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Perception and uptake of cervical screening exercises among women in Oluyole local government area, Oyo state

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Abstract

Cervical cancer is the uncontrolled and unregulated cell growths in the cervical wall mostly caused by a virus called Human Papilloma virus, it is the second common cancer after breast cancer among women and one of the principal causes of cancer death among female gender population. However, this condition is preventable by early identification of premalignant lesions and appropriate medical management. The descriptive study was conducted to assess the perception and attitude of women towards uptake of cervical cancer screening in Oluyole Local Government using a self-administered questionnaire to elicit responses from 120 women attending antenatal clinic in Odo-Ona Elewe and Adaramagbo Primary health care centre. Responses were gathered and coded for analysis using Statistical Package for social sciences (SPSS, Version 23) at a significant level of 0.05. The study revealed that the majority of the respondents are between the age of 36 to 40 and they have adequate perception of cervical cancer. The women are of the strong opinion that early identification and presentation of cervical cancer lead to cure as this shows that they are knowledgeable about cancer. Most of the women believe that cervical cancer is not purely spiritual attack. There is well defined positive correlation between the knowledge of respondents and uptakes of cervical screening exercise with the correlation value of + 0.624 which indicates that perception of the respondents affect their uptake of cervical screening exercise. There is a strong positive relationship between the attitude of the respondents and uptake of cervical screening exercise with the correlation value of + 0.900 which indicates that the respondents attitude affect their uptake of cervical screening exercise. The constraints faced and uptake of cervical screening exercise has a correlation value of +0.599 which indicates that the constraints faced by the respondents affect their uptake of cervical screening exercise.

In Conclusion it can be seen that perception influences uptake of cervical screening exercise therefore it is advisable to organise more educational programmes to enlighten the society better.

Keywords: Perception, uptake, cervical screening, women, local government area

Introduction

Cervical cancer is the uncontrolled and unregulated cell growths in the cervical wall mostly caused by a virus called Human Papilloma virus, it is the second common cancer after breast cancer among women and one of the principal causes of cancer death among female gender population. However, this condition is preventable by early identification of premalignant lesions and early presentation of the case for appropriate medical management. Globally, many cases of death has been reported with epidemiology rate of almost 7 million deaths yearly in 2018. Report from different studies has showed that one (1) out five (5) men develop cancer related condition while female gender also have report with one (1) in six (6) women come down with cancer related condition in their lifetime. It was showed that one (1) in eight (8) men and one (1) in eleven (11) women lost their life to this disease (WHO 2018). Cervical cancer is the first common genital cancer among women and one of the major causes of death among female gender base population. When this malignant tumor affect and spread to deeper part of tissues or organs of the cervix, it is called cervical cancer, invasive cancer or metastatic cancer (Ahmed, Sabitu and Idris, 2013) [3] Women aged 40 years and above are at more risk to develop this condition (Neha, 2018) [28].

Cervical cancer is a preventable disease by early identification through Cervical Cancer Screening (CCS) and early presentation for appropriate medical management but fortunately, only few countries have a well define and functional preventable and management plans for this disease globally (WHO 2018).

Invasive cervical cancer is the common cancer among women in both developed country like United Kingdom and developing countries like Nigeria (Ahmed, *et al*, 2013) [3]. Although, early detection and presentation in their premalignant stage help in appropriate management of the diseases.

Human papilloma virus (HPV)

Human Papilloma Virus (HPV) is known to be numerous in nature but only very few are recognized to be high risk factor of cervical cancer, the most common type are type 16 and 18 which are responsible for cervical cancer and nearly all cases of cervical cancer can be attributable to HPV infection. HPV is sexually transmitted disease which can penetrate into the cervix through sexual intercourse or skin to skin Genital contact, this is well recognized as mode of transmission.

Pathophysiology

Cervical cancer is the infection of cells of the cervix, affect mostly the neck of the uterus which is the lower third of the uterus that protudes into the vagina. The upper half is called supravaginal portion and the lower half infravaginal portion. Cervical cancer occurs when the Human Papilloma Virus come in contact with the cervix through sex and genital contact, when the body immunity cannot get rid of the virus especially oncogenic HPV types. Over time, this virus will change the anatomical and physiological structure of the cervical cell into abnormal and uncontrollable proliferative cancerous cells, this will show no symptoms at earlier stage but later lead to abnormal menstruation, heavy menstruation, abnormal vaginal bleeding, painful sexual intercourse, fatigue, nausea, and weight loss, in advance stage, it can become metastatic (spread) to nearby organs

Statement of the problem

Despite all the awareness on benefits of Cervical Cancer Screening (CCS), research has shown that the services are not utilized by many women. Cancer of the cervix still remain the second most leading cause of cancer among childbearing age between 15 to 44 years in developing country such as Nigeria (Ahmed *et al*, 2013) [3]. Ignorance/Misconceptions among other factors blindfolding what men and women know and affecting their decision taking and how they behave toward cervical screening exercise. Poor perception and attitude affects compliance and uptake of cervical screening. The poor compliance can be trace to inadequate knowledge and unfavourable attitude that is related to many factors such as misconceptions. Therefore, it is necessary to examine the perception and uptake of cervical cancer screening among women in Oluyole Local Government Area, Oyo State.

