ATTITUDE AND UPTAKE OF CERVICAL CANCER SCREENING AMONG FEMALE HEALTH CARE WORKERS IN OGBOMOSO, OYO STATE.

Jegede Solomon O.; Obasuyi Christianah and Ogun, Fatimo O.

ABSTRACT

This study assessed the attitude and utilization of cervical cancer screening services among the various cadres of female health care workers in Ogbomoso, Oyo State. The study adopted a cross sectional, descriptive survey and the study population were female healthcare workers working in LAUTECH Teaching Hospital (LTH), Ogbomoso with an estimated population of 361. The Leslie Fischer's formula for population less than 10,000 was used to estimate the sample for the study. Stratified random sampling technique was adopted to divide people to different strata. The number allocated to each group was then selected using simple random sampling technique (balloting method) to select 170 respondents. A semi-structured questionnaire was used as the survey instrument. The questionnaire included the socio-demographic characteristics, knowledge about Cervical Cancer, attitude towards Cervical Cancer and CC screening and the uptake of Cervical cancer screening services by the healthcare workers. Reliability was established using Cronbach alpha which yielded a reliability coefficient of 0.84. The analysis of data collected was based on the use of simple descriptive statistical analysis of frequency counts and percentages. The result of this study recorded that the knowledge of respondents on cervical cancer and cervical screening was good but the uptake of cervical cancer screening was poor. The result in this study further showed that the attitude of female health workers towards the uptake of CCS is negative and the factors associated with cervical cancer screening include the respondent believe about the screening, having no time to go for it does not know where to do the screening and feeling that is not important.. The result of the hypothesis tested showed that there is no significant relationship between respondent`s attitude towards screening and utilization of cervical screening. It is therefore recommended that Cervical cancer screening should be made compulsory for all female health workers, as this will motivate them to screen others and / or advise them accordingly.

Keywords: Sexual Intercourse, Uptake, Cervical Screening.

INTRODUCTION

Almost half a million women develop cervical cancer every year; more than half of them die as a result of their condition. More than 80% of the burden of this easily detectable and preventable disease is borne by developing countries, where cervical cancer accounts for 15% of all cancer deaths but which have only 5% of the world's cancer resources. A woman in the United States has a 70% chance of surviving cervical cancer thanks to relatively easy access to Pap smears or tests to detect early signs of cancer, as well as follow-up treatment. Not so for her counterpart in Thailand who has a 58% chance of survival, or India, where there is only a 42% chance of beating cervical cancer; in sub-Saharan Africa the survival rate drops to 21%. While 61% of women with cervical cancer in the developed world will survive because they have access to testing and treatment, only 41% of their developing world counterparts will get the treatment they need to survive (Anorlu, 2006). Every year, 500,000 new cases are diagnosed, and 270,000 women die of this disease, mostly in developing countries. More than 80% of the burden of this easily detectable and preventable disease is borne by developing countries, where cervical cancer accounts for 15% of all cancer deaths but which have only 5% of the world's cancer resources (WHO 2013).

The World pattern of cervical cancer indicates that it is predominantly a problem of low resource setting countries sub-Saharan Africa, Melanesia, Central America. This is because of the limited access to screening and treatment facilities. Carcinoma of cervix ranked the 3rd commonest cancer in developed countries (Boyle & Levin 2008). In Sub-Saharan Africa, Incidence is about 34.7% with Mortality about 21 per 100,000 populace and 200,000 deaths in 2010 (Parkin, Bray, Ferlay & Pisani, 2010).

The cancer of the cervix results from infection with the human papilloma virus (HPV) which is widely recognized as the most common sexually transmitted infection (Parkin, Bray, Ferlay & Pisani, 2010). This infection results in transformation of cervical epithelial cells, first to precancerous lesions and then to frank cancer. Studies have established a strong association between HPV genotype 16 and 18. HPV infects almost all women at some point in their lives and studies have also shown that 91% of new HPV infections are cleared by the immune system within 2 years (Horan 2007).

