





Cervical Cancer Screening: Acceptance and Practice among Female Students in Rivers College of Health Science and Management Technology, Port Harcourt

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Abstract	Article History
<p>Cervical cancer screening is a preventive health intervention targeted at women at risk of developing cervical cancer. This study aimed to assess the acceptance and practice of cervical cancer screening among female students of the Rivers State College of Health Science and Management Technology, Port Harcourt. A descriptive survey design was adopted, and a sample size of 220 was determined using Fisher's formula. Findings revealed that the majority (86.8%) of respondents were aware that cervical cancer is the most common cancer of the female reproductive tract, while 91.8% identified Human Papillomavirus (HPV) as its primary cause. However, 85.9% disagreed that cervical cancer screening (CCS) should form part of routine examinations for women of menopausal and childbearing age, and 55.9% believed that women who maintain good genital hygiene and a single sexual partner do not require CCS. All respondents (100%) agreed that the absence of a national free cervical screening program contributes to the high prevalence of cervical cancer in Nigeria. Despite this awareness, 93.2% indicated that they do not look forward to undergoing cervical cancer screening, although 73.2% expressed interest in studying more about CCS to improve their knowledge of womanhood. Based on these findings, the study concludes that the attitude and practice of female health students towards cervical cancer screening are poor, despite their training in a health institution. The results also suggest that profession or department has little influence on attitudes and practices, as responses were similar across groups. It is therefore recommended that cervical cancer screening initiatives be targeted at women who have never undergone Pap smear testing, as well as all other eligible women.</p> <p>Keywords: <i>Acceptance; Practices; Cervical Cancer Screening; Female Students</i></p>	<p>Received: 06 Mar 2025 Accepted: 16 May 2025 Published: 24 Aug 2025</p>  <p>Scan QR Code to view¹</p> <p>License: CC BY 4.0²⁴</p>  <p>Open Access article.</p>
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Introduction

The burden of disease such as diseases caused by Human Immune Virus (HIV) and Human Papilloma Virus (HPV) is on the increase especially in developing countries where about half a million new cases are seen annually worldwide (Anorlu, 2006). Tate and Anderson (2002) have shown a statistical significant relationship between HIV, HPV and cervical abnormalities. Cancer is responsible for about 51million deaths yearly, out of which cervical cancer accounts for about 8.5%, most of which occurring in the developing countries including Nigeria (Anorlu, 2006). Carcinoma of the cervix is associated with a lot of risk factors such as early age at first sexual intercourse, multiple male sexual partners, male sexual partners who have had multiple partners, early age at first birth, multiparty, smoking, long-term use of oral contraceptive pills and immuno suppressed states (Anorlu, 2006).

Prevention can be achieved by immunizing young girls between the ages of 9-16 (before the age of sexual debut) while cervical screening is used for early detection (WHO, 2006). A

key aspect of its prevention is the detection of the pre-malignant form by cervical screening; it is also one type of cancer that can be prevented and cured if detected early enough (Arevian, Nouredine & KabakianKhasholian, 2006). The long transition time from a premalignant lesion to frank cancer of the cervix affords ample time for early detection and nearly complete cure even in secondary health care centres. This difference is attributed to effective national screening programs of cervical cytological testing (the Papanicolaou test) to identify cell abnormalities that may indicate or precede cervical cancer (Peto, Gilham, Fletcher & Matthews, 2004).

Some factors have been implicated in this tragic and unnecessary loss of lives. WHO (2006), observed that many women do not attend screening programmes because of ignorance of the risk for cervical cancer and/or the benefit of screening in its early detection and cure. Qiao (2008) from his clinical study reported that well organized cervical cancer prevention programmes based on primary screening with cervical cytology lead to impressive reductions in cervical cancer rates in developed Countries. Screening in the UK

saves up to 5000 lives per year (Olaitan, 2008). Consequently in industrialized world, effective screening programme has helped identify precancerous lesions at a stage when they can be easily treated thereby leading to impressive reduction in cervical cancer death rates while lack of screening programmes in poorest countries means that the disease is not identified until it is too late resulting in high mortality (Qiao, 2008). This is similar to what is prevalent in Nigeria where most cervical cancer cases seen in health facilities are in stages II and above.