Study objective

The broad aim of this study is to examine the perception and attitude of women towards uptake of Cervical Cancer Screening (CCS) in Oluyole Local Government Area (LGA) of Ibadan, Oyo State.

The specific objectives of the study are to

1. To assess level of mothers' perception on cervical screening in Oluyole LGA.
2. To determine the level of uptake of CCS Oluyole LGA.

3. To identify the factors determining the uptake of CCS among women of Oluyole Local Government.

Research question

1. What is the level of perception of mothers about CCS in Oluyole LGA, Oyo State?
2. What is the level of uptake of cervical screening in Oluyole LGA of Oyo State?
3. What are the factors influencing the uptake of CCS services among women in Oluyole LGA of Oyo State?

Hypothesis

H01: There is no significant relationship between the perception of women and uptake of cervical screening exercise

H02: There is no significant relationship between the attitude of women and uptake of cervical screening exercise

H03: There is no significant relationship between constraints faced by respondents and uptake of CCS exercise

Methodology

This study adopted a descriptive survey to assess and document the perception and uptake of CCS among women in Oluyole LGA, Oyo State.

Study setting

The study was conducted using Oluyole Local Government, out of which two (2) Primary Health Care Centre were approved for the study, which are Odo-Ona Elewe and Adaramagbo.

Target population

The target population is the sexually active women within the reproductive age (18-55) attending health care services at Oluyole Local Government Primary Health Care Centres, Odo –Ona Elewe and adaramagbo (Olomi) i.e Ward 2and Ward 7 respectively in which majority of the women are in their reproductive age.

Sampling procedure and sample

There are ten (10) wards in Oluyole Oluyole LGA, Oyo state, out of which two (2) will be focused for the study. In this study, descriptive sand simple random sampling techniques will be adopted for the selection of 120 women among those attending health care services e.g antenatal services, immunization services. Women attending antenatal clinic will be focused on. The attendance of women at antenatal clinic varies at every visit such as 80, 50, 185. The calculated total sample size of 120 was utilized for this study which was obtained as follows; Odo- Ona Elewe Primary health care centre - 50 women and Adaramagbo Primary health care centre - 70 women.

Sample size determination:

The sample size will be calculated using Yamane Taro formula

$$n = N/1+ N (e)2$$

where,

n = sample

N = Population of the study

e =percentage error, e = 0.05

Therefore,

$$n = 120 / 1 + 120 (0.05)^2$$

$$= 120 / 1 + 120 (0.0025)$$

$$= 120 / 1 + 0.3$$

$$= 120 / 1.3$$

$$n = 92.30$$

Add 25% for attrition i.e $25/100 * 92/1 = 9.2$

$$92.3 + 23 = 115.3 = 115$$

Calculated sample size 115

Instrument development/description

The researcher administered 120 self semi- structured questionnaire on perception, attitude and factors influencing women’s uptake of CCS will be distributed to 120 women out of those attending antenatal care services. The questionnaire consists of four parts as follows; Section A: contains 5 item parts to elicit information about respondents socio-demographic characteristics. Section B: contains 16 item parts designed to assess the women’s level of perception on cervical cancer screening. Section C: contains 8 items part using likert scale to identify the attitude of women on CCS. Section D: contains a total of 15 items also in likert scale format designed to identify factors influencing cervical cancer screening.

Validation of instrument

The instrument for data collection is questionnaires which was developed by the researcher and contains items to aid elicit information voluntarily from the respondents. In determining the validity of the questionnaire, it was subjected to intensive scrutinization under the supervisor who made necessary correction as applicable.

Ethical consideration

The researcher ensures that all data obtained from the respondents are kept confidential. Questionnaire and face to face interview will be adopted because the participants are either literate or illiterate in English language. The questions will be interpreted to them where necessary. This study will create more awareness and mobilization on the need for CCS and enable the community to embark on the screening exercises. The health sector will also see the need why the screening should be made affordable and accessible to women irrespective of their socio- economic status. This will motivate the women to participate in CCS exercise and will in turn help to reduce the morbidity and mortality rate due to cervical cancer. This study is not going to be injurious or cause the participants any harm but their time given in completing the questionnaire which is highly appreciated. They are free to participate or refuse in taking part in the study and also have the right to withdraw their consent and discontinue participation but are made to see the reasons why they should be convinced and adequately participate in the study.