However, the virus exerts greater effects during periods of rapid metaplasia in the cervical epithelium mostly in the period of adolescence (Oboma & Onyije 2012). A small proportion of infected persons become persistently infected; which is the most important risk factor for development of cervical cancer precursor lesions. Most studies suggest that young age is a risk factor for HPV infections due to greater extension of the transformation zone of the cervix. Therefore, certain sexual behaviours such as early sexual intercourse before 20 years of age and sexual promiscuity either in the female or her partner are known to prompt cervical cancer (Ngoma, 2006).

Over the years awareness and uptake of cervical cancer screening services has remained poor in developing countries. Problems associated with cervical cancer incidence include late reporting, ignorance and cultural issues relating to cervical cancer screening. A lack of effective screening programme aimed at detecting and treating precancerous condition is a key reason for the much higher incidence of cervical cancer in developing countries. It has been estimated that only about 5% of women in developing countries have been screened for cervical dysplasia in the past 5 years compared to 40% to 50% of women in developed countries. Dignan, Michielutte, Blinson, Wells, Case & Sharp, (1996) holds that cervical cancer prevention efforts worldwide have focused on screening women at risk of the disease using Papanicolaou (pap) smears and treating precancerous lesions. Where screening quality and coverage have been high, these efforts have reduced the incidence of invasive cervical cancer by as much as 90% (Quinn, Babb & Jones).

Most developing countries however have been unable to implement comprehensive Pap smear screening–based programs. In countries where cervical cancer screening services screening is available, it is often accessible to only a small proportion of women through private health care providers or it is offered primarily to young women through maternal or child health clinics or family planning clinics where the population being screened generally is not at high risk. Half of all women who die of cervical cancer live in just five countries; India, China, Brazil, Bangladesh and Nigeria (Hicks and Piver 1991). It remains the most common malignancy among women in Nigeria (Hilde & Herrero 2006). Cancers of the cervix account for about 20-33 % of the gynaecologic clinic population at Ladoke Akintola University of Technology Teaching Hospital Ogbomosho, Nigeria and majority, over 80% of them presented at advanced stage of the disease (Hicks and Piver 1991).

The inequity between developed and developing countries has many sources. The burden of disease from cervical cancer in many developing countries is misunderstood and is often overshadowed by other health priorities such as AIDS, tuberculosis and malaria. As a result, health policies to implement effective prevention programs are not in place. Also, women's health and the important role women play in many sectors in developing country are often undervalued. Although more than two decades have passed since this estimate, there is little indication that the proportion of women screened has changed significantly, except in regions where large studies and demonstration projects have been undertaken. Most attempts to implement cervical cancer screening programs in the developing world have had little or no impact on cervical cancer

(Sankaranarayanan, Basu, Wesley, Mahe, Keita & Sharma 2004).

Over the years awareness and uptake of services has remained poor despite all the studies on cervical cancer screening. Various studies indicate that cervical cancer screening services is poorly utilized and the awareness of the need for it is very low but can be treated if detected early. Problems associated with cervical cancer incidence include late reporting, ignorance and cultural issues relating to cervical cancer screening (reference). The barriers identified by Peto, Gilham, Fletcher & Matthew (2010) were "ignorance about cervical cancer, cultural constraint/beliefs about illness, economic factors, domestic gender power relations, alternative authoritative sources of reproductive health knowledge and unfriendly health care services" (Dignan, Michielutte, Blinson, Wells, Case & Sharp 1996). The high incidence and prevalence of cervical cancer in developing countries such as Nigeria is highly suggestive of health care access issues. A study of the Ahmadu Bello University Teaching Hospital, Zaria found that cancer of the cervix accounts for 66.2% of all gynaecological cancers (Ezem 2007 and Tacken, Braspenning, Hermens, Spreeuwenberg, Van-Den & De Bakker 2007). These estimates are much higher than those of the United States or Europe where there is regular cervical cancer screening (Gharoro & Ikeanyi 2006).

