

## **Cervical Cancer Screening Attitude and Associated Socio-Demographic Factors Among Women of Reproductive Age in Ahoada East Local Government Area of Rivers State**

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### **Abstract**

*This study focused on the attitude towards cervical cancer screening and associated socio-demographic factors among women of reproductive age in Ahoada East Local Government Area of Rivers State. The descriptive survey research design was adopted with a population consisting of 43,068 women of childbearing age (15-49years) in Ahoada East Local Government Area. The sample size for the study was 435. The multi-stage sampling procedure was adopted. The instrument for data collection was a structured questionnaire with a reliability coefficient of 0.78. Data analysis was carried out with the aid of the Statistical Product for Service Solution (SPSS V-27) using statistical tools such as percentage and Chi-square set at 0.05 alpha level. The finding of the study showed that attitude towards cervical cancer screening was positive (2.79±0.82). Also, there was a statistically significant association between socio-demographic factors [age ( $X^2$ -value = 4.21,  $df = 2$ ,  $p < 0.05$ ), education ( $X^2$ -value = 8.65,  $df = 3$ ,  $p < 0.05$ ) and marital status ( $X^2$ -value = 14.76,  $df = 3$ ,  $p < 0.05$ )] and attitude towards cervical cancer screening. Furthermore, a*

*statistically significant association between socio-demographic factors [age ( $X^2$ -value = 35.73,  $df = 2$ ,  $p < 0.05$ ), education ( $X^2$ -value = 45.54,  $df = 3$ ,  $p < 0.05$ ) and marital status ( $X^2$ -value = 118.29,  $df = 3$ ,  $p < 0.05$ )] and practice of cervical cancer screening was found. In conclusion, women of reproductive age in Ahoada East had positive attitude towards cervical cancer screening. It was recommended among others that; the government should provide special centres for cervical cancer screening at strategic positions to encourage its practice in diverse socio-demographic contexts.*

**Keywords:** *Associated Factors, Attitude, Cervical Cancer, Reproductive age.*

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## **Introduction**

Attitude towards cervical cancer can in a way affects its screening practice. According to Pravina and Asha (2017), screening test is because of sensitive attitude of women toward screening. Screening is embarrassing to them; it takes more time for screening, and it may be painful. By definition, attitude refers to one's feelings toward a particular topic or issue as well as one's perspective of a given circumstance. On the other hand, attitude of the healthcare professionals set an example for women to be more involved in screening, if they can provide details about cervical cancer's causes, risk factors, and screening procedures (Gazmararian et al., 2017). Akum (2013) stated that, because the screening programs are carried out by trained health professionals who act as role models for the public, it is not an understatement to say that the use of health services like cervical cancer screening depends on the attitude of health providers.

Considering the absence of a population-based screening programme in Nigeria and the exclusion of the human papillomavirus (HPV) vaccine in the national vaccination schedule, positive attitude towards cervical cancer screening becomes important to heighten its practice among women. According to the National Cancer Institute (2019), cervical cancer is a disease in which malignant (cancer) cells form in the cervix which is the lower, and narrow end of the uterus. Okunowo and Smith-Okonu (2020) stated that, virtually all cervical cancers are caused by persistent infection with Human Papillomavirus (HPV), most commonly HPV types 16 and 18. The two major histologic types of cervical cancer include cervical carcinoma and adenocarcinoma. This may in the later stage cause difficulties but at the initial stage may cause symptoms; this makes early screening very vital owing to the asymptomatic nature of the disease. The World Health Organization (2014) recommended cervical cancer screening tests for precancerous lesions and women at risk, because most of the cancers have no symptoms. This screening includes the conventional Papanicolaou (Pap) test, liquid based cytology, visual inspection with acetic acid or lugols iodine (VIA or VILI) and Human papiloma virus (HPV) testing for high-risk HPV types. Positive attitudes are the functions of awareness about cancer, awareness of available screening methods and affordability of such methods.