Cervical cancer screening is a health intervention used on population of woman at risk of developing cervical cancer (WHO, 2006). It is not undertaken to diagnose the disease but to identify individuals with a high probability of having or developing the disease at the precancerous stage. The individual may actually feel perfectly healthy and may see no reason to visit a health facility. Preventing the incidence of cancer causing Human papilloma virus infection, significantly reduces the incidence of cervical cancer and the burden of the sickness on women, family and the nation at large. There are different screening programmes that can be used to detect the precancerous changes so as to prevent the development of the diseases and curb its serious consequences. Some of these programmes include; visual method such as Pap smear or visual inspection with acetic acid (VIA), visual inspection with Lugol's iodine (VLI), care Human papilloma virus, HPV-DNA based screening among others. The screening programmes are performed by qualified health professionals and they serve as models to the public. They are generally believed to be well informed on health issues better than the public. Their attitude and practice transcends to society health behaviors (Ojiyi & Dike, 2010).

The more knowledgeable women are about Pap smear testing, the more likely they are to make a screening visit and to adhere to recommended follow-up for an abnormal result. Early detection is important in the management of cervical cancer, however most of the women in developing nations present advanced stages of the disease when nothing can be done for remedy (Ayinde, Omigbodun & Ilesanmi, 2004). Several reasons for the late presentations have been noted, namely ignorance about the symptoms, fatalistic attitude (fear of death from the disease), readiness to attribute neoplastic disease to supernatural causes thereby resulting in delays in seeking help, fear of confirmation of suspicion and of course the perennial problem of low coverage of the population by health center services especially the rural Areas. Furthermore, it has been reported that 50-90% of women who develop or die from cervical cancer have never been screened. Knowledge about the disease and risk factors are therefore important in determining appropriate health seeking behaviours with the aim to prevent invasive cancer and reduce mortality rates. Nigeria has not had a great deal of success in implementing effective cervical cancer screening till date. In Nigeria, screening for cervical cancer is an opportunistic procedure which is dependent on the woman's initiative and/or that of her health care provider. This inadvertently leads to inappropriate utilization of screening facilities and lack of follow-up of abnormal results. There is currently no mass screening program for the detection of cervical cancer in Nigeria.

Services are only available in teaching hospitals and are not adequately utilized (Ngoma, 2006).

Statement of the Problem

Generally the knowledge and care-seeking attitude for cervical cancer in Nigeria is so low that majority of the affected patients present late in the hospital when little or nothing can be done again. The location of women seems to be affecting their knowledge of cervical cancer screening for early detection. It seems that they still ignore the occurrence and the likelihood of cervical cancer prevalence among women. The researchers observed that despite a good number of health campaigns, warning labels, doctor's advice and pleadings, more than 50% of female students in College of Health Science and Technology have not been exposed to cervical screening and there is a lack of knowledge regarding risk factors related to cervical cancer and the screening for and prevention of cervical cancer. Female Health workers are expected to have a better understanding of the benefits of cervical screening than women in other spheres of life, thus be effective agents in creating and disseminating information about the importance of the screening programmes for the sexually active, post-menopausal women as well as immunization for the girl child between the ages of 9- 16 years by example. Thus their attitude and practice towards screening for cervical cancer have a far reaching implication to its acceptance consequently contributing to the reduction in death of women from cervical cancer.

Purpose of the Study

The purpose of this study is to:

1. Determine the knowledge of female health students towards cervical cancer screening;
2. Determine the attitude of female health students towards cervical cancer screening;
3. Determine the practice and influence of profession on the practice of female health workers towards cervical cancer screening.

Research Questions

1. What is the knowledge of female health students towards cervical cancer screening?
2. What is the attitude of female health students towards cervical cancer screening;?
3. What is the influence of profession on the practice of female health workers towards cervical cancer screening?

Methodology

Study Area

The study Area is Port Harcourt City Local Government Area of Rivers State (PHALGA). This is one of the Local Government Area of Rivers State which headquarter is Port Harcourt. It lies between Latitude 6^o50'E and 8^o 00'E in the Niger Delta region of Nigeria. (South -South Geopolitical Zone). It shared common boundaries with Oyigbo LGA in the North, Obio/Akpor Local government Area in the West, Okrika LGA in the South and Eleme LGA in the East respectively.

The main occupations of the people are; farming, trading, self - employed, civil service, commercial and industrial activities.

Harcourt, which enables him to conduct research in the study Area.

Research Design

A descriptive research was used for this study. This was considered appropriate and adopted because it will describe psychosocial factors and knowledge of cervical screening among female student. It was considered appropriate to discover the source of information, the level of cervical cancer knowledge and the trend of cervical cancer screening among women.

Study Population

The study population comprised all the health care workers in Government General Hospitals and Primary Health Care Centers in Port Harcourt City Local Government Area of Rivers State numbering 1,100 persons.