Women in developing countries like Nigeria seem to utilize reproductive health services more during pregnancy. They also use reproductive health services for post-natal check-up and family planning or when faced with various gynaecological problems. It is important to ensure that these women are screened in order reduce incidence of cervical cancer. Their visit to the clinics provides opportunity to give them information on the importance of the screening and where to get the services. Cervical cancer screening services uptake in developing countries is 19% compared to 63% in developed countries (Fylan 1998). Uptake in Nigeria is low even among educated and employed women when compared with other developing countries further contributing to the reported levels of cervical cancer and its attendant morbidity (Anorlu 2006). It has been reported that almost two – thirds of cervical cancer cases in Nigeria present at stage III or later and that a single Pap smear screening could save more than 6,000 women annually (Fylan 1998).

Lack of awareness and poverty have been suggested for the low utilization of pap smear test in Nigeria thus a low rate of screening for the condition have been reported compared with other population reporting higher levels of awareness (Fylan 1998). Only about 15% of women aged 20- 65 years in south western Nigeria have heard about the disease (Hicks and Piver, 1991). Majority of the population live in rural areas with no access to screening. Currently in Nigeria, less than 10% have ever had cervical cancer screening.

Nigeria does not have well-articulated and widely disseminated cancer screening policy and no widespread cervical cancer screening for women. Thus, women come to the hospital with invasive cancer of the cervix at advanced stages when radical hysterectomy or radiotherapy is of no benefit health workers are often times looked upon as "role models" in health-related issues. They play a major role in enlightening the public on the availability and need for cervical cancer screening services. They are expected to have more information and knowledge about several health-related issues and also act as role models in uptake of preventive services, but studies have documented otherwise. In Cancer of the cervix is a preventable disease and 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. 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 However, this window of opportunity which has enabled the developed countries to reduce the incidence of cancer of the cervix would be wasted if the level of screening is low. The greatest burden of cervical cancer occurs in the developing world where the mortality rate ranges from 10 to 35 per 100 000 compared with 2 to 4 deaths per 100 000 in developed nations. 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.

Their attitude to and practice relating to such issues might positively or negatively influence the decision made by the community members. Some investigators have however concluded that increased awareness may not translate to increased utilization as obtained from a study among nurses in India which showed that despite knowledge of the gravity of cervical cancer and prevention by screening, attitudes and practices towards screening were negative.

Arulogun et al in a study among female nurses in a teaching hospital in Nigeria on reasons given by health workers for non-utilization of the services which were fear of the results and not being at risk for cervical cancer. This study therefore aimed to assess the perception and utilization of cervical cancer screening services among the various cadres of female health care workers in Ogbomosho, Oyo State.

Objectives of the study

1. To assess the knowledge of female healthcare workers in Ogbomoso about cervical cancer screening.
2. To determine the uptake of cervical cancer screening among female healthcare workers in Ogbomoso.
3. To determine the attitude of female healthcare workers in Ogbomoso about cervical cancer screening.
4. To identify the factors associated with the uptake of cervical cancer screening among female healthcare workers.

RESEARCH HYPOTHESIS

There is no significant difference between the attitude of cervical cancer screening and the utilization by female healthcare workers in Ogbomoso.

MATERIALS AND METHODS

The study adopted a cross sectional, descriptive survey. The Study area is LAUTECH Teaching Hospital Ogbomosho, Oyo State in South western Nigeria. The hospital came into being in May 2011 as an annex to the LAUTECH Teaching Hospital, Osogbo, Osun State. The hospital was built during the administration of Governor Alao Akala. The place the hospital is sited was the former state hospital. The hospital has 2 male wards (surgical and medical ward), 2 female wards (surgical and medical wards), psychiatry ward, ophthalmology clinic, Ear, nose and throat clinic, dialysis unit. The hospital also contains the maternity ward, maternal and child health clinic, special baby care unit, outpatient clinic, x-ray department and the operating room. The hospital is one of the major training institutions for medical workers in the state