Cervical cancer screening if been practiced by women frequently, can enhance early discovery of the disease even at the asymptomatic stage and be managed easily, thereby averting the death it would have caused. But negative attitude can deter its practice among women. Cervical cancer can

have very high human, social and economic costs. It has devastating effects and commonly affects women in their prime. Challenges of cervical cancer screening in developing countries include limited access to health services and laboratories, no screening programs, limited or nonexistent awareness among populations and health workers, and poor referral and follow up. Several women die in Rivers State due to cervical cancer. This in most cases was not as a result of the disease but due to late diagnosis of the disease, which is indicative of negligent attitude. Thus, the need to investigate the attitude towards cervical cancer screening among women of reproductive age in Ahoada East Local Government Rivers State. The study sought to provide answers to the following research questions:

1. What is the attitude towards cervical cancer screening among women of reproductive age in Ahoada East Local Government Area of Rivers State?
2. What is the attitude towards cervical cancer screening among women of reproductive age in Ahoada East Local Government Area based on age?
3. What is the attitude towards cervical cancer screening among women of reproductive age in Ahoada East Local Government Area based on educational status?
4. What is the attitude towards cervical cancer screening among women of reproductive age in Ahoada East Local Government Area based on marital status?

### **Hypotheses**

The following null hypotheses postulated were tested at 0.05 alpha level:

1. There is no significant association between age and attitude towards cervical cancer screening among women in Ahoada East Local Government Area of Rivers State.
2. There is no significant association between educational status and attitude towards cervical cancer screening among women of reproductive age in Ahoada East Local Government Area of Rivers State.
3. There is no significant association between marital status and attitude towards cervical cancer screening among women of reproductive age in Ahoada East Local Government Area of Rivers State.

### **Methodology**

A descriptive survey research design was adopted. Ahoada East Local Government Area. Ahoada East is a Local Government Area of Rivers State, Nigeria, located northwest of Port Harcourt. Its headquarters is in the city of Ahoada. It covers an area 341 square kilometres (Km<sup>2</sup>). It is bounded by Akabuka community in the North, Abua in the South, Mbiama in the East and Elele in the West. Its vegetation is mainly a high dense rain forest. The economic activities of the people are mainly farming, fishing and hunting. The common language of the people is the Ekpeye dialect. There are numerous health centres distributed across communities that made up the Local Government Area to render healthcare services to the residents. The study population comprised of the forty-three thousand and sixty-eight (43,068) women of childbearing age (15-49years) in Ahoada East LGA. The sample size for the study was 435 which was determined using the Taro Yamane formula:  $n = N/1+N(e)^2$ , and adding a non-compliance rate of 10%. A multi-stage sampling procedure was adopted. At the first stage, the simple random sampling technique was used to select five communities. The second stage involved proportionate stratification of the sample based on the

estimated number of women of reproductive age in the selected communities and the third stage involve the selection of the respondents using purposive sampling technique.

The instrument for data collection was a structured questionnaire titled: “knowledge, attitude and practice of cervical cancer screening questionnaire (KAPCCSQ)”. The instrument consisted of four sections A, B C and D. Section A elicited responses on demographic data of respondents; Section B measured the knowledge of respondents with response options of Yes or No, section C was focused on the attitude towards cervical cancer screening using a Likart Scale of Strongly Agree, Agree, Disagree and Strongly disagree. Section D elicited response on cervical cancer screening practice with Yes or No response format. The reliability coefficient of the instrument was 0.78. The administration of the instrument was done by face-to-face delivery of the questionnaire to the respondents. The researcher on approaching the respondents, clearly explained the aim of the study and methods to be adopted to the respondents. Those who are willing were given the questionnaire for data collection which were retrieved immediately after completion. The completed copies of the questionnaire were retrieved, coded and analyzed using Statistical Product for Service Solution (SPSS V-27). However, the calculation was based on 413, because the researcher could not retrieve all copies of the questionnaire due to time frame as the few retrieved were extrapolated. The descriptive statistics of percentage, and frequency was used to answer research questions, while inferential statistics of Chi-square set at 0.05 alpha level was used to test the hypotheses.

