AUCTORES
Globalize your Research

Journal of Cancer Research and Cellular Therapeutics

Imane Boujguenna *

Open Access

Research Article

Awareness, Attitude and Acceptance of Cervical Cancer Screening Among Mothers in Selected Communities in Obowo and Owerri North L.G.A. In Imo State

Uloneme Chinwe Elizabeth*, Emesowum Anthonia Chinwendu and Nwagwu Solomon Adanma

Department of Nursing Science, Faculty of Health Sciences, Imo State University (IMSU) Owerri, Imo State, Nigeria.

***Corresponding Author:** Uloneme Chinwe Elizabeth, Department of Nursing Science, Faculty of Health Sciences, Imo State University (IMSU) Owerri, Imo State, Nigeria.

Received Date: March 27, 2025; **Accepted Date:** April 07, 2025; **Published Date:** April 14, 2025

Citation: Uloneme Ch. E., Emesowum A. Chinwendu and N. S. Adanma (2025), Awareness, Attitude and Acceptance of Cervical Cancer Screening Among Mothers in Selected Communities in Obowo and Owerri North L.G.A. In Imo State, *J. Cancer Research and Cellular Therapeutics*. 9(3); **DOI:10.31579/2640-1053/236**

Abstract

This study ascertained the awareness, attitude and acceptance of cervical cancer screening among mothers in Obowo and Owerri North L.G.A. in Imo State. The study was carried out using a descriptive cross sectional research design, having four research questions and two hypotheses. The population of the study comprised 1240 women in Obowo and Owerri North LGAs and a sample size of 302 women were selected from the two groups of women. This size was determined using the Taro Yamane formula. The instrument used for data collection was a questionnaire sectioned in 4 parts viz A for awareness of cervical cancer; B- attitude of women towards cervical cancer screening; C- acceptance level of cervical cancer screening; and D- barriers to uptake of cervical cancer screening. The research questions were answered using mean scores while the hypotheses were tested using chi-square statistics on SPSS 24. The major findings are that fifty-seven (57.00%) and (38.40%) of the respondents in Obowo and Owerri North have good awareness of cervical cancer while 43.00% and 61.50% have poor awareness of cervical cancer and this awareness is significantly related to demographic variables; majority of the respondents in Obowo and Owerri North have positive attitude towards cervical cancer screening (2.83 and 2.58 respectively). However, women of Obowo have a higher mean attitude score than women of Owerri North; among the women who have not undergone the test, only 33.30% of the women in Obowo are willing to take up the test and only 34.20% of the women in Owerri North are willing to take up cervical cancer screening implying that both women in the LGAs have low rate of acceptance of cervical cancer screening among them and acceptance is significantly related to awareness ($p<.05$); among the respondents who have not taken the screening, their major barriers are fear of pain (60%), cost implications (45.40%), fear of diagnosis (36.10%), free screening (48.80%) and many more. The researcher recommends among others that every woman of childbearing age should take up cervical cancer screening.

Keywords: awareness; attitude; cervical cancer; screening; mothers

Introduction

Cervical cancer is a preventable noncommunicable disease of public health importance, and the second most common cancer in women. Worldwide, 80% of cervical cancer cases occurred in developing countries. Global trends show that, in developing countries going through rapid societal and economic changes, the shift towards lifestyles like that of industrialized countries leads to a rising burden of cancers. The incidence of cervical cancer varies greatly worldwide. There is a large difference between developing and developed countries, where cervical cancer cases have been significantly reduced since the implementation of effective screening programs. The success of any screening program will depend on proper rendering of services, health professionals, availability, low cost, and, above all, the awareness and attitude of women at the receiving end [1].

