UGANDA CHRISTIAN UNIVERSITY MUKONO

UPTAKE AND FACTORS ASSOCIATED WITH CERVICAL CANCER SCREENING AMONG WOMEN SEEKING FAMILY PLANNING SERVICES AT KAWEMPE NATIONAL REFERRAL HOSPITAL.

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A DISSERTATION SUBMITTED TO THE FACULTY OF PUBLIC HEALTH, NURSING AND MIDWIFERY, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A MASTER OF PUBLIC HEALTH LEADERSHIP OF UGANDA CHRISTIAN UNIVERSITY

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ABSTRACT

Purpose of the study. Cervical cancer screening among women seeking family planning services at Kawempe National Referral Hospital. The study aimed to determine the uptake of cervical cancer screening and establish factors associated with cervical cancer screening among women seeking family planning services at Kawempe National Referral Hospital.

Methods. The study design was a descriptive cross-sectional study, which measured factors associated with women seeking family planning services at Kawempe National Referral Hospital. Primary data was obtained from women seeking family planning services using semi-structured questionnaires at KNRH.

Results. The participants were 138 women aged 18 to 49 years. 49% of the respondents had attained ordinary level of education, 32.61% were Protestants and 17.39% were Pentecostal.43.58% agree with lack of access to information, 37.68% agree that take long in the line because women who come for the services are many. 40.58% agree that services are only during weekdays and 32.61% agree that cervical cancer screening services reach their community.34.78% disagree that costs are high, 47.10% agree with lack of transport to visit health centers. Just over one-third fear receiving a diagnosis of the disease, 31.88% agree that the vaginal examination to carry out the test is embarrassing but 40.58% disagree that there was no privacy since it is done by male providers. 71.01% agree that they have ever heard about Cervical cancer, but only 65.22% have ever heard about cervical cancer screening and only 30.43% have done cervical cancer screening. The uptake of Cervical cancer screening was low, only one-third of the respondents have done cervical cancer screening.

Conclusion Nearly two-thirds of the women had ever heard of cervical cancer and nearly the same number had heard of cancer screening but only one-third had carried out cervical cancer screening suggesting a big gap between knowledge and practice.

Declaration of Authorship.

I Nimusiima Anita, do declare that I am the author of this dissertation and any help that is received is acknowledged. The sources that the data was obtained from were cited for the partial fulfillment of the Master's Degree in Public Health Leadership Uganda Christian University Mukono and this paper has never been submitted to any institution.

NAME: NIMUSIIMA ANITA

SIGNATURE: ..  ..

DATE; 20th September 2023

APPROVAL

This Dissertation is under accomplishment with the supervision of Prof. Pius Okong, Uganda Christian University, Mukono.

Supervisor's name: Prof. Pius Okong.

Signature: .....

Date: 20th September 2023

DEDICATION

I dedicate this book to the Almighty God for the guidance, strength, protection, good health, and provision.

This dissertation is dedicated to my beloved parents Mr. and Mrs. Mwesigwa for their utmost support and inspiration throughout the study. Their financial, emotional, moral and spiritual support throughout the study was very helpful.

To my research lecturers namely Prof. Pius Okong who was my supervisor and Reverend Evatt Mugarura for giving me the knowledge that I needed to conduct the study and for always encouraging me to keep going.

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To women who were attending family planning services at Kawempe National hospital and willingly gave me all the responses needed, the research assistants and the nurses, thank you.

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ACRONYMS

HPV Human Papilloma Virus

WHO World Health Organization

VIA Through

ETC ETCETERA

CCS Cervical Cancer Screening

CKC Cold Knife Conization

Dec December

UCI Uganda Cancer Institute

BMC Biomed Central

MOH Ministry of Health

DNA Deoxyribonucleic acid

HIV Human Immunodeficiency Virus

AIDS Acquired Immune Deficiency Syndrome

I.e. That is

KNRH Kawempe National Referral Hospital.

DEFINITIONS

1. Cervical Cancer. This is a Malignant Tumor of the cervix, which is the lowest part of the uterus.
2. Cervical Cancer Screening. This is the process that is used to detect and remove abnormal Tissue in the cervix.
3. Cervix. This is the narrow end of the uterus which forms a canal between the vagina and Uterus.
4. HPV is one of the most common sexually transmitted infections that causes diseases in humans like Cervical Cancer and Warts
5. Disease. This is a disorder of structure in humans, plants, and animals that can have symptoms and it's not simply a direct result of a physical injury.
6. Diagnose. To identify the type of an illness through examining the symptoms.
7. Lesion. A region in an organ that has suffered damage through injury or disease.
8. Precancerous. A cell that is more likely to develop into cancer.

CHAPTER ONE:

INTRODUCTION

1.1 Background

Cervical Cancer Cervical Cancer develops in the cervix of a woman which is where the uterus entrance is. Nearly 99% were connected to the Human papillomavirus (HPV), a virus that is commonly transmitted sexually. Most of the infections are eliminated by the body with no symptoms however recurring infections may cause cervical Cancer in Women. If Diagnosed early, it is one of the cancers that is treated easily (WHO,2022)

According to World Health Organization (WHO) Guidelines, the most preferred method of Cervical Cancer Screening is an HPV DNA-based test instead of using visual Inspection while using Acetic acid or use of Cytology which is also known as a Pap smear. This is the most common method used to look for precancerous lesions while screening for cervical cancer. HPV DNA testing is simpler and also prevents more pre-cancer and saves more lives, it is also cost effective. Women are more comfortable when they collect their own samples from their homes or any other place that is comfortable for HPV testing. They, however, need enough support to manage the whole process. (WHO, 2021).

According to the Chinese Journal of Cancer Research, (Chin J Cancer Rec, 2020 Dec 31). Cervical cancer is one of the most common cause of cancer death in women, and in the previous 30 years, the increasing percentage of young women who were affected by cervical cancer ranged from 10% to 40%. (Cancer Rec, 2020 Dec 31) The World Health Organization in 2018 estimated that globally there were 570,000 cases and 311,000 deaths. Cervical cancer ranked the fourth most commonly diagnosed cancer and the fourth leading cause of cancer death in women. Around

85% of the global deaths from cervical cancer took place in low and Income Countries (LMICs), and the death rate was 18 times higher in low-income and middle-income countries when compared with High-income countries. Cervical cancer was the most frequently diagnosed cancer in 28 countries and the leading cause of cancer death in 42 countries, the huge majority of which were in Sub-Saharan Africa and South Eastern Asia. The highest regional incidence and mortality rates are in Africa. (WHO, 2018)

In Uganda, Cervical Cancer was the number one leading cause of cancer-related deaths in women. The World Health Organization estimated that in 2014 about 3915 Ugandan women were diagnosed with Cervical Cancer and 2160 died from the disease. There was low cervical Cancer Screening which resulted in Uganda having the highest Cervical Cancer rates which is 47 per 100,000 per year. The Prevalence rate for HPV was 33.6%. (ICO Information Centre on HPV and Cancer (HPVInformation Centre), 2016

Screening tests give the best chance of having cervical cancer detected in the early stages when the treatment can be most successful. Screening can also actually prevent most cervical cancers by finding abnormal cervical cell changes (pre-cancers) so that they can be treated before they have a chance to turn into cervical cancer. (American Cancer Society, April 2021)

It is recommended by WHO that women should begin screening for Cervical Cancer at the age of 30. Those aged 30 to 49 should be given priority testing, as well as those aged 50 to 65 years and have never screened for cervical cancer. It should be noted that there should only be an interval of 5 to 10 years for a general population that is receiving HPV DNA detection which is a CCS method. Those who are HIV positive should begin at 25 instead of 30 years of age. (WHO, 2021)

According to the Uganda Cancer Institute (UCI), women about 80% of those diagnosed with cervical cancer were in the stages that were already advanced. In order to prevent deaths caused by cervical cancer, there has to be Identification and treatment of precancerous lesions and disease that is early. About 4.8% and 30% were reported to be the lifetime screening rate (Campos et al., 2016, Ndejjeet al., 2016. Increasing screening coverage in a woman's lifetime leads to better risk cancer reduction.

1.2 Problem Statement

Uganda through the MOH aimed at screening and treating at least 80% of the women that were aged 25 to 49 years by the year 2015. They are screened through the use of Visual Inspection and the ones found positive with precancerous lesions have to be treated with Cryotherapy. (Isabirye, Mbonye, Kwagala ,2020). In Uganda, it is recommended that a woman should start Screening at the age of 25. The Ministry of Health & Strategic Plan for Cervical Cancer Prevention and Control in Uganda 2010-2014, 2010). At Kawempe National Referral Hospital, Cervical Cancer Screening is offered to women and Screening starts from the age of 25. However, if a woman is of reproductive age and is sexually active can be screened. It is offered every day from Monday to Friday (8.00 am to 5.00 pm). Kawempe National Referral Hospital the only high-volume maternity(obstetric/gynecological) facility in Kampala with a well-established family planning clinic, it's a referral for complicated obstetric gynecological cases and offers tertiary care for the Kampala metropolitan area serving more than 3 million people.

Approximately 200 women attend the family planning clinic weekly and are eligible for cervical cancer screening. In line with MOH policy, cervical cancer screening is

integrated in the family Planning clinic and standalone cervical cancer screening will not be established. However, the number of women screened is not known. It is important to determine the uptake order to address modifiable factors and increase opportunistic cervical cancer screening to benefit women attending the family planning clinic at Kawempe National Referral Hospital. There was a gap regarding the implementation of the CCS policy and no information about the uptake. Cervical cancer is a significant public health concern, particularly in low-income counties, where access to services is limited. By conducting the study, I aim to contribute to the body of knowledge on CCS among women in Kawempe NRH. This study could potentially identify gaps and areas of improvement in the study. Improving health care delivery. Understanding the uptake and factors associated with CCS can help inform strategies to expand service delivery, my findings provided evidence-based recommendations.

1.3 Research Questions and or Hypothesis

1. What is the uptake of cervical cancer screening among women seeking family planning services at Kawempe National Referral Hospital?

2. What factors are associated with cervical cancer screening among women seeking family planning services at Kawempe National Referral Hospital?

1.4 Objectives

1.4.1 General Objective: To determine the Uptake of cervical cancer screening and establish the Factors associated with cervical cancer screening among women seeking family planning services at Kawempe National Referral Hospital.

1.4.2 Specific Objectives

1. Determine the Uptake of cervical cancer screening among women seeking Family planning services at Kawempe National Referral Hospital.