The study population were female healthcare workers working in LAUTECH Teaching Hospital (LTH), Ogbomoso with an estimated population of 361. The Leslie Fischer's formula for population less than 10,000 was used to estimate the sample for the study. Stratified random sampling technique was adopted with proportional allocation of respondents to the different groups of health workers which serve as different strata. The number allocated to each group was then selected using simple random sampling technique (balloting method). A semi-structured questionnaire was used as the survey instrument. The questionnaire included the socio-demographic characteristics, knowledge

about Cervical Cancer, attitude towards Cervical Cancer and CC screening and the uptake of Cervical cancer screening services by the healthcare workers. To establish the reliability of the questionnaire, 20 copies of the questionnaire were administered to female healthcare workers in Bowen University Teaching Hospital, Ogbomoso, which is outside the selected ones and Cronbach alpha reliability procedure was utilized, the procedure yielded a reliability coefficient of 0.84.

RESULTS

Table 1 shows the socio demographic characteristics of the respondents. One hundred and seventy respondents were recruited for the study, out of which 63.5% were Nurses, 2.9% CHO, 3.5% CHEW, 7% Laboratory scientist, 18% Doctors and 2.4% Physiotherapist. The age group of the respondents revealed that 51.2% are within 21-35years, 33.9% arre within 32-38years while 15.9% are within 39-45years. The marital status of the respondent shows that 31.1% are single, 65.9% are married, 2.4% were separated or divorced and 0.6% widow. The type of marriage of the respondents has observed in this result 96.4% are monogamy while 3.6% are polygamy. The religion of the respondents shows that 44.7% are Muslims, 52.9% are Christians while 2.4% are Traditional worshipers. The tribe of the respondents revealed that 96.5% were Yoruba and 3.5% Igbo. The working experience of the respondent shows that 12.4% have worked for one year, 32.9% worked for two years, 34.7% worked for 3 years and 20% worked for 4 years.

Table 1:
Socio demographic characteristics of the respondents

Variable	Frequency N=170	Percentage %
Age group (years)		
25-31	87	51.2
32-38	56	32.9
39-45	27	15.9
Marital status		
Single	53	31.1
Married	112	65.9
Separated/divorced	4	2.4
Widowed	1	0.6
Type of marriage		
Monogamy	108	96.4
Polygamy	4	3.6
Religion		
Islam	76	44.7
Christianity	90	52.9
Traditional	4	2.4
Tribe		
Yoruba	164	96.5
Ibo	6	3.5
Hausa	0	0
Designation		
Nurse	108	63.5
CHO	5	2.9
CHEW	6	3.5
Laboratory scientist	12	7.0
Doctor	32	18.8
Pharmacist	3	1.8
Physiotherapist	4	2.4
How long have you been working for LTH (years)		
1	21	12.4
2	56	32.9
3	59	34.7
4	34	20.0

Table 2 shows the obstetric and gynaecological history of the respondents. This study showed that 7% of respondents have had sexual intercourse and 2.1% had never had intercourse. The age of respondents at first sexual intercourse had revealed in this study are 3.7% within 11-15years, 15.7% at 16-20years, 20.9% at 21-25years 23.9% at 26-30years and 35.8% at 31-35years. 23.9% of the respondents has more than one partner while 76.1% does not have. 83.6% of the respondents has been pregnant while 16.4 has never been pregnant.

Further finding reveal that 59.8% has been pregnant between 1-2 times, 36.6% has been pregnant for about 3-4 times while 3.6% 5-6 times. The number of children reported by the respondents include 67.3% has 1-2 children, 30.8% has 3-4 while 1.9% has 5-6 children.

Table 2:
obstetric and gynaecological history

Variable	Frequency N=170	Percentage %
Ever had sexual intercourse		
Yes	134	78.8
No	36	21.2
Age at first sexual intercourse		
11-15	5	3.7
16-20	21	15.7
21-25	28	20.9
26-30	32	23.9
31-35	48	35.8
Ever had more than one sexual partner		
Yes	32	23.9
No	102	76.1
Ever had pregnancy		
Yes	112	83.6
No	22	16.4
How many pregnancies have you had		
1-2	67	59.8
3-4	41	36.6
5-6	4	3.6
No of children		
1-2	72	67.3
3-4	33	30.8
5-6	2	1.9