Highest incidence of cervical cancer related death occurs among middle age women about 30–40 years. Of the 273,505 deaths recorded, 80% occurred in low and middle-income countries. In Sub-Saharan Africa (SSA), of the 78,897 women diagnosed with cervical cancer annually, 61,671 deaths were recorded which makes the disease one of the most prevailing cancers. In Uganda, Mali, Nigeria, and Zimbabwe, cervical cancer is the second most prevailing cancer among women aged 15–44 years. A major misconception lies in the treatment of cervical cancer which is viewed as the removal and reinsertion of the womb and believed to cause unavoidable death. In SSA, cervical cancer is yet to be acknowledged as an important public health problem. The low awareness

of the disease in Africa which cuts across different literacy levels have been reported [2]

The Ministry of Health and Child Welfare, Zimbabwe introduced the VIAC screening in 2011. In order to make cervical cancer screening affordable to the majority of women in the country, VIAC is offered for free in public hospitals [3]. Yet, despite these efforts, the uptake of cervical cancer screening in Zimbabwe is still quite low. The uptake of cervical cancer screening stands at 9.4% (all women aged 25–64 years) in the country. Of the 47,916 women aged 15–47 years in Chegutu Rural District, only 2.1% have been screened for cervical cancer through VIAC since 2014. There is low uptake of cervical cancer screening in Zimbabwe and other Southern African countries (e.g., Swaziland and Malawi), despite the fact that these countries have the highest age-standardized incidence rates globally of 62.3, 75.3 and 72.9 per 100,000, respectively [4]

Cervical cancer (CC) is the most common gynecological cancer. Ninety-nine percent of all cases are linked to infection with high-risk human papillomaviruses (HPVs) which may be transmitted through sexual contact. Cervical cancer ranks fourth among the common cancers in women worldwide; only breast, colorectal and lung cancers are more common. Of the 570,000 cases of CC diagnosed globally in 2018, there were 311,000 deaths; 85% of which were from developing countries. This makes it a major public health problem with a predisposition for middle-aged women in resource constrained countries. Most of these deaths are largely preventable with access to comprehensive cervical cancer prevention (CCP) and control programs which improve uptake of HPV vaccination among young girls, screening all at-risk women and treating pre-cancerous lesions [5].

In most developing countries especially with high HIV/AIDs prevalence and with poor screening programs, cervical cancer remains one of the commonest female cancers with about 75% or more of affected women presenting in advanced stage with poor prognosis (Attah et al., 2010). About 80% of the new cases and deaths occur in developing countries. The incidence of cervical cancer varies greatly worldwide. There is a large difference between developing and developed countries. In developed countries, cervical cancer cases have been significantly reduced since the implementation of effective screening programs. However, in developing countries, the burden from cervical cancer remains high because of the difficulty in implementing cytology-based screening programs [6].

According to the 2015 world cancer statistics, cervical cancer is the fourth most common cancer in women globally; 528000 new cases each year but the second most common in developing countries; 445000 new cases each year. cervical cancer is the fourth most common cancer in women, with an estimated 530,000 new cases every year, representing 7.9% of all female cancers. In 2015, approximately 90% of the 270,000 deaths from cervical cancer occurred in low- and middle-income countries. Mortality rate remarkably varies among different regions of the world, with rates ranging from less than 2 per 100,000 in Western Europe and New Zealand to 27.6 per 100,000 in Sub-Saharan Africa [7]

In Ethiopia, where ROCs are a widespread, but rare, acknowledged the problem. Nearly out of 22 million Ethiopian women over the age of 15 years, approximately 7,600 are diagnosed with cervical cancer, and roughly 6,000 women die of the disease yearly. Arranged screening is more cost-effective than opportunistic screening, making better use of available resources and ensuring that the greatest number of women will benefit [8]

In Nigeria, 70 327 deaths in women were attributed to cancer, with cervical cancer causing 14.8% of those deaths in 2018, making it the second most common cancer after breast cancer. A frequent occurrence in Nigeria is a trend of late presentation and diagnosis at advanced stages of the disease leading to poor prognosis. About 118 million women have been immunized against HPV, of which only 1% are from low- to middle-income countries, with numerous barriers reported [9]

Cancer of the cervix is a major burden on women's health worldwide. It is ranked as the second most frequent cancer among women aged 15 to 44. There has been a decline in cervical screenings conducted annually in Nigeria from 82,041 to 23,527 in 2015. In Nigeria, 53.3 million women are estimated to be at risk of developing cervical cancer with a national standardized prevalence rate of 33.0 per 100,000. Many factors such as sexually transmitted infections, reproductive factors, hormonal influences, genetic and host factors have been implicated in the occurrence of cervical cancer [10].