2. Establish the Factors associated with cervical cancer screening among women seeking family planning services at Kawempe National Referral Hospital.

1.5 Rationale or justification

There have been no studies on the uptake and factors associated with cervical cancer screening in the Family Planning clinic at Kawempe National Referral Hospital hence justification for the study.

There is need to know the uptake and the factors influencing cervical cancer screening during family planning so that in case the up take is low the solution is found and if the factors that influence Cervical Cancer Screening lead to Low uptake, we also look for the way forward.

1.7 Significance of the study

This research will contribute to understanding and knowledge about uptake of cervical cancer screening services in family planning clinics in Kawempe National Referral Hospital. Such knowledge if incorporated into advocacy might improve early access to cervical cancer screening and improve quality of life of women.

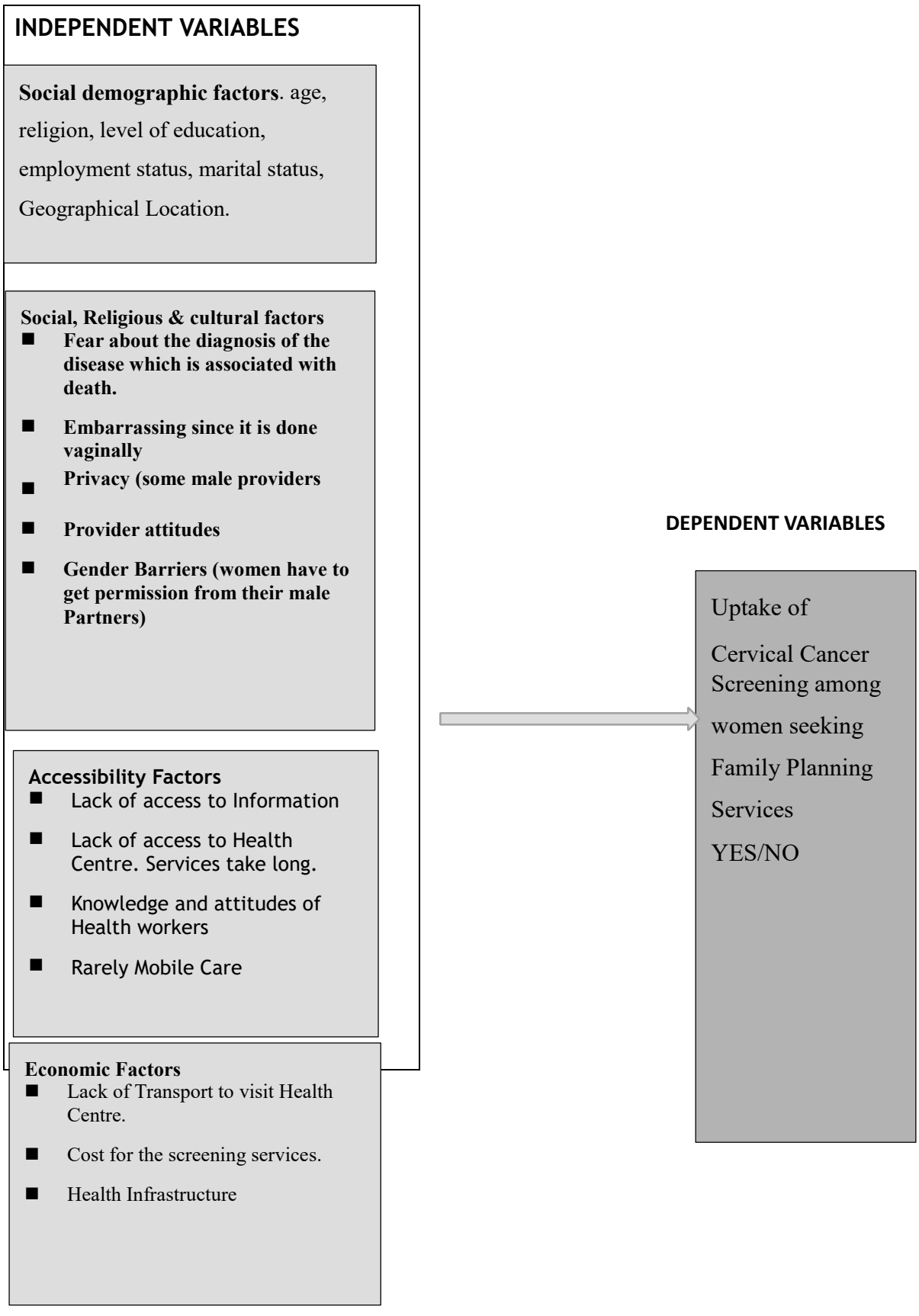
1.8 Scope and limitations

The Scope of the study is all women that are eligible for cervical cancer screening and are attending Family Planning services in Kawempe National Referral Hospital. This will be done in June 2022

My study will not cover women who are not seeking Family Planning services in Kawempe Referral Hospital so the limitation of the study is I cannot generalize the findings to Kawempe division, Kampala as well as Uganda at large

Conceptual Framework

Figure 1. Conceptual Framework



Socio demographic factors.

Age

Older people are more likely to seek Cervical Cancer screening compared to younger people. This because the recommended age is 25 years and above so the older people think that they are the ones with a higher risk of having the Cervical Cancer.

Marital status.

Married women are more likely to seek cervical cancer screening because of spousal support like providing transport money or covering medical bills. Married also now that they are a risk because they are constantly engaging in sex than unmarried people.

Education Level.

Educated people seek cervical cancer screening because they are exposed and they know the importance of screening. In addition to that, educated people are employed so they can easily get transport and funds to cover medical bills.

Socio Cultural Factors.

Women fear screening for cervical cancer because of perceived risk and fatality that may arise. They fear finding them with the disease and they may die. Socio cultural factors also influence the screening in way that women have no say in their homes, they do not make decisions, if their partners refuse the to go for screening they will not go. Women also have that perceived risk of pain while undergoing cervical cancer screening. They believe that the tools used may be infected or may come out with organs if inserted.

Women also find it embarrassing to screening since it's done vaginally. Lack of Privacy, women fear the screening that is done by Male Service Providers.

Accessibility factors

Access to information is also one of the factors that influence cervical cancer screening. Women who are exposed to information related to cervical Cancer and its prevention strategies are will go for screening than those that are not exposed. Women who find easy access to health Centers seek more CCS services.

Economic Factors

Availability of funds leads to good infrastructure for example roads which make health services more accessible.

Costs. People also have no money to pay for the bills for Screening.

Cervical cancer screening is influenced by all the above factors that are explained above.

CHAPTER TWO
LITERATURE REVIEW

2.1 Social demographic Factors

Age

It Is Recommended by WHO that women should begin screening for Cervical Cancer at the age of 30. Those aged 30 to 49 should be given priority testing as well as the ones aged 50 to 65years and have never screened for cervical cancer. It should be noted that there should only be an interval of 5 to 10 years for a general population that are receiving HPV DNA detection which is a CCS method. Those who are HIV positive should begin at 25 instead of 30years of age. (WHO, 2021). In Uganda, the age group that is targeted is between the ages of 25 to 49. (Ministry of Health& strategic plan for Cervical Cancer prevention & control in 2010-2014, 2010)

In a study conducted in Ethiopia, the proportion of women screened from the age of 18 to 29 is much lower than those screened 30 to 39 and 40 to 49. (Abebe, Woldetsadik, Feyissa, Jing, 2020)

Marital Status

According to (Butho et al 2015), Women who were married in Jamaica, and Portland had a 2 times chance to have a pap smear compared to single women. This means women that are married have a higher chance of cervical screening than the unmarried ones.

A study that took place in Malaysia which assessed cervical Cancer screening among women in Malaysia (Gan et al,2013) and in Tanzania (Lyimo et al,201) assessed that women got social support from their husbands hence they were having more chances of seeking Cervical Cancer Screening. Spousal support plays a vital role.

In a study conducted in Malaysia and Tanzania by (Gan et al., 2013 and Lyimo et al, 2014) respectively found that women who received social support from their husbands were more likely to attend cervical screening. However, some studies have also found that spouse may hinder cervical cancer screening (Mupepi et al., 2011). Therefore, effective interventions need to include the men in promotion of cervical Cancer and other prevention practices.

Geographical Location

Women who live in Urban areas were more likely to undergo cervical cancer screening. More than 30% of the people living in rural areas had no access to cervical cancer screening in the health center facility that was nearby. This was in the study conducted in St. Paul teaching and Referral Hospital in Ethiopia. (Abebe, et al, 2020)

Employment status. Women earning 3000 to 3000Brrr (that's 148 US Dollars) were more likely to seek Cervical cancer screening compared to those earning less than 2000Birr (75 US Dollars). (Abebe, et al, 2020)

2.4 Socio Cultural and religious Factors

Fear of Screening was one of the most common reported barrier to cervical cancer screening in Uganda. This was regularly linked with perceived pain, as well as false allegations that included that the infected tool would be used during screening, or important organs could be removed. The Fear of being diagnosed with cervical cancer came with a fear of death. Most women were ignorant about the importance of Cervical Cancer Screening and believed it was not necessary since there were no signs and symptoms, (Black et al, 2019)

In a study that was conducted by (Roux et al, 2020), to survey Cervical Cancer Screening. In Dschang, it was reported that Women have misconceptions about CC symptoms i.e. Pain in the Pelvis, Abnormal menstruation, Heavy Menstruation, spotting, vaginal discharge and bleeding, fatigue, weight loss as well as nausea and prevention Strategies which gave reason as to why women did not access Cervical Cancer Screening

In a study that took place in south western Nigeria, in relation to religious, psychological as well as cultural partner-related, some of the respondents pointed out cultural and religious limitations that have a great impact on Cervical Cancer Screening. There is an issue of is connection of husband's authorizations and religious beliefs. The women pointed out that they have to get permission from their men before going for CCS. The Community believed in the local which was a big limitation to screening. (Onyenwenyi, et al,2018)

According to a female Respondent in a study conducted in Nigeria, Cultural reasons too can affect Cervical Cancer screening, one of the female respondents said some people have never stepped foot out of the village, and so they do not know about orthodox medicine, some do not want to hear the things from a white man because they believe so much in their roots and herbs making them to fail to agree with Cervical Cancer screening. She added that such people cannot agree for Cervical Cancer Screening. (Onyenwenyi, et al, 2018)