Data collection procedure

The letter from the school of Tutors' Programme (Nurse, Midwife and Public Health Nurse Tutor) at University College Hospital, Ibadan was used to seek permission from the Chairman of Oluyole Local Government who in turn referred me to the Coordinator of Primary health care services in the centre that they should give me full assistance where necessary. Two centres under the local government were approved for the study and official letter was taken there respectively and the health personnel there were eager and ready to give their assistance towards the

successful collection of data in any mode required. The researcher later visited the centres, met the respondents and explained the purpose of the study and their consent gained voluntarily. The questionnaires were disseminated to the participants, which they fill and were retrieved back. 120 questionnaires were administered, 70 at Odo-Ona Elewe health centre and 50 at Adaramagbo health centre respectively.

Methods of data analysis

The collected data were analyzed using frequency tables and were converted to percentages for easy reading and chi-square method for interpretation of responses from respondents.

Results

Table 1: Respondents’ Age

Age groups	Frequency	Percent	Valid Percent
21-25	32	27.8	30.2
26-30	41	35.7	38.7
31-35	23	20.0	21.7
36-40	7	6.1	6.6
41-45	3	2.6	2.8
Total	106	92.2	100.0
Missing Response	9	7.8	
	115	100.0	

Source: Author’s Computation 2019

The above table (1) shows the respondents age. The table showed that, out of 115 participants, 106 responded which represents 92.2%. Out of 106 respondents, 32(27.8%) are within the age range of 21-25, about 41(35.5%) are in the age range of 26-30, almost 23(20%) were belong to age 31-35, exact 7(2.6%) participants were 36-40 years and 3(2.6%) were between age 41-45. The majority of the respondents are youths from the age range of 36-40 while lowest respondents are from the age range 41-45. The distribution of age of the respondents is shown below using bar chart (Figure 1)

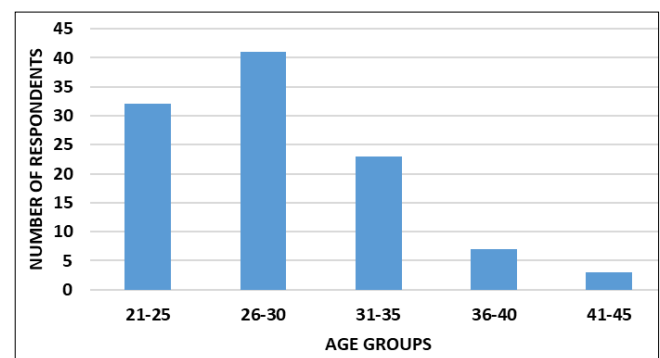


Fig 1: Respondents Age Distribution

Table 2: Marital Status of the Respondents

Marital Status	Frequency	Percent	Valid Percent
Single	7	6.1	6.3
Married	105	91.3	93.8
Total	112	97.4	100.0
Missing Response	3	2.6	
	115	100.0	

Table 2 shows the distribution marital status of the participant. Result reveals that out of 115 respondents, 112 responded which represents 97.4% response rate on marital status. Out of 113 respondents, 7(6.3%) are single and

105(93.8%) are married. This indicates the majority of the respondents are married women as this is evident in their age range. Figure 2 showed the pie chart of marital status with married women predominant than single women. This is an indication that the cervical cancer occur mostly among married women.

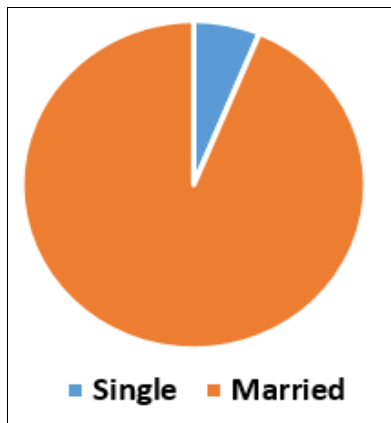


Fig 2: Marital Status of participant

Table 3: Educational Status of the Respondents

Educational Status	Frequency	Percent	Valid Percent
Primary	9	7.8	7.8
Secondary	45	39.1	39.1
Tertiary	59	51.3	51.3
Others	2	1.7	1.7
Total	115	100.0	100.0

Table 3 shows the distribution of participants according to their educational status. 9 (7.8%) of the respondents are primary school certificate holders, 45 (39.1%) are primary school certificate holders, 59(51.3%) possess tertiary certificates and 2(1.7%) has other certificates. This showed that most of the women are graduates and learned persons. Figure 3 also buttressed the facts proved by the frequency table of the educational status of the women with tertiary education having the tallest bar while the respondents with others qualifications have the lowest bar.

