	Frequency (f)	Percentage (%)
Fear of positive diagnosis	122	31.6
Lack of awareness	168	43.5
Financial constraints	94	24.4
Cultural/religious beliefs	78	20.2
Lack of nearby health facilities	136	35.2
Husband's disapproval	64	16.6
Fear of embarrassment	72	18.7

Relationship between Knowledge and Acceptability of Cervical Cancer Screening

Chi-Square Result

$\chi 2=42.56$, $p<0.05$

There was a significant difference between those who knew about cervical cancer and the acceptability of cervical cancer screening in the chi-squared analysis ($\chi^2 = 42.56$, $p < 0.05$). It was found that high knowledge respondents were more likely to agree to screening services than the low knowledge respondents.

Table 6: Chi-Square Analysis Showing Relationship between Knowledge and Acceptability of Screening

Knowledge Level	Accept Screening Yes	Accept Screening No	Total
Good Knowledge	146	42	188
Poor Knowledge	68	130	198
Total	214	172	386

Discussion

The study evaluated the awareness, acceptability of cervical cancer screening among women of reproductive age in rural communities of Yobe State, Nigeria. The overall knowledge level of the respondents in the study was found to be poor, although there was a moderate level of awareness.

The study revealed that the general information on cervical cancer had been shared by the majority of respondents, yet the information about cause, risk factors, symptoms, and prevention of the disease was still lacking in detail. A small percentage of respondents were able to correctly identify Human Papillomavirus (HPV) infection as a significant cause of cervical cancer. This result is consistent with Okunade *et al.* (2022) study which found women in rural communities in Nigeria had low comprehensive knowledge of cervical cancer. Likewise, Eze *et al.* (2021) found that cervical cancer prevention knowledge was poor among rural women, which was significantly associated with poor educational exposure.

The results also showed that respondents were not very aware of the screening services for cervical cancer. Over half of the women had heard of no screening method, including Pap smear or VIA or HPV testing. This result is similar to that obtained by Musa *et al.* (2023) that awareness on cervical cancer screening was still low in women in northern Nigeria, as reported health education programs were still lacking, and access to healthcare was also low.

Among those who were aware of screening services, the majority were healthcare workers. This discovery underscores the critical part that health care workers can play in raising awareness and advocating preventive measures for cervical cancer in rural areas. Ibrahim *et al.* (2022) observed the same thing that the use of community health workers plays a crucial role in providing awareness about reproductive health to the rural communities.

More than half of those who responded were willing to receive a cervical cancer screening; however, uptake was very low. Fewer had been screened in the past. This indicates that there are screening service obstacles that may prevent people from using screening services even if they are willing to do so. The result corroborates the findings of Nwozor *et al.* (2021) which found a high level of moderate acceptance and low screening uptake among Nigerian women.

The study revealed some factors that negatively affect the acceptance of cervical cancer screening. Limiting factors to the acceptance of screening services included lack of awareness, fear of a positive diagnosis, financial issues, poor access to health care facilities, cultural beliefs, and husband's disapproval. This is similar to results obtained from other sub-Saharan African countries which showed that socio-cultural and economic factors were key factors in women's health-seeking behaviors (Mapanga *et al.,* 2022).

The study also found that there was a statistically significant link between knowledge about cervical cancer and acceptability of screening services. The women with good knowledge were more likely to accept cervical cancer screening than those with poor knowledge. This is consistent with the Health Belief Model, which proposes that knowledge of the condition and perceived susceptibility affects health preventive behaviours. Akinyemi et al (2024) reported similar knowledge-screening acceptance relationships in reproductive-age women in the southwest region of Nigeria.

The overall results indicate that there is a need for a greater sense of urgency in public health education, making cervical cancer screening services more accessible and culturally sensitive to ensure greater awareness and uptake among rural women in Yobe State.

CONCLUSION

This study examined the knowledge and acceptability of the cervical cancer screening among child bearing women in Yobe State, Nigeria, in rural areas. The results showed that while a moderate percentage of respondents heard about cervical cancer, overall knowledge was low on the causes, symptoms, risk factors, prevention and screening of cervical cancer. Respondents' knowledge regarding cervical cancer screening services was also low.