Table 3 shows the respondents knowledge about cervical cancer and screening. 61% of respondents said Cervical cancer is abnormal growth in the service while 39% said No. 82.35% of respondents said Cervical cancer is deadly while 7.65% said No. 53.6% of respondents said Cervical cancer is detectable while 46.4% said No. 58.8% of respondents said Cervical cancer is prevented while 41.2% said No. 71% of respondents said Cervical cancer is treated when detected early while 29% said No. 74.1% of respondents said Screening Services are available to detect cervical cancer while 25.9% said No. 88.2% of respondents said Pap smears is a screening method while 11.8% said No. 59.4% of respondents said It is also used for the treatment of precancerous lessions while 40.6% said No. 60.6% of respondents said Visual inspection of the service with aseptic acid is a method of screening while 39.4% said No. 55.9% of respondents said Hypo DNA test is a method of Cervical cancer screening while 44.1% said No. 71.8% of respondents said Col poscopy test is a method of Cervical cancer screening while 28.2% said No. 85.9% of respondents said Screening service are available in the hospital while 14.1% said No. This study implies that respondents has good knowledge about cervical cancer and cervical screening services (62.4%).

Table 3:
Knowledge of cervical cancer and cervical cancer screening

Variable	Yes Frequency%	No Frequency%	Total
1. Cervical cancer is abnormal growth in the service	109 (61%)	161 (39%)	170
2. Cervical cancer is deadly	140 (82.35%)	30 (7.65%)	
3. Cervical cancer is detectable	91 (53.6%)	79 (46.4%)	
4. It can be prevented	100 (58.8%)	70 (41.2%)	
5. It can be treated when detected early	121 (71%)	49 (29%)	
6. Screening Services are available to detect cervical cancer	126 (74.1%)	44 (25.9%)	
7. Pap smears is a screening method	150 (88.2%)	20 (11.8%)	
8. It is also used for the treatment of precancerous lessions	101 (59.4%)	69 (40.6%)	
9. Visual inspection of the service with aseptic acid is a method of screening	103 (60.6%)	67 (39.4%)	
10. Hypo DNA test is a method of Cervical cancer screening	95 (55.9%)	75 (44.1%)	
11. Col poscopy test is a method of Cervical cancer screening	122 (71.8%)	48 (28.2%)	
12. Screening service are available in the hospital	146 (85.9%)	254 (14.1%)	
Total	62.4%	30.6%	

Table 4 shows the respondents attitude towards cervical cancer screening. The study reveal that 40% of the respondents strongly agreed that Pap smear is very useful in preventing cervical cancer, while 24.1% agreed, 23% disagreed and 12.9% strongly disagreed. 21.8% of the respondents strongly agreed that No need for pap smear if you don't have multiple sexual partners, while 25.3% agreed, 21.2% disagreed and 31.8% strongly disagreed. 13.5% of the respondents strongly agreed that Only post-menopausal women need post pap smear, while 10% agreed, 29.4% disagreed and 47.1% strongly disagreed. 44.7% of the respondents strongly agreed that Everybody should be encouraged to screen, while 32.4% agreed, 11.1% disagreed and 11.8% strongly disagreed. 25.3% of the respondents strongly agreed that Pap smear provider must be a female, while 35.9% agreed, 15.9% disagreed and 22.9% strongly disagreed. 14.7% of the respondents strongly agreed that Pap smear is only for those that have frequent vaginal discharger, while 7.1% agreed, 45.2% disagreed and 33.5% strongly disagreed. 19.4% of the respondents strongly agreed that Pap smear should only be done once in a life time, while 12.4% agreed, 44.8% disagreed and 23.5% strongly disagreed. 12.4% of the respondents strongly agreed that Pap smear providers are usually not friendly, while 18.8% agreed, 35.3% disagreed and 33.5% strongly disagreed. 24.1% of the respondents strongly agreed that Regular pap smear can reduce the mortality rate of cancer in Nigeria, while 33.5% agreed, 18.8% disagreed and 23.5% strongly disagreed. 21.8% of the respondents strongly agreed that Risk of having cervical cancer is the same for pap smear users and non-users, while 42.7% agreed, 21.2% disagreed and 32.4% strongly disagreed. 18.8% of the respondents strongly agreed that Pap smear is uncomfortable/ painful, while 28.2% agreed, 32% disagreed and 28.2% strongly disagreed. 25.3% of the respondents strongly agreed that I can only go for pap smear if it is offered free of charge, while 19.4% agreed, 26% disagreed and 28.2% strongly disagreed. this study implies that the attitude respondents towards cervical screening is negative (30.4%).