In terms of Religious beliefs and gender barriers, some Muslim women could not allow male health workers to screen them for Cervical Cancer. Some do not believe in hospital services. (Onyenwenyi, et al, 2018) A male nurse highlighted that most

of the women that come for screening do not accept the male practitioners to screen them calling it an invasion of their privacy. (Sibosiwe, et al, 2021)

Attitudes and behaviors of Health workers/practitioners towards the women was reported by the rural women in Ghana. Women were able to point out the hostile attitudes of the health workers, they claimed that many of them have unfriendly attitudes which is a constraint in CCS. Some were also worried of being misdiagnosed by health workers. This was based on previous experiences. (Binka, et al, 2019)

2.5 Accessibility Factors

According to WHO 2012, Cervical Screening programs are hardly accessible in developing countries. For example, Pap Smear Screening based Programs that are comprehensive have not been put in place in many developing countries. And even when it is accessible it's only for a small category of people that seek services from private health Facilities only. Therefore, there is little transformation on mortality and morbidity in developing countries as compared to developed countries that put in place comprehensive Pap smear based screening. (WHO, 2012)

Knowledge and Attitudes of Health Practitioners. Improved Knowledge and positive attitudes of health Practitioners to screen for Cervical Cancer are very important for prevention of cervical cancer. Adequate information and attitudes towards CC and its prevention in health centers that are in rural Areas is important. It is critical for the health practitioners to be after a certain period to identify the gaps. They should be able to provide information about CC to the people. (Oboi et al, 2021)

Rare Mobile Care. Organized population based cervical cancer screening improved on reduction of cervical cancer prevalence and mortality in LDCs. However, Uganda Lacks organized population based cervical cancer screening program which results into less access to cervical cancer screening services. (Obol, et al, 2021)

2.6 Economic Factors.

In a systematic review from the Studies Conducted in Uganda, (Black et al 2019), Health Infrastructure and resources and resource insufficiency was pointed out as the barrier that is familiar in Cervical Cancer Screening in Uganda. It was reported in many studies. Aside being a challenge to Screening, insufficient health structures affect Cervical Cancer Screening Diagnosis and treatment. The ability of diagnosis and treatment should be in line with demand. Lower Levels of income and education complemented with lack of formal education were hindrances to CCS.

Cost of services. In a study that took place in Eastern Uganda in 2 districts that's Mayuge and Bugiri, many women expressed that they lacked finances to cater for screening costs most especially while accessing private health facilities. Even Catering for Transport to Screening posts is a barrier. (Ndejjo et al,2017).

SUMMARY ON THE LITERATURE REVIEW

Demographic factors.

World Health Organization (WHO) recommends women to start Cervical Cancer Screening at the age of 30 which is important a woman to be treated earlier in case the diagnosis is positive. The proportion of women screened from the age of 18 to 29 is much lower than those screened 30 to 39 and 40 to 49 and 50 to 65. (Abebe et al, 2020). This showed that older women are more likely to seek for cervical cancer screening hence there is a gap in screening between those aged 18 to 29 band 40 to 49 and 60 to 65.

Marital status

According to Mupepi et al, 2011) Women who are married have a higher chance of seeking cervical cancer screening. This is because they have support from their partners. However, Mupepi stated that some spouses may influence Cervical Cancer Screening negatively. This shows that there is need to involve men in the promotion of Cervical Cancer screening.

Geographic location.

Women who stay in urban centers are more likely to get access to Cervical screening. This is because urban centers have good health facilities with Cervical screening services compared to women in rural areas with poor infrastructure, unequipped health centers and personnel, etc.

Employment status.

Women who were employed and were earning good salaries were more likely to seek cervical cancer services while those who were not employed were less likely to seek family planning services.

Education

Socio cultural factors

Woman expressed themselves how they have to seek for permission from their male partners before seeking family planning services. Some women were still locked up in culture where they still believed much in herbal medicine and said they do not believe in the so called orthodox medicine. This made them not want to hear anything to do with cervical cancer screening.

Privacy

Some Moslem women did not allow the male health practitioners to screen them for Cervical Cancer Screening calling it an invasion of privacy.

Attitudes of the health workers.

Heath workers were unfriendly hence women feared being misdiagnosed.

Accessibility factors

Cervical Screening programs were not accessible in low developing countries. Pap smear test based programs were not in the low income countries and even if it's in their it is in private facilities which are expensive for low income earners. Knowledge and attitudes of the health workers. It was critical for the health practitioners to be after a certain period to identify the gaps. They should be able to provide information about CC to the people.

Mobile care.

This was very rare in Low income countries. Cervical Screening services were only found in health centers making it hard for those in long distances to access the services.

Economic Factors.

Health infrastructure and insufficient lower level of income and education were hindrances.

Cost of services. Women expressed themselves how they lacked funds to cater for the screening costs especially in private facilities.

CHAPTER THREE:

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents and describes the techniques that were employed by the researcher to collect and analyze data on cervical cancer screening among women seeking family planning services in Kawempe National Referral Hospital. It entails the data sources, respondents plus data analysis where both descriptive analysis and hypothesis testing that were done by the researcher.

3.2 Research Design

The study was a descriptive cross sectional study. A descriptive Cross Sectional Study was chosen because it was best suited to measure factors influencing Cervical Cancer screening among women in Kawempe National Referral Hospital at the time they are in Family Planning Clinic.

3.3 Area of Study

The Study was conducted in Kawempe National Referral Hospital which a Tertiary Public Health Facility is serving the population in Kawempe Division, Greater Kampala and also referrals from other hospitals in the region. The following services are offered, Obstetrics & Gynecology, Pediatrics, Adolescent health, HIV/AIDS care, it also offers outreach services. It is a training facility for undergraduate and postgraduate students from Makerere University and other Tertiary institutions and research is also performed at the facility.

3.4 Sources of Information

The source of information was primary.

3.4.1 Primary sources of data

Primary data was obtained from women seeking Family planning services using semi structured questionnaires. The Key informants were nurses and doctors in family planning clinic in Kawempe National Referral Hospital.

3.5 Population

3.5.1 Target Population

This study targeted all the women seeking family planning services in Kawempe National Referral Hospital.

3.5.2 Accessible population

The study accessible population was all the women seeking family planning services in Kawempe National Referral Hospital on the days of the study.

3.5.3 Study population

The study population was all women seeking Family Planning services in Kawempe National Referral Hospital, who consented to take part in the study.

3.6 Sample size determination

The sample size was determined using the formula Kish Leslie (1965). This enabled the researcher to work in the estimated time, cost, and collecting data. It also offered sufficient statistical power

$$n = \frac{z^2 p(1-p)}{d^2}$$

Where n= estimated sample size d= acceptable margin of error at 95% confidence interval, 5% equivalent to 0.05

Z= standard normal deviation 1.96, at 95% confidence interval

P=10% is the proportion of women who seek family planning services in Kawempe National Referral Hospital (East, Central and Southern Africa Health Community,2011

$$n=\frac{1.96^2\times0.1(1-0.1)}{0.05^2}$$

n=138

A sample size of 138 was considered.

3.7 Selection criteria

3.7.1 Inclusion criteria

All women aged 18years and above seeking Family planning services at Kawempe National Referral Hospital, those who consented to participate in the study.

3.8 Sampling procedure

The study employed a sampling method that is probability, using systematic random Method of sampling. Respondents were selected at a regular interval. On each clinic day, potential participants were selected from women registered for FP services from a registration desk. The researcher skipped 2 and picked the third until all the women attending the FP clinic had been sampled. This was repeated on subsequent clinic days until the required number had been realized/obtained.

3.9 Study variables

3.9.1 Dependent variable

The dependent variable was Cervical Cancer Screening among women seeking family planning services in Kawempe National Referral Hospital.

3.9.2 Independent variables

The Independent variable in this study was uptake and factors associated with Cervical Cancer Screening among women seeking Family Planning Services in Kawempe National Referral Hospital. They included; Social Demographic factors i.e. Age, and marital status, Religion and education level. Social, Religious and cultural factors that include; Fear about the diagnosis which is associated with

death, embarrassing since it is done vaginally, privacy because of male providers, provider attitudes, Gender Barriers (women have to get permission from their male partners). Accessibility Factors that included lack of access to information, Lack of access to health center, knowledge and attitudes of health workers, and rarely mobile care. Economic factors included lack of transport, cost for the screening services and health infrastructure.

3.10 Criteria for Measuring Cervical Cancer screening among women Seeking Family Planning Services.

With use of a 5 Likert scale, prepared the questionnaires and include for example, rarely, every time, Never or every time, or agree and disagree.

3.11 Procedure/protocols of data Collection.

Once the Introductory Letter was obtained from the Department of Public Health at Uganda Christian University, the researcher sought permission to conduct research from Kawempe National Referral Hospital Management.

The student carried out the study. Data collection was done by the student assisted by 3 trained research assistants. The research assistants were trained by the student on recruitment of participants, obtaining consent, data collection, confidentiality and security of completed study forms until handing over to the student.

The qualifications of the research assistants one had a Bachelor of Nursing degree, two had diplomas in midwifery.

3.11.1 study procedure. In the family planning clinic, women seeking family planning services were registered and given group health education before service delivery by the midwives. Women were approached at the registration desk by the student/researcher. Every third Registered woman was invited to participate in the study. A woman who

accepted was invited in the designated consulting room for further interaction with the researcher/student or research assistant. All women who visited the Family Planning clinic were eligible, the only exclusion criteria were women who had already been interviewed for the study. In the

3.11.2 Privacy and confidentiality

The participants were interviewed in consulting rooms which were made available by the Nursing officer in charge before the service providers started attending to the women. The student or research assistant interviewed one participant at a time and anonymized data collected, with a unique number and not names.

3.12 Data Collection Tools

The tools used were Semi-Structured questionnaires composed of Open ended and Structured Questions. The questionnaire was administered to women who consented to participate in the study by the researcher in English language and for those who could not understand English the questionnaire was translated to Luganda language. Information obtained included; Demographic Characteristics, Social Religious and cultural factors, Economic factors and the Accessibility Factors. The researcher also used documents and Records, a check list the family planning clinic from Kawempe National Referral Hospital to obtain information on uptake of cervical cancer screening.

3.13 Quality/ Error Control

The quality control procedures included training of research assistants by the student/researcher; pretesting of data collection tools; the student met the research assistants at the end of each day and reviewed how they performed and checked questionnaires for completeness and cleaning of data before analysis.