The decline in cervical screening among women could results in high morbidity and mortality from this disease with a devastating impact on society. Cervical screening ensures early detection of precursor lesions and immediate medical and surgical intervention will be carried out to prevent death. Cancer is responsible for the premature removal of many economically active women, mothers, and grandmothers from society [11]. This poses not only financial burden on a family, but also social and emotional trauma to other family members, an alteration in family structure because young children must drop out of school to become caregivers, a loss of amenities, and a fall below poverty line. Nigerians living in the rural areas are generally known to be suffering from general deprivation including access to information resources and health services. On this note, the researcher is determined and interested to explore a comparative study within the rural communities of Obowo and Owerri North L G A in Imo State in order to reveal the acceptance of cervical cancer screening among the rural women in the communities.

Materials and Methods

Research Design.

The researcher used the descriptive cross-sectional study

Area of Study/Setting

The study was conducted in Obowo Local Government Area , Imo State in this part of Nigeria Obowo, also spelled Obowu is a Local Government Area in Imo State,

Population of Study

The study of population comprises selected women in Obowo L.G.A. The target population of women was collected in the sub villages in Obowo and Owerri North Local Government Area, Imo State with the total number of 1240 women.

Inclusion Criteria: The inclusion criteria for the study population are as follows: women in Obowo North L.G.A. during the specified time frame.

Exclusion Criteria: The study excluded:

1.Women who refused to participate in the study.

2.Women who were unable to comprehend what the research entails.

Owerri North	Women in the Village.	Obowo	Villages
Aboh Mbaise	123	Achara	102
Ehime Mbano	114	Amanze	120
Ezinihitte	122	Umuariam	128
Ideato North	131	Umuagu	139
Ikeduru	130	Avutu	131
	620		620
Total	1,240		

Table 3.1: Showing the population of women in Owerri North and Obowo L.G.A.

Instrument for Data Collection

The instrument used for data collection in this study was a semi-structured questionnaire derived from review of available literature. All questions are closed-ended. The instrument for data collection consists of Five (5) sections.

Section A: Demographical Data

Section B: Consist of awareness of cervical cancer screening among the women of Obowo and Owerri North L.G.A, Imo State.

Section C: consist of the attitudes toward cervical cancer screening among the women of Obowo and Owerri North L.G.A., Imo State.

Section D: Consist of the level of acceptance of cervical cancer screening among the women of Obowo and Owerri North L.G.A. Imo State.

Section E: Consist of factors associated with the uptake of cervical cancer screening among women of Obowo L.G.A in Imo State.

Validity of the Instrument.

The instrument for data collection was constructed and submitted to the supervisor who did proper evaluation on the organization and relevance of each item in answering research question. The supervisor then made correction before it was approved for administration.

Reliability of instrument.

The reliability is defined as the consistency which the instrument does what it is supposed to do. In checking for the reliability of the instrument, a pre- test will be conducted among mothers which is not among those that were selected by the researcher in the sample to ascertain the reliability of the research instrument. A total of 23 questionnaires will be given to 23 respondents from Owerri North and Obowo L.G.A. for this purpose. The reason will be to determine whether the responses would be in line with the required result expected from the instrument. Then another set of same questionnaires will be re- administered to the same 23 mothers where the responses gotten will be recorded using Pearson's Product Moment Correlation Coefficient (PPMCC) as the technique for analysis. The two cores obtained from the test and re-test procedure will also be calculated to show the reliability index.

Method of Data Collection.

The respondents are mothers. They were selected from each Local Government in Owerri North and Obowo , the distribution of the questionnaire will last for less than 21 days as the researcher intends to cover the population. A total of 1,240 questionnaires will be shared and distributed. Information to be obtained from the respondents will be used to make a good general statement about mothers in Owerri North and Obowo L.G.A. Imo State.

Statistical analysis Analysis

The simple frequency distribution and simple percentage method were adopted in the data analysis of the study. In this study, the statistical Software used to analyze the data is the Statistical package for social sciences (SPSS).