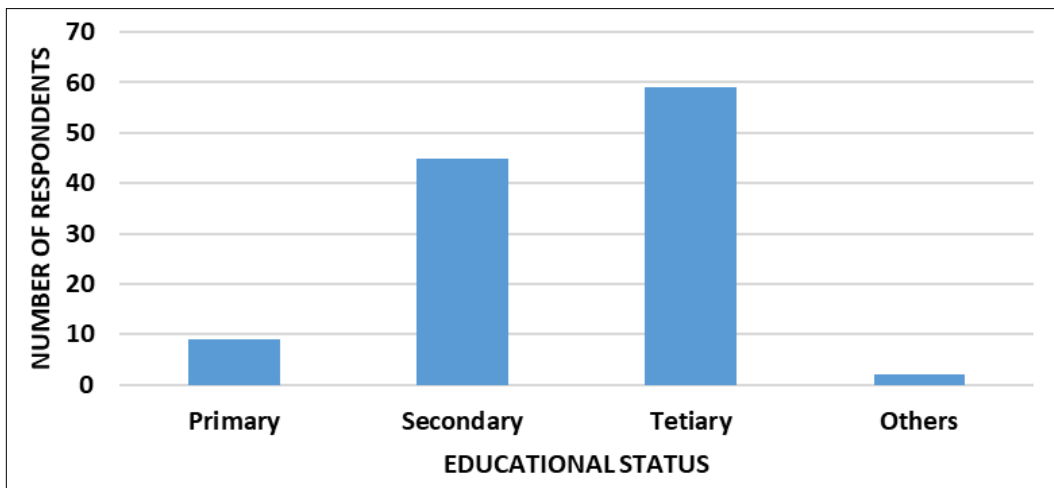


Fig 3: A Bar Chart showing the Educational Status of Respondents

Analysis of data on research questions

Research Objective 1: To examine the level of perception of mothers about CCS in Oluyole LGA.

Research Question 1: What is the level of perception of mothers about CCS in Oluyole LGA?

Table 4: Perception about Cervical Cancer Screening

Statements	Responses			Mean	Std. Deviation	Variance
	No	Yes				
Have you heard about cervical cancer before?	56	53	1.49	0.502	0.252	
Have you ever heard about cervical screening exercise?	70	41	1.37	0.485	0.235	
Cervical screening examination help in early detection of cervical cancer	23	82	1.78	0.416	0.173	
Cervical cancer is an abnormal malignant growth found in the cervix	15	95	1.86	0.345	0.119	
Women who have many sexual partners are liable to develop cervical cancer	13	86	1.87	0.339	0.115	
Women who are married to a man with many sexual partners are liable to cervical cancer	15	82	1.85	0.363	0.132	
Do you know anyone with cervical cancer?	93	19	1.17	0.377	0.142	
How can someone get infected with cervical cancer? Environment	35	38	1.52	0.503	0.253	
How can someone get infected with cervical cancer? Sex	14	69	1.83	0.377	0.142	
How can someone get infected with cervical cancer? Insect bite	41	23	1.36	0.484	0.234	
How can someone get infected with cervical cancer? Poor personal hygiene	16	54	1.77	0.423	0.179	
Does malignant changes occur immediately a woman gets infected with the virus?	41	46	1.53	0.502	0.252	
Does early detection of cervical cancer lead to cure?	8	87	1.92	0.279	0.078	
Is vaccination available for prevention?	24	75	1.76	0.431	0.186	

Source: Author’s Computation 2019

From table 4, it is evident that participants had opinion about the statements that they have heard about cervical cancer before (Mean = 1.49, SD=0.502), have ever heard about cervical screening exercise? (Mean = 1.37, SD=0.485), that cervical screening examination help in early detection of cervical cancer (Mean=1.78, SD= 0.416), that cervical cancer is an abnormal malignant growth found in the cervix (Mean = 1.86, SD = 0.345), that women who have many sexual partners are liable to develop cervical cancer (Mean= 1.87, SD=0.399), that women who are married to a man with many sexual partners are liable to cervical cancer (Mean = 1.85, SD = 0.363), that they know anyone with cervical cancer? (Mean= 1.17, SD = 0.377), that someone can get infected with cervical cancer through environment (Mean= 1.52, SD = 0.503), that someone can get infected with cervical cancer through sex (Mean= 1.83, SD= 0.377), that someone can get infected with cervical cancer through insect bite (Mean=1.36, SD=0.484), that someone can get infected with cervical cancer through poor personal hygiene (Mean= 1.77, SD= 0.423), that malignant changes occur immediately a woman gets infected with the virus? (Mean= 1.53, SD= 0.502), that early detection of cervical cancer lead to cure? (Mean= 1.92, SD= 0.279), that vaccination available for prevention? (Mean =1.76, SD = 0.431).

The results indicate that level of perception of women about cervical cancer as it was shown that all the statements were

accepted and positive i.e. by the women because the mean response of their level of perception about cervical cancer is above average except the statements “have you heard about cervical cancer before (Mean = 1.49, SD=0.502)” which the respondent showed moderate perception due to little variability in “Yes” and “No” response, have ever heard about cervical screening exercise? (Mean = 1.37, SD=0.485) with fairly perception. The women are of the strong opinion that early detection of cervical cancer lead to cure as this shows that they are knowledgeable about cancer. Sex also plays huge role in having cervical cancer as indicated by the respondents because women who have many sexual partners are liable to develop cervical cancer (Mean= 1.87, SD=0.399) and women who are married to a man with many sexual partners are liable to cervical cancer (Mean = 1.85, SD = 0.363). The respondents indicated they did not know anybody with cervical cancer.