3.13.1 Validity

Internal validity (consistent data collection): This was ensured by pretesting the questionnaire, administration of questionnaire in one language which is English and daily perusing through all completed questionnaire to check for completeness and also trained research assistants.

External validity: This study was limited to only to women attending Family Planning services in Kawempe Referral Hospital and therefore limited external validity. The results were not valid for all Kampala.

3.13.2 Reliability

The Reliability of the 2 scales of level and factors influencing Cervical Cancer Screening among women seeking Family planning services were to be determined using Cronbach Alpha coefficient that normally rangers from 0 and 1. (Midwest Research to Practice Conference in Adult, Continuing, and Community Education,2003).

Eligibility criteria. The Ministry of health policy also recommends screening women of any age who are HIV positive. To avoid stigmatizing this group of women, these women were not identified. Secondly they are provided FP services without prior identification so it was not necessary to introduce new procedures at service delivery points.

3. 14 Data Management.

Completed questionnaires were kept under key and lock by the student. Double data entry was done by the statistician with the supervision of a student(researcher).

The data collected was checked for completeness and consistency and there after double entered into a computer using Epi-data software. Data cleaning was done using excel and later exported to Stata for statistical analysis. The information

extracted was coded to ensure the integrity of the participant's responses and organized.

The data was stored on to a personal computer and protected on a computer using a password. The data was also stored on the Google drive for easy accessibility in case of misplacement of the personal computer.

3.15 Data analysis

3.15.1 Descriptive analysis

The descriptive analysis was undertaken to show the outcomes of dependent and independent variables. The continuous variables were presented as proportions, means, medians, and standard deviation while the categorical data were represented as frequencies and percentages and were all summarized in tables.

3.16 Ethical considerations

The research proposal was approved by the IRB of Uganda Christian University Mukono. The researcher used the consent form approved with the research proposal to obtain informed consent from the participants. A letter of introduction to the Management of Kawempe National Hospital obtained from the faculty of Public Health, Nursing and Midwifery. Before the interview and administration of the questionnaires, written consent was obtained from each study participant. During the consenting process, it was explained to each respondent that participation was voluntary, there was no risk of personal harm or disadvantage in terms of receiving care at the hospital and information obtained would be anonymous and kept confidential. A participant could withdraw from the study at any time by not completing the interview process. The data obtained from the respondents would be used only for academic purposes.

CHAPTER FOUR
DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS

4.1 Introduction

This chapter presents demographic information about study participants, results from data analysis and interpretation of findings based on primary data which was obtained from Kawempe National referral hospital. A total of 138 women seeking family planning services were interviewed. The data includes determination of the level of uptake, descriptive statistics from univariate analysis and multivariate analysis for factors associated with relationship between Level and factors associated with cervical cancer screening among women seeking family planning services.

4.2 Univariate analysis.

4.2.1 Demographic factors

Age of respondent

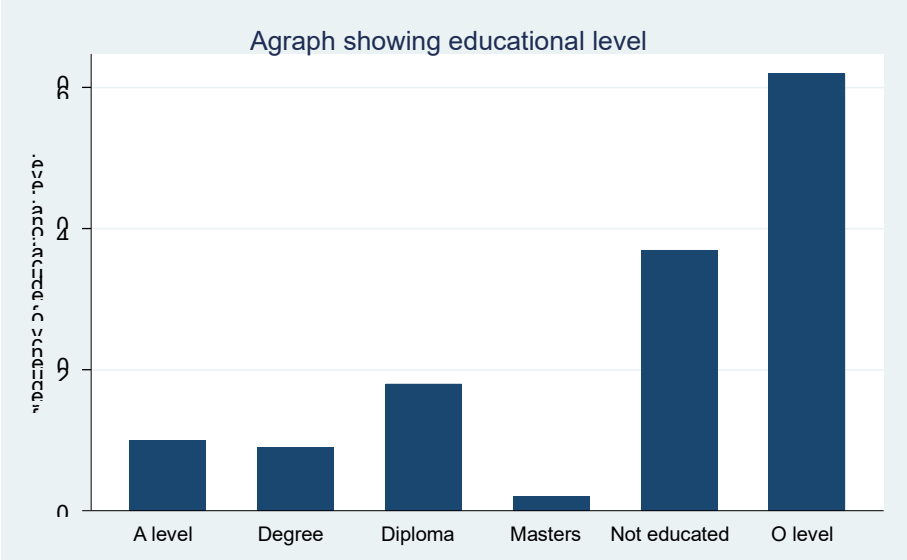
Table 1Age of the respondents

Variable	Total	Mean	Std. Dev.	Min	Max
AGE	138	28.97101	7.288569	18	49

The respondents had a maximum age of 49 and minimum age of 18 with the mean age of 28.9710.

Level of education

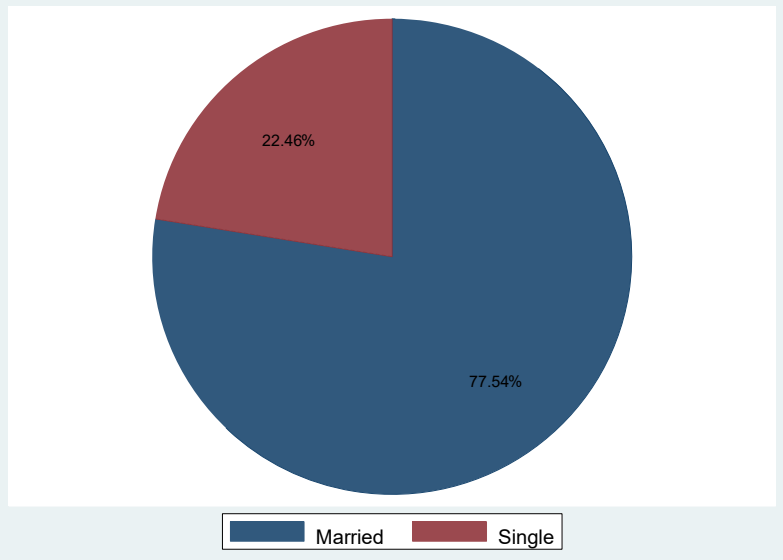
Figure 2; Level of education



Under half of respondents, 64 (49.2%) had attained ordinary level education.

Marital status of the respondents.

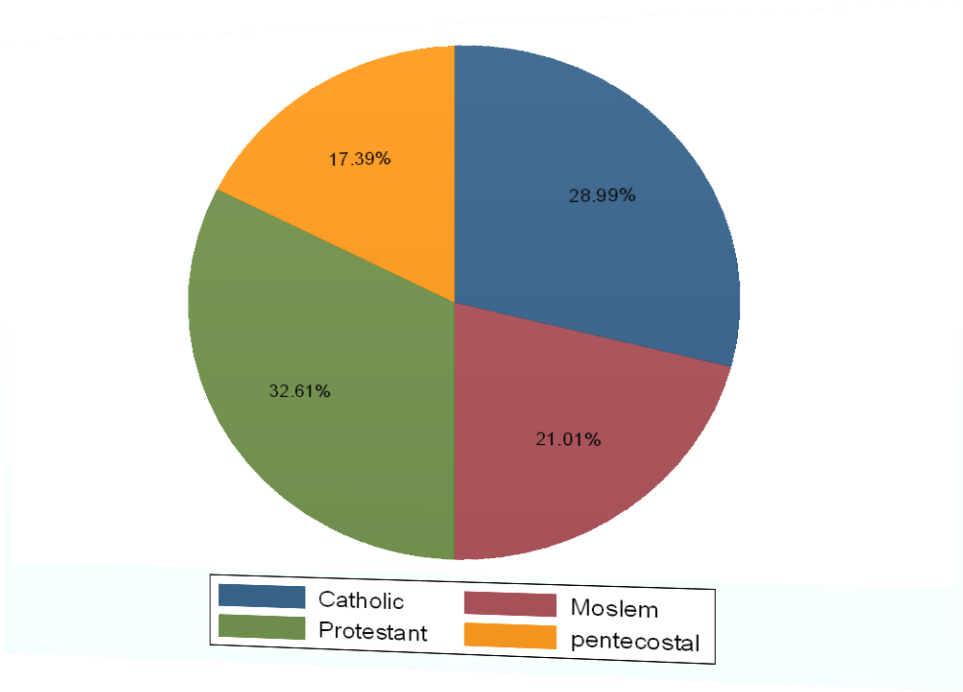
Figure 3; Marital status of the respondents



The majority of the respondents 108 (77.54%) were married.

Religion of respondent.

Figure 4; Religion of the respondents
The pie chart below shows the distribution of respondents by religion.



One third of the respondents 45(32.61%) were protestants and the least number 23(17.39%) were Pentecostals.

4.2.2 Social cultural factors

Table 2:4.2.2

		Frequency	Percent
Fear about diagnosis of the disease which is associated with death	Disagree	46	33.3
	Strongly Disagree	16	11.59
	Agree	50	36.23
	Note Sure	8	5.80
	Strongly Agree	18	13.04
Embarrassing since It's done vaginally	Disagree	41	29.71
	Strongly Disagree	14	10.14

	Agree	44	31.88
	Note Sure	16	11.59
	Strongly Agree	23	16.67
No privacy since its sometimes done by male providers	Disagree	56	40.58
	Strongly Disagree	14	10.14
	Agree	33	23.91
	Note Sure	18	13.04
	Strongly Agree	17	12.32
poor attitudes of the providers	Disagree	59	42.75
	Strongly Disagree	27	19.57
	Agree	25	18.12
	Note Sure	17	12.31
	Strongly Agree	10	7.25
a woman has to get permission from the husband	Disagree	41	29.71
	Strongly Disagree	22	15.94
	Agree	27	19.06
	Note Sure	12	8.69
	Strongly Agree	16	11.59

One third of the respondents 50(36.23%) agree that they feared a diagnosis of the disease (cervical cancer) which they associate with death and one third of the respondents 44(31.88%) agree that it is embarrassing since the test is done vaginally.

Under half of the respondents 56(40.58%) disagree that there was no privacy since it's sometimes done by male providers, under half of the respondents 59(42.57%) disagree with poor attitudes of the providers and over a quarter 41(29.7%) disagree that a woman has to get permission from the husband.