Results

In this chapter, the results of data collected are arranged and presented.

Variable	Category	Frequency =302	Percentage (%)
Age	20-29	30	10.00
	30-39	59	19.40
	40-49	138	45.60
	50-59	45	15.00
	60 and above	30	10.00
Marital status	Single	49	16.20
	Married	211	69.90
	Separated	12	3.90
	Widowed	30	10.00
Level of education	No formal education	37	12.30
	Primary education	49	16.20
	Secondary education	98	32.50
	Tertiary education	118	39.00

Table 4.1: Demographic data of respondents

Data on table 4.1 show the demographic characteristics of the respondents. The data show that majority of the respondents are aged 40-49 years (45.60%). There are more married women in the sampled population (69.90%) and majority are graduates of tertiary institutions (39.00%).

Variable	Options	Frequency Obowo = 151	%	Frequency Owerri North= 151	%
Heard of cervical cancer	Yes	121	80.10	75	49.70
	No	30	19.90	76	50.30
Source of information	Health personnel	100	82.60	45	60.00
	Friends/family	11	9.10	15	20.00
	Social media	10	8.30	15	20.00
	Church	0		0	
Understanding of cervical cancer	Cancer of the cervix	121	80.10	50	33.20
	Cancer of the buttocks	0	0	0	0
	Cancer of the anus	0	0	0	0
	Cancer of the vagina	30	19.90	25	16.60

	No idea	0	0	76	50.30
Understanding of cervical cancer screening	Medical procedure to treat cancer	50	33.10	45	29.80
	Detecting abnormal cells in cervix	71	47.00	50	33.10
	Detecting people at risk	20	12.30	33	21.90
	Managing cervical cancer	10	6.60	23	15.20
Cervical cancer can be prevented	Yes	83	55.00	39	25.80
	No	68	45.00	112	74.20
Risk factors of cervical cancer (multiple answers)	Multiple sex partners	121	80.10	81	53.60
	Long use of oral contraceptives	39	25.80	33	21.90
	Smoking	97	64.20	31	20.50
	Weak immune system	110	72.80	98	65.00
	High risk of HPV	121	80.10	72	47.70
	Early sexual intercourse	33	21.90	19	12.60
	Multiple full term pregnancies	19	12.60	10	6.60
Mean awareness score		11.40		7.70	
General awareness level	Good awareness	86	57.00	58	38.40
	Poor awareness	65	43.00	93	61.50

Note: maximum awareness score = 20points. Good awareness =individuals scoring more ≥10 points, Poor awareness = women scoring<10 points.

Table 4.2: Awareness of cervical cancer screening among the women of Obowo and Owerri North L.G.A, Imo State

Data on table 4.2 show the awareness of the respondents in Obowo and Owerri North on cervical cancer. The data show that 80.10% of the women in Obowo have heard of cervical cancer, contrary to only 49.70% of women who have heard it in Owerri North.

Furthermore, 47% of the respondents in Obowo and 33.10% in Owerri North correctly pointed out that cervical cancer screening is a process to detect abnormal cells in the cervix. Also, majority of the women in Obowo are aware of the risk factors of cervical cancer while only a few women in Owerri North LGA are knowledgable about the risk factors of cervical cancer. Generally, women in Obowo have a mean awareness score of 11.40 while respondents in Owerri North have a mean awareness score of 7.70. Specifically, 57.00% and 38.40% of the respondents in Obowo and Owerri North have good awareness of cervical cancer while 43.00% and 61.50% have poor awareness of cervical cancer. Comparing both LGAs, it can be seen that respondents in Obowo have more awareness about cervical cancer than the women in Owerri North.

Group	n	Mean	t-stat	Df	p-value
Obowo	151	11.40	23.637	300	**.000***
Owerri North	151	7.70			

P is significant at p<.05

Table 4.3: Independent samples t-test of significant difference in the cervical cancer awareness of women in Obowo and Owerri North

Data on table 4.3 show the independent samples t-test of difference in the awareness of cervical cancer among women in Obowo and Owerri North LGA. The t-statistic value is high at 23.637. The p-value is given as .000 which is less than .05. The null hypothesis is rejected and it is concluded that there is a statistically significant difference between the cervical cancer awareness levels of women in Obowo and Owerri North LGAs.