## Results

The results of the study are shown below:

**Table 1: Attitude towards cervical cancer screening among women of reproductive age in Ahoda East Local Government Area of Rivers State**

SN	Items	Mean	SD
1	It is necessary to undergo cervical screening	3.62	0.76
2	Every woman have chances of getting cervical cancer	2.82	0.75
3	It is helpful for women to detect cervical cancer early	3.51	0.91
4	Do not think cervical cancer is a serious illness	1.56	0.87
5	Screening increases the chances of contracting cervical cancer	2.45	1.29
6	There are better methods to reduce the risk of cervical cancer seriousness than screening	2.67	0.85
7	Carcinoma of the cervix is the cause of death not the screening	3.46	0.84
8	Screening help detect the cervical cancer early for easy treatment	3.27	1.15
9	The cervical cancer screening procedure is too painful for a woman to undergo	2.42	0.92
10	Women should not go for screening if they do not have any health issue in their cervix	2.12	0.93
	<b>Grand mean</b>	<b>2.79</b>	<b>0.82</b>

Table 1 shows the attitude of towards cervical cancer screening among women of reproductive age in Ahoada East Local Government Area of Rivers State. The result shows that the grand mean =  $2.79 \pm 0.82$  was greater than the criterion mean = 2.50 indicating that the respondents had positive attitude towards cervical cancer screening. Thus, the attitude towards cervical cancer screening among women of reproductive age in Ahoada East Local Government Area of Rivers State was positive.

**Table 2: Chi-square test showing the association between age and attitude towards cervical cancer screening among women of reproductive age in Ahoada East LGA**

Age	Attitude towards C/Cancer		Total F(%)	df	X <sup>2</sup> - value	p-value	Decision
	Positive F(%)	Negative F(%)					
20-29 years	120(58.3)	86(41.7)	206(100)	2	4.21	0.02*	Rejected
30-39 years	66(56.4)	51(43.6)	117(100)				
40-49 years	41(45.6)	49(54.4)	90(100)				
<b>Total</b>	<b>227(55.0)</b>	<b>186(45.0)</b>	<b>413(100)</b>				

\*Significant

Table 2 shows the chi-square test of significant association between age and attitude towards cervical cancer screening among women of reproductive age in Ahoada East. The result shows that there was a statistically significant association between age ( $X^2$ -value = 4.21, df = 2,  $p < 0.05$ ), and attitude towards cervical cancer screening. Therefore, the null hypotheses which stated there was no significant association between age and attitude towards cervical cancer screening among women of reproductive age in Ahoada East Local Government Area of Rivers State was rejected.

**Table 3: Chi-square test showing the association between education and attitude towards cervical cancer screening among women of reproductive age in Ahoada East LGA**

Education	Attitude towards C/Cancer		Total F(%)	df	X <sup>2</sup> - value	p-value	Decision
	Positive F(%)	Negative F(%)					
None	40(49.4)	41(50.6)	81(100)	3	8.65	0.03*	Rejected
Primary	9(100)	0(0.00)	9(100)				
Secondary	113(54.1)	96(45.9)	209(100)				
Tertiary	65(57.0)	49(43.0)	114(100)				
<b>Total</b>	<b>227(55.0)</b>	<b>186(45.0)</b>	<b>413(100)</b>				

\*Significant

Table 3 shows the chi-square test of significant association between age and attitude towards cervical cancer screening among women of reproductive age in Ahoada East. The result shows that there was a statistically significant association between education ( $X^2$ -value = 8.65, df = 3,  $p < 0.05$ ) and attitude towards cervical cancer screening. Therefore, the null hypotheses which stated there was no significant association between education and attitude towards cervical cancer

screening among women of reproductive age in Ahoada East Local Government Area of Rivers State was rejected.