Table 4
Respondents attitude towards cervical cancer screening

Variable	S/A (%)	A (%)	D (%)	S/D (%)
Pap smear is very useful in preventing cervical cancer	68(40)	41(24.1)	39(23)	22(12.9)
No need for pap smear if you don't have multiple sexual partners	37(21.8)	43(25.3)	36(21.2)	54(31.8)
Only post-menopausal women need post pap smear	23(13.5)	17(10)	50(29.4)	80(47.1)
Everybody should be encouraged to screen	76(44.7)	55(32.4)	19(11.1)	20(11.8)
Pap smear provider must be a female	43(25.3)	61(35.9)	27(15.9)	39(22.9)
Pap smear is only for those that have frequent vaginal discharge	25(14.7)	12(7.1)	76(44.8)	57(33.5)
Pap smear should only be done once in a life time	33(19.4)	21(12.4)	76(44.8)	40(23.5)
Pap smear providers are usually not friendly	21(12.4)	32(18.8)	60(35.5)	57(33.5)
Regular pap smear can reduce the mortality rate of cancer in Nigeria	41(24.1)	57(33.5)	32(18.8)	40(23.5)
Risk of having cervical cancer is the same for pap smear users and non-users	37(21.8)	42(42.7)	36(21.2)	55(32.4)
Pap smear is uncomfortable/ painful	32(18.8)	37(21.8)	53(32)	48(28.2)
I can only go for pap smear if it is offered free of charge	43(25.3)	33(19.4)	46(27)	48(28.2)

As presented in Figure 3, only 40% of the respondents have had pap smear done while most of the respondent`s 60% have not done pap smear.

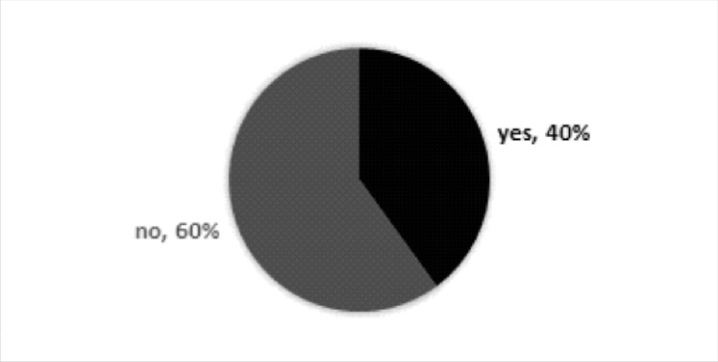

Figure 3: Utilization of screening services

Table 5 shows that the factors associated with cervical cancer screening has presented in this study are 33.8% of respondents agreed that doctors requested for it, 41.2% stated that because it was free/subsidized, 60.3% believed they should do it and 27.9% agreed it was part of general screening programme. The study also showed that 9.8% of the respondent don't know about cervical screening, 52% claimed they don't have time, while 45.1% is afraid of possible bad result and 85.3% stated that they don't know where to do it. Lastly, 54.9% felt they can never have cancer of the cervix. This study conclude that the factors associated with cervical cancer screening include the respondent belief about the screening, having no time to go for it does not know where to do the screening and feeling that is not important.

Table 5
Factors associated with the uptake of cervical cancer screening

Variable	Frequency	Percentage %
Doctors requested for it	23	33.8
It was free/ subsidized	28	41.2
I believe I should do it	41	60.3*
It was part of general screening program	19	27.9
I don't know about it	10	9.8
I don't have time to go for it	53	52*
I am afraid of a possible bad result	46	45.1
I don't know where to do it	87	85.3*
I feel that cervical screening is not important.	56	54.9*

HYPOTHESIS

There is no significant difference with the attitude of cervical cancer screening and the utilization by female healthcare workers in LTH Ogbomoso.