		Obowo n = 151			**Owerri North n = 151**		
S/N	**ITEMS**	$\bar{X}$	***Std***	***Remark***	$\bar{X}$	***Std***	***Remark***
1	Cervical cancer screening is essential	2.80	0.74	Positive	2.74	0.82	Positive
2	It is important that every woman go for Cervical Cancer Screening.	2.81	0.75	Positive	2.99	0.81	Positive
3	I will go for Cervical Cancer Screening	2.80	0.74	Positive	2.31	0.77	Negative
4	I will advice friends, my daughters to go for Cervical Cancer Screening	3.00	0.89	Positive	2.51	0.21	Positive
5	Regular cervical cancer screening is essential for maintaining good health.	2..80	0.40	Positive	2.81	0.38	Positive
6	Cervical cancer screening can detect cancer early when it is most treatable.	3.01	0.63	Positive	2.71	0.89	Positive
7	Cervical cancer screening should be a routine part of women's healthcare.	2.70	0.88	Positive	2.90	0.89	Positive

8	Educating others about cervical cancer screening is important	3.12	0.71	Positive	2.41	0.70	Negative
9	Cervical cancer screening can save lives.	2.60	0.49	Positive	2.22	0.64	Negative
10	Cervical cancer screening is a priority in my healthcare routine.	2.85	0.61	Positive	2.57	0.66	Positive
11	I am satisfied with the information I receive about cervical cancer screening form my healthcare provider.	2.67	0.11	Positive	2.31	0.81	Negative
	Cumulative mean	**2.83**			**2.58**		

Table 4.4: Attitudes toward cervical cancer screening among the women of Obowo and Owerri North L.G.A., Imo State

Data on table 4.4 show the attitudes of women in Obowo and Owerri North towards cervical cancer screening. The data show that all the items in the rating scale on the part of Obowo women are all above 2.50 with a cumulative mean of 2.83, implying that majority of the women in Obowo have positive attitude towards cervical cancer screening. Meanwhile, the cumulative mean score for attitude of Owerri North women towards cervical cancer screening is 2.58also indicating positive attitude among majority of the respondents towards cervical cancer screening. However, the mean of the women in Obowo is higher than the cumulative mean for Owerri North women, implying that women in Obowo have more positive attitudes towards cervical cancer screening compared to their counterparts in Owerri North.

Group	n	mean	t-stat	df	p-value
Obowo	151	2.83	21.752	300	**.000***
Owerri North	151	2.58			

P is significant at p<.05

Table 4.5: Independent samples t-test of significant difference in the cervical cancer screening attitude between women in Obowo and Owerri North

Data on table 4.5 show the independent samples t-test of difference between the attitude of women in Obowo and Owerri North LGA towards cervical cancer screening. The t-statistic value is given as 21.752. The p-value is given as .000 which is less than .05. The null hypothesis is rejected and it is concluded that there is a statistically significant difference between the attitude of women in Obowo and Owerri North LGAs towards cervical cancer screening.

Variable	Options	Frequency Obowo= 151	%	Frequency Owerri North= 151	%
Undergone cervical cancer screening	Yes	61	40.40	37	24.50
	No	90	59.60	114	74.50
If yes, what type of screening did you undergo?	• Pap smear	32	52.50	37	100.00
	• HPV testing	29	47.50	0	
	• Visual inspection with acetic acid (VIA)	0	0	0	
Will you like to undergo cervical cancer screening (among those who have not gone)	Yes	30	33.30	39	34.20
	No	60	66.70	75	65.80

Table 4.6: level of acceptance of cervical cancer screening among the women of Obowo and Owerri North L.G.A. Imo State

Data on table 4.6 show the acceptance level of cervical cancer screening among women in Obowo and Owerri North LGAs. The findings show that 40.40% of the women in Obowo have undergone cervical cancer screening while only 24.50% of the women in Owerri North have undergone cervical cancer screening. Pap smear is the most popular type of screening undergone by women in both local government areas for cervical cancer screening. Among those who have not undergone the test, only 33.30% of the women in Obowo are willing to take up the test and only 34.20% of the women in Owerri North are willing to take up cervical cancer screening implying that both women in the LGAs have low rate of acceptance of cervical cancer screening among them.