Table 3. 4.2.3

4.2.3 Accessibility factors

		Frequency	Percent%
lack of access to information	Disagree	38	27.4
	Strongly Disagree	9	6.52
	Agree	60	43.48
	Note Sure	9	6.52
	Strongly Agree	12	15.94
	Disagree	38	27.54
services take long because people are many	Strongly Disagree	7	5.07
	Agree	52	37.68
	Note Sure	17	12.32
	Strongly Agree	24	17.39
services are only	Disagree	32	23.19

provided during week day	Strongly Disagree	7	5.07
	Agree	56	40.58
	Note Sure	21	15.22
	Strongly Agree	22	15.94
health workers do not take women through the procedure and	Disagree	36	26.09
	Strongly Disagree	28	20.29
	Agree	34	24.64
	Note Sure	26	18.84
importance of cervical cancer screening	Strongly Agree	14	10.14
Do cervical cancer screening reach your community	Disagree	28	20.29
	Strongly Disagree	21	15.22
	Agree	45	32.61
	Note Sure	28	20.29
	Strongly Agree	16	11.59

Under half of the respondents with a percentage of 60(43.48%) agree that there was lack of access to information, approximately one third of the respondents 52(37.68%) agree that services take long since people are many, under half of the respondents 56(40.58%) agree that services are only provided during week day, and

approximately one third 45(32.61%) agree with do cervical cancer screening services reach your community.

A quarter of 36(26.09%) disagree that health workers do not take women through the procedure and importance of cervical cancer screening.

4.2.4 Economic factors.

Table4:4.2.4

		Frequency	Percent
Lack of transport to visit the Health centers	Disagree	35	25.36
	Strongly Disagree	15	10.87
	Agree	65	47.10
	Note Sure	7	5.07
	Strongly Agree	16	11.59
Cervical cancer costs are high	Disagree	48	34.78
	Strongly Disagree	26	18.84
	Agree	28	20.29
	Note Sure	24	17.39
	Strongly Agree	12	8.7
Poor infrastructure	Disagree	43	31.16
	Strongly Disagree	18	13.04
	Agree	33	23.91
	Note Sure	33	23.91

	Strongly Agree	11	7.97

Approximately one third 48(34.78%) and 43(31.16%) disagree that Cervical cancer costs are high and Poor infrastructure respectively.

Under a half of respondents65(47.10%) agree that there was lack of transport to visit the Health centers.

4.2.5 Uptake of cervical cancer screening

Have you ever heard about cervical cancer?		Frequency	Percent
	Disagree	6	4.35
	Strongly Disagree	1	0.72
	Agree	98	71.01
	Note Sure	5	3,62
	Strongly Agree	28	20.29
Have you ever heard about cervical cancer screening?	Disagree	8	5.8
	Strongly Disagree	2	1.45
	Agree	90	65.22
	Note Sure	4	2.90
	Strongly Agree	34	24.64
Have you ever done	Disagree	37	26.81

cervical cancer screening	Strongly Disagree	17	12.32
	Agree	42	30.43
	Note Sure	24	17.39
	Strongly Agree	18	13.04
Was cervical cancer screening a painful experience	Disagree	31	22.46
	Strongly Disagree	23	16.67
	Agree	22	15.94
	Note Sure	58	42.03
	Strongly Agree	4	2.90
Will you ever go back for cervical cancer screening	Disagree s	4	2.90
	Strongly Disagree	5	3.62
	Agree	62	44.93
	Note Sure	42	30.43
	Strongly Agree	25	18.12

Approximately three quarters of the respondents 98(71.01%) agree that they had ever heard about cervical cancer, two thirds of the respondents 90(65.22%) had ever heard about cervical cancer screening but just under one-third of the respondents 42(30.43%) had ever done cervical cancer screening. The uptake of cervical screening among women seeking family planning at FP clinic in Kawempe NRH was 30.43%.

Under a half of the respondents 58(42.03%) were not sure whether cervical cancer screening was a painful experience and approximately one third of the respondents 42(30.43%) were not sure whether they will ever go back for cervical cancer screening.

4.2.6 Mechanisms that show the important ways to improve cervical cancer screening

Table5:4.2.6

Women should be given information about cervical cancer/cervical cancer screening		Frequency	Percent
	Disagree	1	0.72
	Strongly Disagree	0	0
	Agree	87	63.04
	Note Sure	1	0.72
	Strongly Agree	49	35.51
Cervical cancer screening should be made mandatory for every woman seeking family planning services	Disagree	10	7.25
	Strongly Disagree	5	3.62
	Agree	66	47.83
	Note Sure	6	4.35
	Strongly Agree	51	36.96
Women should be told about the	Disagree	13	9.42

	Strongly Disagree	7	5.07
experiences by the women who have already done the screening	Agree	66	47.83
	Note Sure	9	6.52
	Strongly Agree	43	31.16
Health workers	Disagree	8	5.80
should polish on the attitudes towards women who seek services	Strongly Disagree	6	4.35
	Agree	74	53.62
	Note Sure	17	12.32
	Strongly Agree	33	23.91
Women service providers should be the ones to establish cervical cancer screening	Disagree	14	10.14
	Strongly Disagree	11	7.97
	Agree	71	51.45
	Note Sure	20	14.49
	Strongly Agree	22	15.94

For all the Mechanisms that show the important ways to improve cervical cancer screening, two thirds of the respondents 87(63.04%) agree that women should be given information about cervical cancer and cervical cancer screening ,under a half of respondents 66(47.83%) agree that cancer should be made mandatory for every woman seeking Family Planning services, a half of the respondents

74(53.62%) agree that health workers should polish attitudes towards women seeking family and a half 71(51.45%)agree that Women service providers should be the ones to establish cervical cancer screening.

4.3 Relating the factors with uptake of cervical cancer screening.

4.3.1 Demographic Factors

Table6:4.3.1

Variables	**Category**	**Uptake of cervical cancer screening**		**Chi- square value/ fishers exact test**	**P-value**
		No	Yes		
Level of education	A level	6	4	Fishers exact test 0.598	0.598
	Degree	4	5		
	Diploma	9	9		
	Masters	0	2		
	Not educated	21	16		
	O level	38	24		
Marital status	Married	62	45		0.531

	Single	16	15	Fishers exact test 0.544	
Religion	Catholic	24	16	chi-square 1.0603	0.787
	Moslem	14	15		
	Protestant	26	19		
	Pentecostal	14	10		
Age	Elderly	2	6		0.008
	Mature	18	24	Fishers	
	Youth	58	30	exact test 0.007	

The table above shows that there was no relationship between level of education, marital status, religion since the P values were 0.598,0.531,0.787.

The relationship Age and the uptake of cervical cancer screening was significant with the p-values of 0.008.

4.3.2 Social Cultural factors

Table7:4.3.2

Variables	**Category**	**Uptake of cervical cancer screening**		**Chi- square value/ fishers exact test**	**P-value**
		No	Yes		

Fear about the diagnosis of the disease which is associated with death	Disagree	27	19	Fishers exact test 0.928	0.0928
	Strongly Disagree	10	6		
	Agree	27	23		
	Note sure	5	3		
	Strongly Agree	9	9		
Embarrassing since its	Disagree	18	23	Fishers exact test 0.033	0.039
	Strongly Disagree	9	5		
done vaginally	Agree	26	18		
	Note sure	14	2		
	Strongly Agree	11	12		
No privacy since its sometimes done by male providers	Disagree	29	27	Fishers exact test 0.006	0.007
	Strongly Disagree	9	5		
	Agree	12	21		
	Note sure	14	4		

	Strongly Agree	14	3		
Poor attitudes of providers	Disagree	31	28	Fishers exact test 0.048	0.061
	Strongly Disagree	12	15		
	Agree	14	11		
	Note sure	15	2		
	Strongly Agree	6	4		
A woman has to get permission from the husband	Disagree	25	16	Fishers exact test 0.238	0.224
	Strongly Disagree	12	10		
	Agree	21	26		
	Note sure	9	3		
	Strongly Agree	11	5		

From the above table, there was no significant relationship between Fear of the diagnosis of the disease which was associated with death with uptake of cervical cancer screening p value 0.0928, there was also no significant relationship between a woman has to get permission from the husband with the uptake of cervical cancer screening. P value 0.224. There was no significant relationship between Poor attitudes of providers and uptake of cervical cancer screening value 0.061.

However, there was a significant relationship between embarrassing since it is done vaginally, no privacy since it is sometimes done by male health providers, and the uptake of cervical cancer screening, P values 0.039,0.007 respectively. respectively.

4.3.3 Accessibility factors.

Table8:4.3.3

Variables	**Category**	**Uptake of cervical cancer screening**		**Chi-square value/ fishers exact test**	**P-value**
		No	Yes		
Lack access of information to	Disagree	15	23	Fishers exact test 0.001	0.002
	Strongly Disagree	8	1		
	Agree	36	24		
	Note sure	9	0		
	Strongly Agree	10	12		
	Disagree	18	20		
Services take long because	Strongly Disagree	2	5	Fishers exact test	0.002

the people are many	Agree	25	27	0.001	
	Note sure	16	1		
	Strongly Agree	17	7		
Services are only provided during week day	Disagree	17	15	Fishers exact test 0.0.001	0.004
	Strongly Disagree	4	3		
	Agree	26	30		
	Note sure	20	1		
	Strongly Agree	11	11		
Health workers do not take women through the procedure and importance of cuss	Disagree	16	20	Fishers exact test 0.010	0.013
	Strongly Disagree	12	16		
	Agree	20	14		
	Note sure	22	4		
	Strongly Agree	8	6		

	Disagree	9	19		0.007
Do cervical l cancer screening services reach your community	Strongly Disagree	12	9	chi-square 13.9716	
	Agree	28	17		
	Note sure	22	6		
	Strongly Agree	7	9		

From the table above, there was a significant relationship between lack of access to information, services taking long because people are many, services being provided only during week days, Health workers not taking women through the procedure of cervical cancer screening cervical, cancer screening SERVICES reaching the community, and uptake of cervical cancer screening. P values 0.002,0.002, 0.004,0.013, and 0.007 respectively.