Sample and Sampling Technique

The sample size for this study was 220 and it was obtained using the Fisher's formula:

$$N = Z^2 p q / d$$

Hence, 220 respondents were selected via multistage sampling technique. The first stage involved selection of 5 schools from the 10 schools in the department. The second stage involved the selection of one department from the pre-selected school using simple random sampling technique by balloting system, giving us 5 departments to work with. The fourth stage involved the selection of 44 study participants from each pre-selected department via convenience sampling (also known as accidental sampling). A structured questionnaire was used to elicit information from respondents. This instrument was self-administered to

220 respondents and was collected on the spot.

Instrument for Data Collection

The instrument used for data collection was structured questionnaire. (Fixed - response type close ended questionnaire).

Method of Data Collection

The researcher administered 220 copies of the questionnaire directly (face-face) to all the participants.

Copies of the questionnaire are collected on the spot after the completion.

Method of Data Analysis

The data collected from this study are subjected to statistical analysis using Statistical Package for Social Sciences (SPSS) of windows (version 20.0). Frequency table and simple percentage are also used for analyzing the data.

Ethical Consideration

The researcher received approval letter from the ethical committee, department of public health, Rivers State College of Health Science and Management Technology, Port

Results

Table 1: shows the scores on knowledge of cervical cancer and screening. Majority (86.8%) of the respondents knew that cervical cancer is the commonest cancer of the female reproductive tract and 91.8% agreed that Papilloma Virus (HPV) was the primary cause of cervical cancer. Less than half (44.5%) of the respondent agreed that the Human Papilloma Virus (HPV) spreads through sexual intercourse, 71.3% of the respondents agreed that cervical cancer is caused by having multiple sexual partners, 49.5% agreed that there is a relationship between HIV and cervical cancer, and 80.9% also agreed that visual method such as Pap smear or visual inspection with acetic acid (VIA) are methods used for cervical cancer screening.

Table 2 show that a good number (88.6%) of the respondents did not agreed to the opinion that all women of child bearing age should participate in the uptake of CCS while a few 11.4% agreed to it. Also, a high number (85.9%) disagreed with the opinion that CCS should form part of the routine examination for women of menopausal and child bearing age, only a few 14.1% agreed. 55.9% of the respondents agreed that women who maintain good genital hygiene and one sex partner do not need CCS while 44.1% (n= 97) disagreed. All respondents (100%) agreed that non-existence of national free cervical screening among others increase the prevalence of cervical cancer in Nigeria, 93.2% disagreed to look forward to being screened for cervical cancer screening, only 6.8% agreed. 73.2% disagreed that they would like to study about cervical cancer screening to develop knowledge about womanhood while only 26.8% agreed.

Table 3 shows that out of the 44 respondents in each department (profession) only 5% / health, 7% pharmacy, 13% medical laboratory, 2% radiography student and 7% Environmental health students have voluntarily presented themselves for cervical cancer screening. 77% / health, 27%, pharmacy, 66% medical laboratory, 66% radiography and 13% environmental health students have encouraged and /or referred some friends and relations /patients to present themselves for the screening exercise. 84% / health, 16% pharmacy, 91% medical laboratory, 39% radiography and 70% environmental health students would willingly join a group that is engaged in educating the populace on cervical cancer screening in the Community. A high number (80%) of / health students, 13% pharmacy, 70% medical laboratory, 11% radiography and 5% environmental students are willing to follow- up cases who have tested positive to cervical cancer smear test. While 36% of / health students, 7% pharmacy students, 84% medical laboratory students, 27% radiography students and 77% environmental health students will subject themselves for cervical cancer treatment if tested positive.

Table 1: Knowledge of Cervical Cancer and Screening

Knowledge	Agreed		Disagreed		Total Response	
	f	(%)	f	(%)	f	(%)
Cervical cancer is the commonest cancer of the female reproductive tract	191	(86.8)	29	(13.2)	220	(100)
The primary cause of cervical cancer is the Human Papilloma Virus (HPV)	202	(91.8)	18	(8.2)	220	(100)
The Human Papilloma Virus (HPV) spreads through sexual intercourse	98	(44.5)	122	(55.5)	220	(100)
Cervical cancer is caused by having multiple sexual partners	157	(71.3)	63	(28.7)	220	(100)
There is a relationship between HIV and cervical cancer	109	(49.5)	111	(50.5)	220	(100)
Visual method such as Pap smear or visual inspection with acetic acid (VIA) are methods used for cervical cancer screening	178	80.9)	42	(19.1)	220	(100)

Table 2: Attitude of Female Health Workers towards the Uptake of Cervical Cancer Screening