Variable	Acceptance		Total (%)	df	X^2	p- value
	High =	**Low =**				
Group of women						
Obowo	30	60	90			
Owerri North	39	75	114	1	.017	.895
Total						

P is significant at p<.05

Table 4.7: Chi-square summary table for differencebetween acceptance of cervical cancer screening among women in Obowo and Owerri North LGAs

Data on table 4.7 show the chi-square summary for the difference in the cervical cancer screening acceptance levels of women in Obowo and Owerri North LGA. The p-value is given as .895 which is greater than the .05 significance level. The null hypothesis is therefore not rejected and it is concluded that there is no statistically significant difference between

the cervical cancer screening acceptance levels of women in Obowo and Owerri North LGAs.

Variable	Options	Frequency =302	%
Been screened	Yes No	97 205	32.10 67.90
Barriers to uptake of cervical cancer screening (among those without uptake)	Lack of free screening	100	48.80
	Recommendation from health care provider	31	10.30
	Awareness campaign	52	17.20
	Fear of pain	181	60.00
	Fear of diagnosis	109	36.10
	Cost implications	137	45.40

Table 4.8: factors associated with the uptake of cervical cancer screening among women of Obowo and Owerri North L.G.A in Imo State

Data on table 4.8 show the factors associated with uptake of cervical cancer screening among women of Obowo and Owerri North. Among the respondents who have not taken the screening, their major barriers are fear of pain (60%), cost implications (45.40%), fear of diagnosis (36.10%), lack of free screening (48.80%) and many more.

Variables	Beta	Exp(B)/Odds ratio	p-value
Free screening	.119	.992	**.066**
Recommendation from health care provider	.128	.718	**.071**
Awareness campaign	.887	.910	**.221**
Fear of pain	.311	2.113	**.010**
Fear of diagnosis	1.095	3.590	**.002**
Cost implications	1.003	4.001	**.011**

Table 4.9: Logistic regression summary table for relationship between uptake of cervical cancer and associated factors

Data on table 4.9 show the logistic regression summary of relationship between uptake of cervical cancer screening and the factors associated with cervical cancer uptake. The odds ratio (ExpB) from the logistic regression show that free screening is associated with cervical cancer screening uptake by .992 times (p>.05), recommendation from healthcare provider is associated to uptake by .718 (p>.05); awareness campaigns are associated with uptake by .910 times (p>.05); fear of pain increases screening uptake by 2.113 times (p<.05); fear of diagnosis (OR: 3.590, p<.05) and cost (OR: 4.001, p<.05). The p-values show that only fear of pain, diagnosis and cost implications are significantly associated with cervical cancer screening uptake.

Discussion

Findings from research question 1 revealed that fifty-seven (57.00%) and (38.40%) of the respondents in Obowo and Owerri North have good awareness of cervical cancer while 43.00% and 61.50% have poor awareness of cervical cancer respectively. Comparing both LGAs, it can be seen that respondents in Obowo are more knowledgeable about cervical cancer than the women in Owerri North. This generally means that a good number of respondents have good awareness of cervical cancer although not much among Owerri North women. The hypothesis supporting the question reveal a significant difference in the cervical cancer awareness levels of the women in Obowo and Owerri North LGA (p<.05). The reason for this finding could be directly linked to the fact that Obowo LGA are currently recipients of varieties of cervical cancer awareness programmes run by various NGOs.

This finding on high awareness among women in Obowo is in line with the findings of [12] on the determinants of awareness of cervical cancer, attitude towards screening and practice of cervical cancer prevention in which a record of high awareness of cervical cancer among 60.60% of the women sampled for the study. Also supporting the findings on Awareness and acceptability of cervical cancer screening among female undergraduates where they reported good awareness of cervical cancer among 68.4% of their respondents [13,14]. The findings however, debunk the researcher's findings on the awareness level of women of Owerri North on cervical cancer which is relatively lower.