4.3.4 Economic Factors

Table9:4.3.4

Variables	**Category**	**Uptake of cervical cancer screening**		**Chi-square value/ fishers exact test**	**P-value**
		No	Yes		
Lack of	Disagree	18	17		0.073

transport to	Strongly Disagree	12	3	Fishers exact test 0.076	
visit health centers	Agree	36	29		
	Note sure	6	1		
	Strongly Agree	6	10		
Cervical cancer costs are high	Disagree	25	23	Fishers exact test 0.002	0.004
	Strongly Disagree	12	14		
	Agree	14	14		
	Note sure	22	2		
	Strongly Agree	5	7		
Poor infrastructure	Disagree	22	21	Fishers exact test 0.002	0.003
	Strongly Disagree	4	14		
	Agree	20	13		
	Note sure	26	7		
	Strongly Agree	6	5		

The results in the table above show that there was no significant relationship between lack of transport to visit the health centers and uptake of cervical cancer screening p-value 0.073. However, there was significant relationship between poor infrastructure and uptake of cervical cancer screening p-value 0.003. There was also a significant relationship between cervical screening costs are high and the uptake of cervical cancer screening p-value 0.004.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS.

5.1 Introduction

This chapter clarifies the findings of the study. In addition, conclusions were drawn basing on the findings plus recommendations made regarding the findings of the study.

5.1.1Discussion of the Findings

Demographic factors

Age

Mean age of the findings is 28.97which is the age group of the recommended age by WHO when a woman is supposed to start going for Cervical cancer screening. (WHO, 2021). The range of age in the study is different from age in the previous studies where women aged 30 to 39 and 40 to 49 go for cervical cancer screening than those aged 18 to 29. (Ministry of Health and strategic plan for cervical cancer prevention and control in 2010-2014, 2010). Age is significant in cervical cancer screening because older women take health staff advice whereas younger women attend on their initiative to remain healthy. (Isabirye et al, 2016) Marital status. The majority of the respondents were married which is the same with the findings in the previous studies where women who were married had a two times chance of having cervical cancer screening (Butho et al 2015). This is because they had social and financial support from their spouse. (Lyimo et al,2014). Previous studies indicate that male partners should be given education about cervical cancer screening to improve the uptake. (Adewumi et al, 2019)

Religion

One third of the respondents were Protestants and less than a quarter were Pentecostals who were the least. In one of the previous studies in Zimbabwe with 143 respondents, more than half of the respondents who had ever gone for cervical cancer were Protestants and Pentecostals. (O. Tapera, W. Kadzatsa, Hendricks SJH, 2019) **Education.**

Under half had attained ordinary level of education which is different from the previous studies. More than half 57.6% had attained secondary level of education. (Alone Isabirye, Martin Kayitale Mbonye, Betty Kwagala, 2020)

Socio- cultural factors.

One third agreed with fear of the diagnosis of the disease that is associated with death. In the previous studies, women feared to be diagnosed since it came with the fear of death. (Black, et al, 2018) Embarrassment played a big part in cervical screening, but as education increase of knowledge improves, the social norms involving Cervical cancer screening evolve. Education was a major influence in overcoming socio barriers. (Teng, et al,2014)

Under half of the respondents disagreed that there was absence privacy since cervical cancer screening is done by male providers. In some studies, scholars pointed out how some female Moslems could not let male health workers to work on them terming it invasion of privacy. (Siphiwesihle et al, 2021). Moslem women could not allow male practitioners to work on them calling it an invasion of privacy. Siphiwesihle et al, 2021). Women who are not comfortable should be given an opportunity to choose the gender they are comfortable with.

One third of the respondents agreed that it's embarrassing since cervical cancer screening is done vaginally. Women in the past studies narrated how cervical

cancer screening was embarrassing and how it brought discomfort and shyness since it was performed through their genitals. (Teng et al, 2014). In Uganda, central Uganda, in a focus group discussion, women narrated how it was embarrassing. Women were concerned about how the vaginal swab would be handled and the smell from the sample. However, women also narrated that through teachings about early screening, the fear and embarrassment reduced. (Siphiwesiwe et al, 2021). Self-collected vaginal samples should be advocated for to be put in Kawempe and other hospitals for women who get embarrassed Approximately a quarter of respondents disagree with getting permission from their spouses. In the past studies, (Onyenwenyi et al, 2018) Previous studies indicate that male partners should be given education about cervical cancer screening to improve the uptake. (Adewumi, et al, 2019)

One third of the respondents agreed with the fact that cervical cancer screening reach their communities. (Oboi et al 2021) pointed out how Uganda is lacking a population based cervical cancer screening programs. Organized based community based cervical cancer screening programs helped on reducing cervical cancer prevalence and mortality in LMICs.

Accessibility factors

Under half of the respondents agreed that there was lack of access to information about cervical cancer screening. In the previous studies, (Oboi, et al 2021) highlight how it is very important for health practitioners to be able to provide information about Cervical cancer screening to the people. Information should be able to given out through different way7s like media for example Televisions and

radio stations, Newspapers, social media like Face book, what's up, Instagram, posters, sms, etc.

Under half of the respondents agree that services are only provided during week days

One-third of the population agreed with do services reach their community. In a previous study, approximately 13% of those who were surveyed would want to book an appointment on Saturday. Screening during weekends should be put in Kawempe National Hospital to enable those that work during workdays to come in weekends. (olowokure et al, 2006)

Economic factors

Approximately three quarters agreed with high costs of cervical cancer screening. In a study conducted in Mayuge and Bugiri, women said they costs are high for them to cater for cervical cancer screening especially in private facilities. They pointed out how catering for transport costs was a challenge for them. (Ndejo, et al 2017) Completely free programs should be put in place for people who can barely afford any service.

Approximately three quarters agreed with poor infrastructure. (Black, et al 2019) health Infrastructure and insufficient resources were pointed out as a barrier to cervical cancer screening in Uganda. More resources and better infrastructure should be put in place.

Uptake of cervical cancer screening

30.43% which is three quarters of the respondents reported to have done cervical cancer screening. This is different in a study done I the districts of central Uganda. Only 1 woman out of 5 (20.6%) women had ever screened for cervical cancer (Alone Isabirye, Martin Kayitale, Mbonye Betty Kwagala, 2020)

Services at Kawempe National Hospital should extend their services to weekends so that even women who work from Monday to Friday can be able to visit on Saturday or Sunday.

According to the study, the factors that were significantly related with the uptake of cervical cancer screening in Kawempe National Hospital included age(p value 0.0080, embarrassing since it's done vaginally(p value o.039), no privacy since its sometimes done my male providers, lack of information about cervical cancer screening, cervical cancer not reaching the community, services being provided during week days, health workers not taking women through the procedure of cervical cancer screening, high costs and poor infrastructure.

5.2 Recommendation

Basing on the above observation from the analysis of data, the following recommendations should be made to Kawempe National Hospital and the stakeholders to improve the uptake of cervical cancer screening at Kawempe National Referral Hospital.

Kawempe National Referral Hospital should put more emphasis on giving out more information about cervical cancer screening through use of available health workers, megaphones, posters and flyers, as well as doing out reaches. These platforms should give clear explanation to the people about the procedure of cervical cancer screening as well as answering questions that are frequently asked. This because many women are not well informed about the procedure of cervical cancer screening and its importance, some have misconception about cervical

cancer, getting more information will make women go for cervical cancer screening.

Kawempe National hospital should increase on the number of providers and the equipment required for cervical cancer screening. This will help solve the issue of services that take long in a facility and reducing the likelihood of women missing the screening or delaying.

Kawempe national hospital and the stakeholder should set up a bigger infrastructure that can accommodate a big number of women that visit the facility.

Kawempe national Referral hospital and the stakeholders should advocate for free cervical cancer screening so that women who find cervical cancer screening costly can be able to access it.

Kawempe National Referral hospital should encourage open communication and providing option for female providers which can help patient's anxiety and embarrassment.

Kawempe National hospital should advocate for Self-collected sample from the vagina so that women do not get embarrassed since it is done vaginally.

Kawempe national hospital should extend on the working hours and also be able to open the clinic during weekends so that women who work during weekends can be able to get time to go for cervical cancer screening.,

5.2.3 Conclusion

In conclusion, this research highlights the factors that were significantly related with the uptake of cervical cancer screening in Kawempe National Hospital that included age, embarrassing since it's done vaginally, no privacy since its sometimes done my male providers, lack of information about cervical cancer screening, cervical cancer not reaching the community, services being provided during week days, health workers not taking women through the procedure of cervical cancer screening, high costs and poor infrastructure.

Nearly two thirds of the women had ever heard of cervical cancer and nearly the same number had heard of cancer screening but only one third had carried out cervical cancer screening suggesting a big gap between knowledge and practice. By implementing the above recommendations, more women will undergo regular cervical cancer screening leading to earlier detection, improved out comes and reduction on mortality caused by cervical cancer.

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APPENDICES

APPENDIX (I): INFORMED CONSENT FORM FOR PARTICIPANT INTERVIEW

Appendix 1: 1

Participant ID number ----------

Student	Nimusiima Anita
Supervisor	Prof. Pius Okong
Study Site	Kawempe National Referral Hospital

Part I: Information Sheet

Introduction and purpose of this study

Good day. My name is Nimusiima Anita and I am student of Uganda Christian University pursuing a Master of Public Health Leadership. I am conducting a study to understand the Level and factors associated with cervical cancer screening among women seeking Family Planning services in Kawempe National Referral Hospital.

What will happen if you take part in this study?

We are asking you to participate in an interview today. The questions will be about:

- The socio-demographic factors
- Socio-cultural factors
- Accessibility Factors
- Economic factors

The questions we will ask are only about what you think. There are no right or wrong answers to the questions we will ask. This is not a test. If you agree to take part in the study, you will be asked to complete the interview. The interview will take about 15-20 minutes.

Why are you being asked to take part in this research?

We are asking you to participate in this study because you are seeking Family Planning Services in Kawempe National Referral Hospital and you have been randomly selected among those to participate.

Are there any possible risks to you?

I think that there are few risks to you if you participate in this interview. I will not tell anyone about your participation in this interview. We are conducting this interview in a private place to minimize this risk.

There is a chance that you may feel embarrassed or uncomfortable by some of the questions in the interview. You can decide the information you would like to share with us. You can skip any question you do not want to answer. You can stop the interview at any time. We will not tell anyone that you were in the study or what you told us, but there is a chance that other people might find out that you were in the study.

Are there any possible benefits to you?

There are no direct benefits to you for being in this study. However, the information you tell us may help to improve the uptake of Cervical Cancer Screening among women seeking Family Planning services in Kawempe National
Referral Hospital.

What if you decide you do not want to join this study?

You are free to refuse to be in this research study. You are free to stop taking part in the research at any time. There will be no penalty to you if you choose not to take part in the research. You may leave the research study at any time even after providing consent. There will be no penalty to you if you choose to stop participating in the research. Participation in the study will not affect any services you receive.