Attitude Responses	Agree F (%)	Disagree F (%)	Total F (%)
The proposal that all women of menopausal and childbearing age should present themselves for cervical cancer screening is a good one	25 (11.4)	195 (88.6)	220 (100)
Cervical cancer screening should form part of the routine examinations for women of menopausal and childbearing age	31 (14.1)	189 (85.9)	220 (100)
Women that maintain good genital hygiene and one sex partner do not need cervical cancer screening	123 (55.9)	97 (44.1)	220 (100)
Non-existence of national free cervical screening among others increases the prevalence of cervical cancer in Nigeria	220 (100)	0 (0)	220 (100)
I look forward to being screened for cervical cancer	15 (6.8)	205 (93.2)	220 (100)
I would like to study about cervical cancer screening to develop my knowledge about womanhood	59 (26.8)	161 (73.2)	220 (100)

Table 3: Practice and Influence of Profession on the Practice of Cervical Cancer Screening among Female Health Students.

Practice and influence of profession	Community health		Pharmacy		Medical lab		Radiography		Environmental	
	n=44		n=44		n=44		n=44		n=44	
	Yes (%)	no (%)	yes (%)	no (%)	yes (%)	no (%)	yes (%)	no (%)	yes (%)	no (%)
I have voluntarily presented myself for cervical cancer	2 (5%)	42 (95%)	3 (7%)	41 (93%)	6 (13%)	38 (83%)	1 (2%)	43 (98%)	3 (7%)	41 (93%)
I have encouraged and/or referred some friends and relations/patients to present themselves for the screening exercise	34 (77%)	10 (23%)	12 (27%)	32 (73%)	29 (66%)	15 (34%)	29 (66%)	15 (34%)	6 (13%)	38 (83%)
I will willingly join a group that is engaged in educating the populace on cervical cancer screening in the	37 (84%)	7 (16%)	5 (11%)	39 (89%)	40 (91%)	4 (8%)	17 (39%)	27 (61%)	31 (70%)	13 (30%)
I will be willing to follow-up cases who have tested positive to cervical cancer smear test	35 (80%)	9 (20%)	6 (13%)	38 (83%)	31 (70%)	13 (30%)	5 (11%)	39 (89%)	2 (5%)	42 (95%)
I will subject myself for cervical Cancer treatment if I test positive	16 (36%)	28 (63%)	3 (7%)	41 (93%)	37 (84%)	7 (16%)	12 (27%)	32 (73%)	14 (31%)	30 (69%)

Discussion

This study was carried out among selected female health students in River State College of Health Science and management Technology. It was discovered that though health students, respondents had varied attitude and opinion on the practice of cervical cancer screening among female health students.

Knowledge of Cervical Cancer and Screening

The level of knowledge found in this study shows that majority (86.8%) of the respondents knew that cervical cancer is the commonest cancer of the female reproductive tract and 91.8% agreed that Papilloma Virus (HPV) was the primary cause of cervical cancer. About 44.5% of the respondents agreed that the Human Papilloma Virus (HPV) spreads through sexual intercourse, 71.3% of the respondents agreed that cervical cancer is caused by having multiple sexual partners, 49.5% agreed that there is a relationship between HIV and cervical cancer, and 80.9% also agreed that visual method such as Pap smear or visual inspection with acetic acid (VIA) are methods used for cervical cancer screening. This is in line with the study of Oyedunni and Opemipo (2012) whose result revealed that majority 407 (80.9%) of the respondents knew that cervical cancer is the commonest cancer of the female reproductive tract and 54.5% correctly identified Papilloma Virus (HPV) as the primary cause of cervical cancer. A small percentage (37.4%) of the respondents said that cervical cancer mostly affects women from the age of 50 years and above, while 33.0% reported that cervical cancer is common in women between 40 and 49 years. Very few 7.0% said that cervical cancer is common in women below 30 years of age. Majority (77.9%) of the respondents had sexual intercourse at early age, heredity (72.6%) and the Human Papilloma Virus were risk factors for cervical cancer (70.4%) while 41.9% erroneously mentioned HIV as a risk factor for cervical cancer.

Ojiyi and Dike (2010) explained that there are different screening programmes that can be used to detect the precancerous changes so as to prevent the development of the diseases and curb its serious consequences. Some of these programmes include; visual method such as Pap smear or visual inspection with acetic acid (VIA), visual inspection with Lugol's iodine (VLI), care Human papilloma virus (careHPV), HPV-DNA based screening among others. The screening programmes are performed by qualified health professionals and they serve as models to the public. They are generally believed to be well informed on health issues better than the public. Their attitude and practice transcends to society health behaviors.