It is seen that majority of the respondents in Obowo and Owerri North have positive attitude towards cervical cancer screening (2.83 and 2.58 respectively). However, women of Obowo have a higher mean attitude score than women of Owerri North. The reason for the finding may not be farfetched given the fact that more light is being shed on the dangers of cervical cancer and the need to find all means to protect oneself from the condition. The corresponding hypothesis show a significant difference in the attitude of women in both local government areas towards cervical cancer screening (p<.05).

This finding is strongly supported by the findings of [15] who conducted a study on attitude and perceived barriers among women towards cervical cancer screening and discovered that majority of the women do possess a favorable attitude towards cervical cancer screening. However, a major gap is still a hindrance between women's perception and practice.

Also in line with the findings above are the findings of [16] on Awareness and attitude towards cervical cancer among reproductive age group women in Gondar town in which a high record of favour favourable attitude towards cervical cancer screening was recorded among the women sampled for the study.

Results from the findings on research question 3 show that among those who have not undergone the cervical cancer test, only 33.30% of the women in Obowo are willing to take up the test and only 34.20% of the women in Owerri North are willing to take up cervical cancer screening implying that both women in the LGAs have low rate of acceptance of cervical cancer screening among them. There is also no statistically significant difference in the cervical cancer screening acceptance levels of women in Obowo and Owerri North LGAs (p>.05). This implies that the acceptance level of cervical cancer screening is similar among the women in both Obowoand Owerri North LGA.

In line with this finding are the findings of [17] on awareness and acceptance of cervical cancer screening among women in Ethiopia where most of the women sampled had poor awareness and acceptance of

cervical cancer screening. In the same vein, it recorded poor acceptance of cervical cancer screening among their respondents in Ethiopia.

The findings from research question 4 revealed that among the respondents who have not taken the screening, their major barriers are fear of pain (60%), cost implications (45.40%), fear of diagnosis (36.10%), free screening (48.80%) and many more. This coincides with the findings of [18] on Barriers to the Uptake of Cervical Cancer Screening and Treatment among Rural Women in Ghana. They found out from their study that cost of screening, fear of diagnosis and pain were major barriers to uptake of cervical cancer screening. The corresponding hypothesis show that only fear of pain, diagnosis and cost implications are significantly associated with cervical cancer screening uptake ($p<.05$) respectively.

Also supporting the findings above are those of [19] who discovered that perceived barriers predicted uptake of cervical cancer screening ($P< 0.05$): fear of result ($P = 0.001$, OR= 3.660, CI=0.679, 4.061); lack of information on when and where pap smear could be obtained ($P = 0.010$; OR= 6.732; CI= 2.286, 10.490).

Conclusions

Cancer of the cervix has been established as a major burden on women's health worldwide. It is ranked by WHO as the second most frequent cancer among women aged.Overtime, there has been a decline in cervical screenings conducted annually in Nigeria. Many factors such as sexually transmitted infections, reproductive factors, hormonal influences, genetic and host factors have been implicated in the occurrence of cervical cancer.The decline in cervical screening among women could result in high morbidity and mortality from this disease with a devastating impact on society. Cervical screening ensures early detection of precursor lesions and immediate medical and surgical intervention will be carried out to prevent death. The findings of this study glaringly revealed the cervical cancer awareness and screening uptake gaps among women in Obowo and Owerri North LGAs of Imo State. This becomes a call for health professionals to increase their awareness campaigns on cervical cancer and cervical cancer screening so as to save numerous lives from the problem of cervical cancer.