Confidentiality

We will do our best to protect information about you and your participation. We will interview you in private. We will use a participant number for the interview, instead of your name. We will remove any reference to your name. We will not use your name in any reports. We will ensure that any information we include in reports does not identify you. The data collection tools may be reviewed other researcher, and the ethics review committees. I may share the information you provide with other people, but I will not share your name or anything that identifies you.

Compensation

There are no costs to you for participating in this study other than the time you will spend in the interview. All participants will be found in Kawempe National Referral Hospital to avoid the participant incurring travel costs

What if you have a problem or have questions?

If you have questions about the research, contact: (Email anitanimusiima123@gmail.com Tel Number 0782390379)

What are your rights as a participant?

This proposal has been reviewed and approved by Uganda Christian University REC, which is a committee whose task it is to make sure that research participants are protected from harm.

You can ask me any more questions about any part of the research study, if you wish to. Do you have any questions?

Part II: Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked, have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

APPENDIX (2): QUESTIONNAIRE

Appendix 2: 2 1

THIS QUESTIONNAIRE BELOW IS MEANT FOR RESPONDENTS

This is entirely for made for an academic project and that information that is got from you will be handled with extreme confidentiality.

"Level and Factors associated with Cervical Cancer Screening among women seeking Family planning services in Kawempe National Referral Hospital," is the study topic of the project.

You are therefore humbly requested to respond the questionnaire to the best of your knowledge of the questions that are asked.

Demographic information of the respondents How

old are you?

……

What do you do? (For example Teacher, Lawyer, nurse, House wife, business woman etc.)

……...

Where do you stay?.....

Instruction: Please tick against the most appropriate answer in the spaces provided.

What is your level of education?

O'level ☐ A 'level ☐ Diploma ☐ Degree ☐ Masters ☐

Marital Status; Married ☐ Single ☐

Religion; Protestant/Anglican Catholic Pentecostal Moslem

SECTION A:

LEVEL AND FACTORS ASSOCIATED TO CERVICAL CANCER SCREENING AMONG WOMEN SEEKING FAMILY PLANNING SERVICES IN KAWEMPE NATIONAL REFERRAL HOSPITAL.

The following statements are the factors associated with Cervical Cancer Screening Among women seeking Family Planning Services. State the level of your agreement or disagreement by using the appropriate abbreviation below: -

(A) Agree (SA) Strongly agree (D) Disagree (SD) Strongly disagree (N) Not sure

Statements	A	SA	D	SD	N
SOCIAL CULTURAL FACTORS • Fear about the diagnosis of the disease which is associated with death • Embarrassing since its done vaginally • No Privacy Since its done by male providers • Poor Attitudes of the Providers. • A woman has to get permission from the husband					
ACCESSIBILITY FACTORS					

• Lack of Access to Information • Services take Long because people are many • Services are only provided during week day (Monday to Friday) • Health Workers do not take women through the procedure and importance of CCS • Do Cervical Cancer Screening Services reach your community					
ECONOMIC FACTORS • Lack of transport to visit Health Centers • Cervical Cancer Costs are high • Poor Infrastructure					

SECTION B

UPTAKE OF CERVICAL CANCER SCREENING AMONG WOMEN SEEKING FAMILY PLANNING SERVICES IN KAWEMPE NATIONAL REFERRAL HOSPITAL.

The following show the uptake of cervical Cancer Screening among women seeking FP services

State the level of your agreement or disagreement by using the appropriate abbreviation below: -

(A) Agree (SA) Strongly agree (D) Disagree (SD) Strongly disagree (N) Not sure

Statements	A	SA	D	SD	N

Have you ever heard about Cervical Cancer?					
Have you ever Heard about Cervical Cancer Screening?					
Have you Ever done Cervical Cancer Screening?					
How many times have you done it?					
Was Cervical Cancer screening a painful Experience?					
Will you Ever go back for Cervical Cancer Screening?					

The following are the mechanisms that show the important ways to improve Cervical Cancer Screening

State the level of your agreement or disagreement by using the appropriate abbreviation below: -

(A) Agree (SA) Strongly agree (D) Disagree (SD) Strongly disagree (N) Not sure

Statements	A	SA	D	SD	N
Women should be given information about Cervical Cancer					
Women should be given information about Cervical Cancer Screening					

Cervical Cancer Screening should be made mandatory for every woman seeking family planning services					
Women should be told about the experiences by the women who have already done the screening					
Health workers should polish on the attitudes towards women who seek services					
Women service Providers should be the ones to establish Cervical Cancer Screening					

Thank you for your Answers, God Bless You.

EBIKOOKERO

EKIKOOKERO (I): EKIWANDIIKO EKIRAGA OKUKKIRIZA KW'ABEETABI OKUBUUZIBWA

Ennamba y’omwetabi ----------

Omuyizi	Nimusiima Anita
Omuluŋŋamya	Prof. Pius Okong
Ekifo ky’okukoleramu okunoonyereza	Kawempe National Referral Hospital

EBIBUUZO

Ekitundu I: Omuko gw’obubaka

Ennyanjula n’omugaso gw’okunoonyereza kuno

Osiibye otya? Erinnya lyange nze Nimusiima Anita era ndi muyizi ku Uganda Christian University nga nkola diguli yange eyookubiri mu Public Health Leadership. Ndi mu kukola okunoonyereza okusobola okutegeera eddaala n’ensonga ezeekuusa ku kukebera kkansa w’omumwa gwa nnabaana mu bakyala abanoonya enkola ya kizaalaggumba ku ddwaliro lya Kawempe National Referral Hospital.

Kiki ekinaatuukawo singa weetaba mu kunoonyereza kuno?

Tukusaba okwetaba mu kubuuzibwa ebibuuzo leero. Ebibuuzo bijja kuba bikwata ku:

- Ensonga ezeekuusa ku bifo abantu gye bawangaalira
- Ensonga ezeekuusa ku buwangwa
- Ensonga z’obusobozi okufuna obuweereza
- Ensonga z’ebyenfuna

Ebibuuzo bye tunaakubuuza byekuusa kw’ebyo byokka by’olowooza. Tewali byakuddibwamu bituufu oba bikyamu ku bibuuzo bye tunaabuuza. Kino si kigezo. Singa okkiriza okwetaba mu kunoonyereza kuno, ojja kusabibwa okumalako okubuuzibwa ebibuuzo. Okubuuzibwa ebibuuzo kujja kutwala wakati w’eddakiika 15-

20.

Lwaki osabibwa okwetaba mu kunoonyereza kuno?

Tukusaba okwetaba mu kunoonyereza kuno kubanga ofunira obuweereza bw'enkola ya kizaalaggumba ku ddwaliro lya Kawempe National Referral Hospital era olondeddwa bulambalamba mu beetabi bano.

Kiyinza okukuviiramu obuzibu bwonna?

Nsuubira nti obuzibu butono obuyinza okukutuukako singa weetaba mu kubuuzibwa ebibuuzo bino. Sijja kugambako muntu yenna singa weetaba mu kubuuzibwa ebibuuzo kuno. Okubuuza ebibuuzo kuno tukukolera mu kifo ekyekusifu okusobola okukendeeza ku buzibu buno.

Wayinza okubaawo akaseera n'owulira ng'oswaziddwa oba obutaba mu mbeera ng'obuuziddwa ku bimu ku bibuuzo bino. Osobola okusalawo ku bubaka bw'oyinza okugabana naffe. Osobola okubuuka ekibuuzo kyonna ky'otalina kyakuddamu. Osobola okulekera awo okuddamu ebibuuzo mu kadde konna ky'oyagadde. Tetujja kugamba ku muntu yenna nti weetabye mu kunoonyereza kuno oba by'otugambye, naye waliwo omukisa nti abantu abalala bayinza okumanya nti weetaba mu kunoonyereza kuno.

Waliwo engeri yonna gy'oyinza okuganyulwamu?

Tewali ngeri nnambulukufu gy'ogenda kuganyulwa mu kunoonyereza okugenda mu maaso. Wabula, obubaka bw'otuwa buyinza okuyamba okwongera ku bungi bw'abakyala abeekebeza kkansa w'omumwa gwa nnabaana nga bagenda okufuna obuweereza bw'enkola y'ekizaalaggumba ku ddwaliro lya Kawempe National Referral Hospital.

Watya singa osalawo obuteekaba mu kunoonyereza kuno?

Oli wa ddembe okugaana okwetaba mu kunoonyereza kuno. Oli wa ddembe okuva mu kunoonyereza kuno akadde konna. Tewajja kuba kutanzibwa kwonna singa osalawo okuva mu kunoonyereza kuno. Ojja kuva mu kunoonyereza kuno akadde konna singa onaatutegeezaako. Okwetaba mu kunoonyereza kuno tekujja kutaataaganya buweereza bwonna bw'ofuna.

Okukuuma ebyama

Tujja kukola kyonna kye tusobola okusobola okukuuma ebikukwatako n'okwetaba kwo mu kunoonyereza kuno. Tujja kukubuuliza ebibuuzo mu kifo ekyekusifu. Tujja kukozesa ennamba y'omwetabi nga tukubuuza ebibuuzo mu kifo ky'erinnya lyo. Tujja kuggyamu ekintu kyonna ekyekuusa ku linnya lyo. Tetujja kukozesa linnya lyo

mu alipoota yonna. Tujja kufuba okulaba nti obubaka bwonna bwe tuteeka mu alipoota tebuliimu linnya lyo. Amalobo kwe tukuŋŋaanyiza obubaka gayinza okusomebwamu abanoonnyereza abalala, n'obukiiko obukwasisa empisa. Ninza okugabana obubaka bw'ompa n'abantu abalala, naye sijja kugabana linnya lyo oba ekintu ekikukwatako.

Okuliyirirwa

Tewali mutemwa gwa ssente gw'ojja kusasula okusobola okwetaba mu kunoonyereza kuno okuggyako obudde bw'ojja okumala ng'obuuzibwa ebibuuzo. Abeetabi bonna bajja kusangibwa ku ddwaliro lya Kawempe National Referral Hospital okusobola okwewaza abantu okusaasaanya ssente mu ntambula.

Watya singa obeera n'obuzibu oba n'ebibuuzo?

Singa obeera n'ebibuuzo ku kunoonyereza kuno, yita mu: (mmeyiyo; anitanimusiima123@gmail.com n'ennamba y'essimu 0782390379)

Omwetabi alina ddembe ki?