In conclusion, an overall mean of 1.65 and standard deviation (SD) of 0.237 is an indication that respondents had adequate knowledge about cervical cancer screening

Research Objective 2: To determine the level of uptake of CCS

Research Question 2: What is the level of uptake of CCS in Oluyole LGA in Oyo State?

Table 5: Women Attitude toward CCS

Statements	Strongly Disagree (SD)	Disagree (D)	Undecided (U)	Agree(A)	Strongly Agree (SA)
Timely cervical screening exercise should be done by women.	7 (6.3%)	10 (9.1%)	11 (10)	32(29.1%)	50 (45.5%)
Cervical screening exercise should only be done by women with multiple sexual partner.	10 (9.5%)	35(33.3%)	13 (12.4%)	30(28.6%)	17 (16.2%)
Women who are married to a man who has many sexual partners also are at risk of develop cervical cancer.	6 (5.5%)	12(11.0%)	12 (11.0%)	40(36.7%)	39 (35.8%)
The age range for cervical screening is between 18-65 years even when a woman is sexually active.	4 (3.7%)	8 (7.5%)	10 (9.3%)	47(43.9%)	38 (35.5%)
Cervical screening exercise is not necessary for all women.	20 (18.5%)	27(25%)	14 (12.9%)	34(31.5%)	13 (12.0%)
Cervical screening exercise should only be perform on unhygienic women alone.	13 (12.4%)	47 (44.8%)	12 (11.4%)	19 (18.1%)	14 (13.3%)
Cervical screening exercise is not important to women’s health.	23 (21.1%)	44 (40.4%)	8 (7.3%)	18(16.5%)	16 (14.7%)
I am willing to go for cervical cancer screening if I know the place.	11 (10.5%)	10 (9.5%)	7 (6.7%)	48(45.7%)	29 (27.6%)

Table 5 showed that women are the opinions that timely cervical screening exercise should be done by women with 82 (74.6%) of the women agreed to the timely cervical screening exercise, this is also evident in the statement “cervical screening exercise is not important to women’s health” as the 67(61.5%) of the women disagree to the statement and 47(43.5%) disagree to the statement that CCS exercise is not necessary for all women. This indicates the level of importance of cervical cancer screening to the women. 47(44.8%) agree to the statement that cervical screening exercise should only be done by women with multiple sexual partner, 79(72.5%) agree that women who

are married to a man who has many sexual partners are at risk to develop cervical cancer. 60(57.2%) disagree that cervical cancer screening exercise should only be perform on unhygienic women alone. CCS should be done for all the women.

Research Objective 3: To identify factors determining the uptake of cervical cancer screening among women of Oluyole LGA.

Research Question 3: What are the factors to determine the uptake of CCS among women in Oluyole LGA, Oyo State?

Table 6: Factors Influencing the Uptake of Cervical Cancer

Statements	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
My culture is against cervical screening exercise	27(25.0%)	40(37.0%)	3(2.8%)	22(20.4%)	16(14.8%)
I am afraid of cervical screening procedure	21(19.4%)	40(37.0%)	12(11.1%)	18(16.7%)	17(15.7%)
I am afraid of pain associated with the procedure	18(16.4%)	34(30.9%)	17(15.5%)	28(25.5%)	13(11.8%)
I am frightened because of the cost of the procedure	17(15.9%)	27(25.2%)	17(15.9%)	30(28.0%)	16(15.0%)

I am healthy I cannot have cervical cancer	12(11.0%)	26(23.9%)	11(10.1%)	33(30.3%)	27(24.8%)
Cervical cancer screening is time consuming	14(13.7%)	24(23.5%)	22(21.6%)	23(22.5%)	19(18.6%)
There is no medical indication for me to go for cervical cancer screening	12(11.3%)	22(20.8%)	8(7.5%)	36(34.0%)	28(26.4%)
Cervical screening facilities is not accessible	11(10.2%)	33(30.6%)	15(13.9%)	24(22.2%)	25(23.1%)
My husband will not agree/allow me to go for cervical screening	26(24.1%)	37(34.3%)	10(9.3%)	19(17.6%)	16(14.8%)
My job will not allow me to go for cervical screening	27(24.5%)	52(47.3%)	6(5.5%)	13(11.8%)	12(10.9%)
My family did not support cervical screening exercise	27(26.7%)	43(42.6%)	11(10.9%)	9(8.9%)	11(10.9%)
I am healthy I don't need it	19(17.4%)	40(36.7%)	11(10.1%)	18(16.5%)	21(19.3%)
I am afraid of bad news after the test	20(18.2%)	35(31.8%)	11(10.0%)	22(20.0%)	22(20.0%)
The procedure is embarrassing	16(14.8%)	44(40.7%)	17(15.7%)	17(15.7%)	14(13.0%)
Cervical cancer is purely spiritual attack	27(25.2%)	39(36.4%)	13(12.1%)	12(12.1%)	16(15.0%)