The study also found that although there was moderate readiness to receive cervical cancer screening, actual use of screening was very low. Multiple factors that impact acceptability and uptake of screening services were identified including but not limited to: lack of awareness, fear of having a positive diagnosis, financial constraints, cultural and religious beliefs, poor healthcare accessibility, embarrassment, and lack of spousal support.

The results also confirmed a significant association between knowledge of cervical cancer and the acceptability of cervical cancer screening services, suggesting that women with higher level of knowledge were more likely to accept and use the services of cervical cancer screening.

Thus, the study establishes that the level of knowledge was low and many socio-cultural and economic constraints play significant role in the poor acceptance and uptake of cervical cancer screening by child bearing women in the rural communities of Yobe State. Increase awareness and accessibility to screening is key in the reduction of morbidity and mortality for cervical cancer among women in the rural setting.

Recommendations

The study revealed the following recommendations:

- There is a need to increase cervical cancer awareness and importance for regular screening in rural women through awareness campaigns in the community by government and healthcare agencies.
- To support rural women, screening services for cervical cancer need to be made accessible, by including them in primary health care centers.
- There's a need for continuous health education for healthcare workers on the causes, symptoms, prevention

and benefits of early detection of cervical cancer.

• Increase the availability of cervical cancer screening programs that are free or subsidized to cut down on financial obstacles that prevent people from seeking screening.

• Educational activities for health promotion should include the involvement of community and religious leaders to counteract misconceptions and increase acceptance of health screening services.

• Mobile outreach screening services should be planned for periodic use in rural communities, to reach women who do not have easy access to healthcare facilities.

• Awareness of men and spouses should be raised through awareness programmes to support women's participation in cervical cancer screening.

• Government should improve the health system infrastructure and train health workers regarding cervical cancer prevention and screening services.

Limitations

There were a few restrictions in the study. Firstly, this study was based on self-reported data collected from questionnaires that could have been influenced by recall and social desirability bias. The responses may not have been entirely accurate for some respondents in terms of their knowledge and use of cervical cancer screening services.

Secondly, the study was carried out among a few selected rural communities of Yobe State and so findings of the study may not be generalized to all women in Nigeria or other communities with different sociocultural background.

Thirdly, in some remote communities, the insecurity and transportation challenges restricted the access to some respondents in the data collection process. The study was also limited by time and financial constraints.

The study, however, offers useful information regarding knowledge and acceptance of cervical cancer screening among rural women in Yobe state and adds to the body of knowledge on reproductive health and cancer prevention in Nigeria.

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APPENDICES

Appendix I: Questionnaire

Section A: Sociodemographic Characteristics

1. Age:
   - o 15–24
   - o 25–34
   - o 35–44
   - o 45–49
2. Marital Status:
   - o Single
   - o Married
   - o Divorced
   - o Widowed
3. Educational Level:
   - o No Formal Education
   - o Primary Education
   - o Secondary Education
   - o Tertiary Education
4. Occupation:
   - o Farming
   - o Trading
   - o Civil Servant
   - o Housewife
   - o Others

Section B: Knowledge of Cervical Cancer

5. Have you heard of cervical cancer?
   o Yes
   o No
6. Do you know that HPV infection can cause cervical cancer?
   o Yes
   o No
7. Do you think cervical cancer can be prevented?
   o Yes
   o No
8. Do you know that screening can help detect cervical cancer early?
   o Yes
   o No

Section C: Awareness of Cervical Cancer Screening

9. Have you heard about cervical cancer screening?
   o Yes
   o No
10. What is your source of information?
   • Health workers
   • Radio/Television
   • Friends/Relatives
   • Social Media

Section D: Acceptability of Screening

11. Are you willing to undergo cervical cancer screening?
   • Yes
   • No
12. Have you ever undergone cervical cancer screening?
   • Yes
   • No
13. What factors may prevent you from going for screening?
   • Fear of diagnosis
   • Financial constraints
   • Cultural beliefs
   • Lack of awareness
   • Distance to health facility
   • Husband's disapproval
   • Fear of embarrassment