Ekiwakano kino kyekenneenyeddwa era ne kikakasibwa Uganda Christian University REC, nga ke kakiiko ng'omulimu gwako gwa kulaba nti abantu abeetabye mu kunoonyereza tebatuusibwako buzibu.

Singa obeera oyagadde, osobola okumbuuza ebibuuzo ebirala byonna mu kitundu ky'okunoonyereza kuno kyonna. Olinayo ekibuuzo kyonna?

Ekitundu II: Ekiwandiiko ekiraga okukkiriza

Obubaka obusoose mbusomye oba bunsomeddwa. Mbadde n'omukisa ogubuubuuzaako ebibuuzo era ebibuuzo byonna bye mbuuzizza bididdwamu nga bwe mbadde njagala. Nzikiriza okwetaba mu kunoonyereza kuno nga nneeyagalidde era nga tewali kimpeereddwa.

EKIKOOKERO (2): KWESONEYA

KWESONEYA ENO ETEEKEDDWA KUBA YA BEETABI

Eno eteekeddwateekeddwa nga ya nsonga ya kusoma era obubaka bw'otuwa bujja kukwatibwa nga bwa kyama.

"Eddaala n'ensonga ezeekuusa ku kukebera kkansa w'omumwa gwa nnabaana mu bakyala abanoonya enkola ya kizaalaggumba ku ddwaliro lya Kawempe National Referral Hospital**," gwe mulamwa gw'okunoonyereza kuno.**

Noolwekyo, osabibwa n'obuwombeefu bungi okuddamu ebibuuzo ebikubuuzibwa mu kwesoneya nga bw'obitegeera.

Obubaka obukwata ku mwetabi gy'abeera Olina emyaka

emeka?

……

Okola mulimu ki? (Okugeza musomesa, munnamateeka, musawo, mukozi wa waka, mukyala munnabbiizinensi n'ebirala.)

……...

Obeera wa?.....

Ekikobererwa: Golola ku ky'okuddamu ekisinga okuba ekituufu mu mabanga agakuweereddwa.

Obuyigirize bwo ddaala ki? **bwa**

O'level **A'level** **Diploma** **Diguli** **esooka** **Diguli eyookubiri**

Obufumbo; Ndi mufumbo **Siri** **mufumbo**

Eddiini; ☐ **Mukatoliki** ☐

☐ **Mupolotesitanti/Mukulisitaayo** ☐ **Mupentikooti**

Musiraamu

EKITUNDU A:

EDDAALA N'ENSONGA EZEEKUUSA KU KUKEBERA KKANSA W'OMUMWA GWA NNABAANA MU BAKYALA ABANOONYA ENKOLA YA KIZAALAGGUMBA KU DDWALIRO LYA KAWEMPE NATIONAL REFERRAL HOSPITAL.

Ebikuweereddwa wammanga z'ensonga ezeekuusa ku kukebera kkansa w'omumwa gwa nnabaana mu bakyala abanoonya enkola za kizaalaggumba. Laga eddaala ly'okukkaanya oba obutakkaanya bwo ng'okozesa ebifunze ebituufu ebikuweereddwa:-

(A) Nzikiriza (SA) Nzikiririza ddala (D) Sikkiriza (SD) Sikkiriza wadde n'akatono (N) Seekakasa

Ensonga	**A**	**SA**	**D**	**SD**	**N**
ENSONGA EZEEKUUSA KU BUWANGWA • **Okutya okuzuulwamu ekirwadde ekyekuusa ku kufa** • **Okuswazibwa kubanga okukebera kukolebwa mu bukyala** • **Obutaba bwa kyama kubanga kukolebwa basawo basajja** • **Abasawo okukitwala obubi** • **Omukazi talina lukusa okuva ewa bba**					

ENSONGA Z'OBUSOBOZI OKUFUNA OBUWEEREZA • **Ebbulwa ly'obubaka** • **Obuweereza bulwawo kubanga abantu bangi** • **Obuweereza bubaawo mu nnaku za kukola (Bbalaza - Lwokutaano)** • **Abasawo tebabuuli bakyala mitendera giyitibwamu n'emigaso gy'okukebera obulwadde bwa kkansa w'omumwa gwa nnabaana** • **Obuweereza bw'okukebera kkansa w'omumwa gwa nnabaaga butuuka mu kitundu kyo**					
ENSONGA EZEEKUUSA KU BYENFUNA • **Ebbulwa ly'entabula okugenda ku malwaliro** • **Okukebera kkansa w'omumwa gwa nnabaana kwa buseere nnyo** • **Enkulaakulana eya wansi**					

EKITUNDU B

EDDAALA N'ENSONGA EZEEKUUSA KU KUKEBERA KKANSA W'OMUMWA GWA NNABAANA MU BAKYALA ABANOONYA ENKOLA YA KIZAALAGGUMBA KU DDWALIRO LYA KAWEMPE NATIONAL REFERRAL HOSPITAL.

Bino wammanga bye biraga eddaala abakyala abanoonya enkola za kizaalaggumba kwe beekebezesa kkansa w'omumwa gwa nnabaana

Laga eddaala ly'okukkaanya oba obutakkaanya bwo ng'okozesa ekifunze ekituufu ekikuweereddwa: -

(A) Nzikiriza (SA) Nzikiririza ddala (D) Sikkiriza (SD) Sikkiriza wadde n'akatono (N) Seekakasa

Ensonga	A	SA	D	SD	N
Wali owulidde ku kkansa w'omumwa gwa nnabaana?					
Wali owulidde ku kukebera kkansa w'omumwa gwa nnabaana?					
Wali okebeddwa ku kkansa w'omumwa gwa nnabaana?					
Waakakikola mirundi emeka?					
Wafuna obulumi ng'okeberwa kkansa w'omumwa gwa nnabaana?					
Oliddayo okeberwe kkansa w'omumwa gwa nnabaana?					

Zino wammanga z'engeri eziraga enkola ennungi ez'okuyitamu okwongera ku kwekebeza kkansa w'omumwa gwa nnabaana

Laga eddaala ly'okukkaanya oba obutakkaanya bwo ng'okozesa ebifunze ebituufu ebikuweereddwa: -

(A) Nzikiriza (SA) Nzikiririza ddala (D) Sikkiriza (SD) Sikkiriza wadde n'akatono (N)

Seekakasa

Ensonga	A	SA	D	SD	N
Abakyala balina okuweebwa obubaka obukwata ku kukebera kkansa w'omumwa gwa nnabaana					
Abakyala balina okuweebwa obubaka obukwata ku kukebera kkansa w'omumwa gwa nnabaana					
Okukebera kkansa w'omumwa gwa nnabaana kulina okufuulibwa kwa buwaze eri abakyala bonna abanoonya obuweereza bw'enkola ya kizaalaggumba					
Abakyala balina okubuulirwa ku bintu abakyala abakebeddwa kkansa w'omumwa gwa nnabaana bye bayitamu					
Abasawo balina okukyusa engeri gye balabamu abakyala abaagala okukeberwa kkansa w'omumwa gwa nnabaana					
Abasawo abakyala be balina okukebera kkansa w'omumwa gwa nnabaana					

Wee bale nnyo olw'ebyo by'ozzeemu, Mukama akuwe omukisa.

School for Research and Postgraduate Studies

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REGULAR SUPERVISION REPORT

Supervisor's Name: Prof. Pius Okong.

Student's Name: Nimusiima Anita Reg No: RS19M07/035

Date of Submission of Work to Supervisor: 22 February 2022

Date of Meeting that Discussed the Work: 23rd March 2022

SUPERVISORS COMMENTS ON STUDENT'S WORK AND RECOMMENDATION FOR ACTION

- Anita, you have made much progress.
- I encourage you to put in much effort, the proposal is not at the level for submission for research approval.
- Follow the university guide and structure.
- I have tracked comments in your word document for you to study, internalize, accept some, recast some and consider revising.
- Some sections are missing.

STUDENT'S SIGNATURE

SUPERVISOR'S SIGNATURE

Cc Head of Department

Version: Dec 2006

Cc Co-supervisor (if there is one)

School for Research and Postgraduate Studies

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REGULAR SUPERVISION REPORT

Supervisor's Name: Prof. Pius Okong.

Student's Name: Nimusiima Anita Reg No: RS19M07/035

Date of Submission of Work to Supervisor: 3th May 2022

Date of Meeting that Discussed the Work: 20th May 2022

SUPERVISORS COMMENTS ON STUDENT'S WORK AND RECOMMENDATION FOR ACTION

- Anita, good work.
- Find tracked areas that need to be addressed.
- The references are few and should be arranged alphabetically or numerically.

STUDENT'S SIGNATURE

SUPERVISOR'S SIGNATURE

Cc Head of Department
Cc Co-supervisor (if there is one)

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REGULAR SUPERVISION REPORT

Supervisor's Name: Prof. Pius Okong.

Student's Name: Nimusiima Anita Reg No: RS19M07/035

Date of Submission of Work to Supervisor: 15th January 2023

Date of Meeting that Discussed the Work: 21st February 2023

SUPERVISORS COMMENTS ON STUDENT'S WORK AND RECOMMENDATION FOR ACTION

- Anita, great work.
- The write up is well structured except the last chapter.
- Find comments tracked and additional observations and recommendations highlighted in red.
- Take time to understand the comments and then make corrections.
-

STUDENT'S SIGNATURE

SUPERVISOR'S SIGNATURE

Cc Head of Department
Cc Co-supervisor (if there is one)

School for Research and Postgraduate Studies

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REGULAR SUPERVISION REPORT

Supervisor's Name: Prof. Pius Okong.

Student's Name: Nimusiima Anita Reg No: RS19M07/035 Date of

Submission of Work to Supervisor: 3rd April 2023

Date of Meeting that Discussed the Work: 14th April 2023

SUPERVISORS COMMENTS ON STUDENT'S WORK AND RECOMMENDATION FOR ACTION

You have made great strides and there has been great improvement.
I have tracked in some comments where there is lack of clarity or obvious errors. This is very important work. Ensure the layout follows the University standards. Please review, read sentence by sentence, make corrections and print for signing and submission.

STUDENT'S SIGNATURE
SIGNATURE

SUPERVISOR'S SIGNATURE

Cc Head of Department
Cc Co-supervisor (if there is one)

Version: Dec 2006

CERVICAL CANCER SCREENING AMONG WOMEN SEEKING FAMILY PLANNING SERVICES IN KAWEMPE NATIONAL REFERRAL HOSPITAL.

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