Source: Author's Computation 2019

Table 6 showed that women are the opinions that they are frightened because of the cost of the procedure with 30(28.0%) agree and 16(15.0%) strongly agree; they are am healthy and cannot have cervical cancer with 33(30.3%) agree and 27(24.8%) strongly agree; cervical cancer screening is time consuming with 23(22.5%) agree and 19(18.6%) strongly agree; there is no medical indication for me to go for cervical cancer screening with 36(34.0%) agree and 28(26.4%) strongly agree I am afraid of bad news after the test with 22(20.0%) agree and 22(20.0%) strongly agree. Majority of the women believes the medical presence of cervical and disagree with the spirituality of the disease with 27(25.2%) strongly disagree and 39(36.4%) disagree with the statement cervical cancer is purely spiritual attack; also

disagree with the statements their husband will not agree with them to go for CCS with 26(24.1%) strongly disagree and 37(34.3%) disagree; I am healthy I don't need it with 19(17.4%) strongly disagree and 40(36.7%) disagree; cervical screening facilities is not accessible with 11(10.2%) strongly disagree and 33(30.6%) disagree and my job will not allow me to go for cervical screening with 27(24.5%) strongly disagree and 52(47.3%) disagree.

Research Hypotheses

Research Hypothesis 1: There is no significant relationship between the perception of women and uptake of CCS exercise

Table 7: Relationship between knowledge of the women and uptake of CCS exercise

Correlations			
		Knowledge	uptake
knowledge	Pearson Correlation	1	.624*
	Significant (2-tailed)		.013
	N	20	15
uptake	Pearson Correlation	.624*	1
	Significant (2-tailed)	.013	
	N	15	93

*. Correlation is significant at the 0.05 level (2-tailed).

Table 7 showed strong positive relationship between the perception of women and uptake of CCS exercise with the correlation value of +0.624 which indicates that perception of the respondents affect their uptake of cervical screening exercise. The correlation has a sig. value of 0.013 which is significant at 0.05 level of significance, the more people

aware of the cervical cancer screening, the more they partake in cervical cancer screening exercise.

Research Hypothesis 2: There is no significant relationship between the attitude of women and uptake of CCS exercise

Table 8: Relationship between attitude of the respondents and uptake of cervical screening exercise

Correlations			
		Attitude	Uptake
attitude	Pearson Correlation	1	.900**
	Sig. (2-tailed)		.000
	N	97	93
uptake	Pearson Correlation	.900**	1
	Sig. (2-tailed)	.000	
	N	93	93

** . Correlation is significant at the 0.01 level (2-tailed).

Table 8 showed strong positive relationship between the attitude of the women and uptake of CCS exercise with the correlation value of +0.900 which indicates that the respondents attitude affect their uptake of cervical screening exercise. The correlation has a sig. value of 0.010 which is significant at 0.05 level of significance.

Research Hypothesis 3: There is no significant relationship between constraints faced by the women and uptake of CCS exercise

Table 9: Relationship between constraints faced by women and uptake of cervical screening exercise

Correlations			
		factors	Uptake
factors	Pearson Correlation	1	.599**
	Significant (2-tailed)		.000
	N	81	73
uptake	Pearson Correlation	.599**	1
	Significant (2-tailed)	.000	
	N	73	93

** Correlation is significant at the 0.01 level (2-tailed).

Source: Author's Computation 2019

Table 9 showed strong positive relationship between the constraints faced and uptake of cervical screening exercise with the correlation value of +0.599 which indicates that the constraints faced by the respondents affect their uptake of cervical screening exercise. The correlation has a sig. value of 0.010 which is significant at 0.05 level of significance.

Discussion of Findings

Socio-demographic data findings

Most of the women are youths they belong to age 36 to 40 while lowest participants are between the age of 41-45. Out of 115 respondents, 106 responded which represents 92.2% response rate on age. Out of 106 respondents, 32(27.8%) are in the age range of 21-25, 41(35.5%) were between age 26-30, 23(20%) are within age range of 31-35, 7(2.6%) fall on age range of 36-40 and 3(2.6%) were belong the age range of 41-45. This is in line with. On the basis of marital status, the majority of the respondents are married women as this is evident in their age range. Out of 115 respondents, 112 responded which represents 97.4% response rate on marital status. Out of 113 respondents, 7(6.3%) are single and 105(93.8%) are married. This is an indication that the cervical cancer is occur mostly married women as supported by Ndikom and Ofi (2017) [27]. Based on their educational status. Majority of the respondents are graduates and learned persons. 9 (7.8%) of the respondents are primary school certificate holders, 45 (39.1%) are primary school certificate holders, 59(51.3%) possess tertiary certificates and 2(1.7%) has other certificates.