Attitude of Female Health Students towards the Acceptance of Cervical Cancer Screening (CCS)

From the result in table 2, a good number (88.6%) of the respondents did not agree to the view that all women of child bearing age should participate in the uptake of CCS while a few 11.4% agreed to it. Also, 85.9% of the respondents disagreed with the opinion that CCS should form part of the routine examination for women of menopausal and child bearing age, only a few 14.1% agreed. More than half (55.9%) of the respondents agreed that women who maintain good genital hygiene and one sex partner do not need CCS while 44.1% disagreed. All (100%) respondents agreed that

non- existence of national free cervical screening among others increase the prevalence of cervical cancer in Nigeria, 93.2% of the respondents disagreed to look forward to being screened for cervical cancer screening, only 6.8% agreed. A higher number (73.2%) of the respondents do not accept that they would like to study about cervical cancer screening to develop their knowledge about womanhood while only 26.8% agreed.

In a similar study conducted by Obalase et al. (2017) it was revealed that women generally had poor attitude towards CCS: as 91.7% of the respondents did not support the opinion that all women of child bearing age should participate in the uptake of CCS while a few (8.3%) supported it. Majority of the health workers (92.6%) did not support that CCS should be for only those in O & G unit while 7.3% supports it. Majority (92.3%) disagreed with the opinion that CCS should form part of the routine examination for women of menopausal and child bearing age, only a few (7.6%) agreed. Small percentage (13.7%) of the respondents agreed that women who maintain good genital hygiene and one sex partner do not need CCS while 86.3% disagreed. less than half (45.3%) of the respondents agreed that subjecting self for cervical cancer screening amounts to debasing one's womanhood but others 44.7% did not. Also 36.4% of the respondents supported that participating in CCS should be made compulsory for all female health workers while 63.6% did not. About 42.9% of the respondents favoured the view that lack of national cervical cytology screening, political will, funding and poor advocacy for CCS are responsible for high prevalence of cervical cancer while 57.1% did not favour this opinion.

Acceptance of the Practice of Cervical Cancer Screening among Female Health Students

A total of 220 respondents were involved in this study with 44 female students from each of the preselected departments. Of the 44 respondents in each department (profession) only 2 / health students, 3 pharmacy students, 6 medical laboratory students, 1 radiography students and 3 environmental health students have voluntarily presented themselves for cervical cancer screening. 34 / health, 12 pharmacy, 29 medical laboratory, 29 radiography and 6 environmental health students have encouraged and /or referred some friends and relations /patients to present themselves for the screening exercise. 37 / health students, 5 pharmacy students, 40 medical laboratory students, 17 radiography students and 31 environmental health students would willingly join a group that is engaged in educating the populace on cervical cancer screening in the /. 35 / health students, 6 pharmacy students, 31 medical laboratory students, 5 radiography students and 32 environmental students are willing to follow- up cases who have tested positive to cervical cancer smear test. 16 / health students, 3 pharmacy students, 37 medical laboratory students, 12 radiography students and 14 environmental health students will subject themselves for cervical cancer screening if tested positive.

In a similar study conducted by Ehiemere et al. (2015) only 168 out of 234 nurses, 63 out of 75 doctors, 14 out of 22 pharmacists 8 and 6 of medical laboratory scientists and radiographers respectively have voluntarily presented

themselves for cervical cancer screening. 53 of the nurses, 8 of the doctors, 4 of the pharmacists, none of the medical laboratory scientists and 1 of the radiographers have encouraged and /or referred some friends and relations /patients to present themselves for the screening exercise. 14 the nurses, 5 of the doctors, none of the pharmacists, 2 of the medical laboratory scientists and 2 of the radiographers have conducted cervical cancer screening on patients requiring such services. 195 the nurses, 65 of the doctors, 20 of the pharmacists, 9 of the medical laboratory scientists and 6 of the radiographers have interpreted the result of pap smear test to patients that have undergone the test. 33 of the nurses, 15 of the doctors, 2 of the pharmacists, 5 of the medical laboratory scientists and 3 of the radiographers follow-up cases who have tested positive to cervical cancer smear test. Also in a study conducted by Mutyaha et al. (2006) study revealed that 81% eligible respondents had never been screened; Dim, et al., (2008) observed that only 4.4% out of 159 respondents in their study had availed themselves of the opportunity for the test.

Conclusion/Recommendation

Based on the findings, the following conclusions were made: Female health workers involved in the study demonstrated negative attitude towards cervical cancer screening. The attitude and practice of female health workers towards cervical cancer screening is poor most surprisingly these respondents were recruited from health training institute. There is no influence of profession on the attitude and practice of female health workers towards the uptake of CCS as almost all the female respondents from the different department responded in a similar manner. Therefore, the study recommends that cervical cancer screening initiatives should be aimed at reaching women who have never had a Pap smear done and to all eligible women.

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