References

1. Adebayo, M.D. & Oluwasomidoyin, B.O. (2020). The determinants of knowledge of cervical cancer, attitude towards screening and practice of cerival cancer prevention amongst antenatal attendees in Ibadan, Southwest Nigeria. *Ecancer*. 15. 1225.
2. Omorogbe C.E, Ehizemwogie E.J. (2019). Awareness and Uptake of Cervical Cancer Screening Among Female Students in School of Basic Medical Sciences, University of Benin, Nigeria. *American Journal of Nursing Science*. 8(4):169.
3. Tesfaye Z, Bhagavathula A, Gebreyohannes E, & Tegegn H. (2019). Knowledge and awareness of cervical cancer and human papillomavirus among female students in an Ethiopian University: A cross-sectional study. *Int J Prev Med*. 10(1):198.
4. Hull, R., Mbele, M., Makhafola, T., Hicks, C., and Wang, S.M. (2020). Cervical cancer in lwo and middle-incomes countries. *Oncol Lett*. 20(3): 2058-2074.
5. Kabalika, C. Mulenga, D., Mazaba, M.L.& Siziya, S. (2018). Acceptance of Cervical Cancer Screening and its correlates among women of a peri-urban High –density residential area in Ndola, Zambia. *Int. J. MCH AIDS*. 7(1): 17-27
6. Were E, Nyaberi Z, Buziba N. (2021). Perceptions of risk and barriers to cervical cancer screening at Moi Teaching and Referral Hospital (MTRH), Eldoret, Kenya. *African Health Sciences*. 11(1):58–64.
7. Attah, D.I. Ochejele, S. & Attah M.C. (2019). Comparism of Knowledge, attitude and acceptance of cervical cancer screening between female health and non-health personnel in Jos University Teaching Hospital. *J. Biomed Res. Clin. Pract.* Vol. 2. No. 2.
8. Neji OI, David NA, and John EE (2019) Knowledge, attitude and practice of cervical cancer screening among female Students in tertiary institution in Calabar, *Nigeria Int J Dev Res* 9(1) 25384–25390
9. Ishola F and Omole O (2016) A vision for improved cancer screening in Nigeria Lancet Glob Health 4(6) e359–e360
10. Dalla V, Panagiotopoulou EK, Deltsidou A, Kalogeropoulou M, Kostagiolas P, Niakas D, (2022). Level of Awareness Regarding Cervical Cancer Among Female Syrian Refugees in Greece. *Journal of Cancer Education*. 22;37(3):717–27.
11. Eddy, D.M (2019). Screening for cervical cancer. *Annals of Internal Medicine*. 113(3):214–226.
12. Gichangi P, Estambale B, Bwayo J, Rogo K, Ojwang S, Opiyo A, (2023). Knowledge and practice about cervical cancer and Pap smear testing among patients at Kenyatta National Hospital, Nairobi, Kenya. *International Journal of Gynecological Cancer*. 13(6):827–833.
13. Hoffman A, Cooper D, Carrara H, Rosenberg L, Kelly J, Stander I, (2023). Limited Pap screening associated with reduced risk of cervical cancer in South Africa. *International Journal of Epidemiology*. 32(4):573–577.
14. Mruts, K.B, & Gebremariam T.B. (2018). Knowledge and Perception Towards Cervical Cancer among Female Debre Berhan University Students. *Asian Pac J Cancer Prev*. 27;19(7):1771-1777.
15. Ndikom C. M., Ofi B. A. (2022). Awareness, perception and factors affecting utilization of cervical cancer screening services among women in Ibadan, Nigeria: a qualitative study. *Reproductive Health*. 9 (11): 10- 11.
16. Hoque M., Hague E., Kader S. B. (2018). Evaluation of cervical cancer screening programme at a rural community of South Africa. *East African Journal of Public Health*. 5(2):111-116.
17. Lyimo F.S, Beran T.N. (2022). Demographic, knowledge, attitudinal, and accessibility factors associated with uptake of cervical cancer screening among women in a rural district of Tanzania:Three public policy implications. *BMC Public Health.* 12:22.
18. Mengesha, A., Messele, A. & Beletew, B. (2020). Knowledge and attitude towards cervical cancer among reproductive age group women in Gondar Town, North West Ethiopia. *BMC Public Health*. 20; 209.
19. Jeronimo, J., Bansil P., Lim J., (2024). A multicountry evaluation of care HPV testing, visual inspection with acetic acid, and papanicolaou testing for the detection of cervical cancer. *International Journal of Gynecological Cancer*. 24(3):576-585.

DOI: 10.31579/2640-1053/236