To examine the perception level of mothers toward Cervical Cancer Screening (CCS) in Oluyole LGA

The results in Table 4 indicate the level of women' knowledge about CCS as it was shown that all the statements were accepted and positive by the women because the mean response of their level of knowledge about cervical cancer is above average supported. The women are of the strong opinion that early detection of cervical cancer lead to cure as this shows that they are knowledgeable about cancer. Sex also plays huge role in having cervical cancer as indicated by the respondents because women who many sexual partners are liable to develop cervical cancer (Mean= 1.87, SD=0.399) supported by Saladin (2011) [29] and women who are married to a man with many sexual partners are liable to cervical cancer (Mean = 1.85, SD = 0.363) in line with Nancy, Sylvia and Carolyn (2014). The overall mean of 1.65 and standard deviation (SD) of 0.237 is an indication that respondents had adequate perception about cervical cancer screening as this in contrary to Ahmed et al., (2013) [3] which reported poor knowledge of CCS among market women in Nigeria.

To determine the level of uptake of CCS

Table 5 showed that women are the opinions that timely cervical screening exercise should be done by women with 82 (74.6%) of the women agreed to the timely cervical screening exercise, this is also evident in the statement "cervical screening exercise is not important to women's health" as the 67(61.5%) of the women disagree to the statement and 47(43.5%) disagree to the statement that CCS exercise is not necessary for all women. This indicates the level of importance of CCS to the women. 47(44.8%) agree to the statement that cervical screening exercise should only be done by women with multiple sexual partner, 79(72.5%) agree that women who are married to a man who have many sexual partners are at risk of developing cervical cancer supported by Saladin (2011) [29]. 60 (57.2%) disagree that cervical cancer screening exercise should only be perform on unhygienic women alone. Every women should be done for all the women.

To identify factors determine the uptake of CCS among women of Oluyole LGA

The results revealed that showed that women are the opinions that they are frightened because of the cost of the procedure; they are am healthy and cannot have cervical cancer; cervical cancer screening is time consuming; there is no medical indication for me to go for CCS and they were afraid of bad news after the test. Majority of the women believes the medical presence of cervical and disagree with the spirituality of the disease and believe that cervical cancer is not purely spiritual attack; also disagree with the statements my husband will not agree/allow me to go for CCS, I am healthy I don't need it; cervical screening facilities is not accessible and my job will not allow me to go for cervical screening.

Research Hypotheses

Research Hypothesis 1: There is no significant relationship between the perception of women and uptake of CCS

There is a strong positive relationship between the perception of respondents and uptake of cervical screening exercises with the correlation value of +0.624 which indicates that perception of the respondents affect their uptake of cervical screening exercise. The correlation has a significant. Value of 0.013 which is significant at 0.05 level of significance, the more people aware of the CCS, the more they partake in CCS exercise. This is in correlation with the study conducted by on practice and perception of CCS among women in public secondary school teachers in Mushin Local Government Area of Lagos state, Nigeria.

Research Hypothesis 2: There is no significant relationship between the attitude of women and uptake of CCS

There is a strong positive relationship between the attitude of the women and uptake of CCS with the correlation value of +0.900 which indicates that the respondents attitude affect their uptake of CCS. The correlation has a sig. value of 0.010 which is significant at 0.05 level of significance. The indication that the attitude of the respondents greatly influence their decision of taking up cervical cancer screening. This is in correlation with the study conducted by Ahmed *et al.* (2013) [3] among market women in Gabon

Zaria.

Research Hypothesis 3: There is no significant relationship between constraints faced by women and uptake of cervical screening exercise

There is a positive relationship between the constraints faced and uptake of cervical screening exercise with the correlation value of +0.599 which indicates that the constraints faced by the respondents affect their uptake of cervical screening exercise. The correlation has a sig. value of 0.010 which is significant at 0.05 level of significance. This is in correlation with a study conducted by among women in Ilorin North Central Nigeria.

Implication for nursing/nursing education

The findings of this study had demonstrated perception and uptake of cervical screening exercises among women in Oluyole LGA, Oyo State. It is hoped that this would improve perception and uptake of CCS exercises among women in Oluyole local government in Oyo State and help nurses and nursing tutors to sensitize women about the benefits of CCS exercise. It is also hoped that being knowledgeable about the cervical screening will help Nursing and nursing tutors to allay fear from women on going for CCS. The perception about CCS exercise attract respect and honour to nurses and the nursing profession. As professional nurses and midwives, the perception about the cervical cancer screening will give them edge over other others and improve their values.