**Table 4: Chi-square test showing the association between marital status and attitude towards cervical cancer screening among women of reproductive age in Ahoada East LGA**

Marital status	Attitude towards C/Cancer		Total F(%)	df	X <sup>2</sup> -value	p-value	Decision
	Positive F(%)	Negative F(%)					
Single	111(54.1)	94(45.9)	205(100)	3	14.76	0.00*	Rejected
Married	91(52.0)	84(48.0)	175(100)				
Cohabiting	17(100)	0(0.00)	17(100)				
Separated	8(50.0)	8(50.0)	16(100)				
Total	<b>227(55.0)</b>	<b>186(45.0)</b>	<b>413(100)</b>				

\*Significant

Table 4 shows the chi-square test of significant association between marital status and attitude towards cervical cancer screening among women of reproductive age in Ahoada East. The result shows that there was a statistically significant association between marital status ( $X^2$ -value = 14.76, df = 3,  $p < 0.05$ ) and attitude towards cervical cancer screening. Therefore, the null hypotheses which stated there was no significant association between marital status and attitude towards cervical cancer screening among women of reproductive age in Ahoada East Local Government Area of Rivers State was rejected.

## Discussion

The result revealed that the attitude towards cervical cancer screening among women of reproductive age in Ahoada East Local Government Area of Rivers State was positive. This finding is encouraging because attitude has been identified as one major determinant of health practice, on the other hand negative attitude can be implicated for late presentation of cervical cancer. Data shows that several women die due to cervical cancer. This in most cases was not as a result of the disease but due to negative attitude which was expressed in the late presentation of patients for diagnosis of the disease. Most cancers including cervical cancer do not exhibit serious symptoms to give signal that it is developing, this makes many women affected with cervical cancer not to know their status until the disease grow to its late stage and become so threatening to life before they decide to visit a doctor. At this stage, it becomes difficult for them to manage it cum the high cost of treatment involved which many could not afford thereby leading to death. Thus, having a positive attitude is vital to encourage its practice. The finding of this study corroborates that of Bansal et al. (2015) which showed that majority expressed a positive attitude toward cervical cancer and screening. About three-fourth women were willing to be screened if offered free of cost. The finding of this study gives credence to that of Aweke et al. (2017) which showed that more of the respondents had positive attitude toward cervical cancer screening. The finding of this study is in line with that of Olubodun et al. (2019) which showed a positive attitude expressed by the respondents as majority of them expressed willingness to undergo the screening when asked.

Similarity found between the present study and the previous ones might be due to the homogeneity of the study population as they were both carried out among women of childbearing age. However, the findings of this study is different from results found in other studies. The finding of this study is at variance with that of Ahmed et al. (2013) which showed that attitude of respondents towards cervical cancer screening was poor. The finding of this study is also at variance with that of Jassim et al. (2018) which showed that majority of the respondents had a negative expression towards cervical cancer screening. The variation found between the two studies might be due to the fact that the sample size for the previous study was much lesser than the one for the present study.

The result shows that there was a statistically significant association between socio-demographic factors [age ( $X^2$ -value = 4.21, df = 2,  $p < 0.05$ ), education ( $X^2$ -value = 8.65, df = 3,  $p < 0.05$ ) and marital status ( $X^2$ -value = 14.76, df = 3,  $p < 0.05$ )] and attitude towards cervical cancer screening. This finding is expected thus not surprising because these socio-demographic factors are known to influence the attitude of individuals particularly education and age about several aspect of life. Education which enlightens and exposes people to vast health practices had been found to influence peoples' attitude and decisions about several issues life. The finding of this study is similar to that of Bansal et al. (2015) who assessed the knowledge, attitude, and practices related to cervical cancer among adult women, the result showed that education level influences attitude towards cervical cancer screening ( $p < 0.05$ ). Further association was found between sociodemographic characteristics and attitude towards cervical cancer screening and those with higher education level were more likely to have a positive attitude toward cervical cancer. The similarity between the previous study and the present one might be due to that fact that the previous study combined both the attitude towards cervical cancer and the screening whereas the present study was focused only on cervical cancer screening.

### **Conclusion and Recommendations**

In conclusion, the women of reproductive age in Ahoada East Local Government Area of Rivers State had positive attitude towards cervical cancer screening. The following recommendations were made: Non-governmental health agencies should also intensify their efforts to improve the awareness of cervical cancer by continuous campaign, seminars and workshops to get women acquainted with current screening activities. The government should provide special centres for cervical cancer screening at strategic positions to encourage its practice in diverse socio-demographic contexts.

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