Summary of findings

This study was carried out among women in Oluyole LGA, Oyo State to find out about their perception and uptake on cervical screening exercises. At the end of the exercise, it was discovered that the most of the women are youths between the age of 36-40 while lowest respondents are from the age range 41-45, the majority of the respondents are married women as this is evident in their age range, majority of the respondents are graduates and learned persons. The statements about level of perception of women about cervical cancer were accepted and positive by the women because the mean response of their level of perception about cervical cancer is above average. The women are of the strong opinion that early detection of cervical cancer lead to cure as this shows that they are knowledgeable about cancer. Sex also plays huge role in having cervical cancer as indicated by the respondents because women with many sexual partners are liable to cervical cancer and women who are married to a man with many sexual partners are liable to cervical cancer. The respondents had adequate perception about CCS.

The study also revealed that two factors “My job will not allow me to go for cervical screening” and “My family did not support cervical screening” did not affect or influence women uptake of CCS while other factors affect women uptake of CCS. The factors “Cervical cancer screening (CCS) is time consuming”, “No medical indication for me

to go for cervical screening”, “Cervical screening facility is not accessible”, “I am frightened because of the cost of the procedure” and “I am healthy, I cannot have cervical cancer” highly affect or influence women uptake of cervical screening because of their high mean response rate.

There is a strong positive relationship between the perception of women and uptake of cervical screening exercise with the correlation value of +0.624 which indicates that perception of the women affect their uptake of CCS exercise. There is a strong positive relationship between the attitude of the respondents and uptake of cervical screening exercise with the correlation value of +0.900 which indicates that the respondents’ attitude affect their uptake of cervical screening exercise. The correlation has a sig. value of 0.010 which is significant at 0.05 level of significance. The indication that the attitude of the women greatly influence their decision of taking up cervical cancer screening. There is a positive relationship between the constraints faced and uptake of cervical screening exercise with the correlation value of +0.599 which indicates that the constraints faced by the respondents affect their uptake of cervical screening exercise. The correlation has a significant value of 0.010 which is significant at 0.05 level of significance.

Limitation of the study

This research was carried out as part of academic exercise for the award of Diploma in Nursing Education, and so, lacked adequate time to achieve maximum objectives. The problem about sample and population of study also limits the scope of the study.

Recommendations

The findings of this work suggest the following to improve perception and level of uptake about CCS among women:

Cervical cancer screening facility should made accessible to women.

The cost of the CCS should be subsidized so as to enhance massive participation by the women.

There should be provision of automated machines/equipment to reduce time needed in order to undergo the test.

There should be provision of medication on cervical cancer. Women should highly be sensitized to correct their notion about the spirituality of the cervical cancer.

Suggestion for further studies


The researcher hereby suggests that similar studies should be carried out in other Local governments so as to critically evaluate and validate this study. Also, further intensive researches concerning how the women with the cervical cancer are treated and prevention should also be done.

OLUYOLE LOCAL GOVERNMENT

All Communication should be addressed to the Chairman quoting

LOCAL GOVERNMENT OFFICE
Idi-Ayunre Postal Agent
Idi-Ayunre
Via Ibadan
Tel: 02-231344

Our Ref.....
Your Ref.....
ADPR/AMB/GDO/PH/C



Date: 13-3-2019

Dear Sir/Ma,

PERMISSION TO COLLECT DATA
RE: OLADYOINBO, OLUWATOYIN TEMITOPE

This is to certify that the above named is a student in the Nurse/Midwife/Public Health Nurse Tutors Programme, Federal Training Centre for Teachers of Health Science, University College Hospital, Ibadan.

She needs to use your facility for her project data collection. Below are her details:

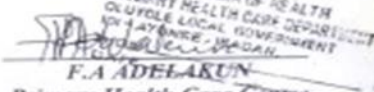
Name: **OLADYOINBO OLUWATOYIN TEMITOPE**

Research Topic: **Perception and Uptake of Cervical Screening Exercise among Women in Oluyole Local Government, Oyo State.**

Phone Number: **08062463284**

Kindly give her your necessary assistance.

Thank you for your cooperation.


F.A. ADELAKUN
Primary Health Care Centre
Oluyole Local Government
Idi-Ayunre.

Conclusion

The idea to conduct this research was conceived due to low perception and uptake of CCS exercises among women. Three research objectives and three hypotheses were set to find out about the perception and uptake of CCS exercises among women in Oluyole local government area, Oyo State. Findings indicate that early detection of cervical cancer lead to cure, the women are knowledgeable about cancer. Sex also plays huge role in having cervical cancer as indicated by the respondents because women who have many sexual partners are liable to develop cervical cancer and women who are married to a man with many sexual partners are liable to cervical cancer. "No medical indication for me to go for cervical screening", "Cervical screening facility is not accessible", "I am frightened because of the cost of the procedure" and "I am healthy, I cannot have cervical cancer" highly affect or influence women uptake of cervical screening.

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