Table 6 shows that p value is 0.210 which is greater than 0.05 implies that, there is no significant relationship between respondent`s attitude towards screening and utilization of cervical screening.

Table 6
Attitude towards screening and utilization of cervical screening

Variable	Positive attitude	Negative attitude	Chi-square	Df	P value
Had screening done	43	25	11.357	3	0.210
Not done	50	52			

DISCUSSION

The demographic characteristics of this study shows that the majority of the respondents were within the age group of 25-31 years. Majority are married and are from monogamous family. Majority of the respondents are either Christians or Muslims and are Yoruba by tribe. The health workers included in the study are nurses, this was followed by the doctors and the least were pharmacist. Majority of the respondents had two to three years' experience, this is in consonance with the observation of Mutyaha, Mmirro & Weiderpass (2011), in their study that the majority of the respondents in their study were nurses who form the bulk of medical workers in most health units in Africa.

The study revealed that the respondent`s had good knowledge of cervical cancer and cervical screening. This study is in line with Udigwe (2006) who observed that the knowledge of cervical cancer screening among female nurses in Nnewi is high. This study is also in line with Nwobodo & Malami (2005) who reported that female health workers' knowledge of cervical cancer screening is high in Sokoto North Western Nigeria. Adeola (2008) stated that screening in the UK saved up to 500 lives per year.

This study revealed that there is poor uptake of cervical cancer screening among female health workers. This study is consistent with Adda, Ojule & Feibai (2012) who observed that out of 133 female health care providers only 17 had pap smear in Port Harcourt. This study is also consistent with Nwobodo & Malami (2005) who observed that only 4.4% of female health workers had availed themselves of the opportunity for the test of cervical cancer screening. Our study is also support Dim, Eze, Ekwe, Madubuko, Dim & Ezegwui (2008) observed that only 4.4% out of 159 respondents in their study had availed themselves of the opportunity for the test.

The result in this study showed that the attitude of female health workers towards the uptake of CCS is negative. This is not in consistent with Olubodun, Odukoya and Balogun (2019) who reported that the attitude of their respondent towards cervical screening is positive (93.8%). This study supports Ogbonna (2018) who reported that the attitude of respondent is not encouraging (43.5%). This study is not in support of the study of Dahiya, Aggarwal, Singh, Garg and Kumar (2019) who observed that the attitude of their respondent is positive (53%).

These female health workers should be responsible for the opportunist screening of women but sadly they are not keen in getting screened themselves. This observation agrees with the findings of other studies. Mutyaha, Mmiro & weiderpass (2006) observed that 81% eligible respondents had never being screened;

Our study observed that the factors associated with the uptake of cervical cancer screening among female healthcare workers include the respondent belief about the screening, having no time to go for it does not know where to do the screening and feeling that is not important.

Our study reported that shows that there is no significant relationship between respondent`s attitude towards screening and utilization of cervical screening.

NURSING IMPLICATION

The findings of this study have shown that from their responses, the female health workers have negative attitude towards cervical cancer screening. Majority of them responded that pap smear is very useful in preventing cervical cancer. The findings also reveal that there is a poor uptake of CCS among female health workers. This has inevitably transcended to the womenfolk. Records and reviewed literature have revealed a poor uptake of CCS which has resulted to high incidence, mortality rate and poor treatment outcome of cervical cancer. Furthermore, cervical cancer screening should form part of the curriculum in institutions where health workers are trained. Also, the findings of this study have shown that the practice of cervical cancer screening among female health workers is poor. The implication of this is that Cervical cancer screening should be made compulsory for all female health workers, as this will motivate them to screen others and / or advise them accordingly.

CONCLUSION AND RECOMMENDATIONS

Based on the findings, the following conclusions were made: Female health workers involved in the study demonstrated negative attitude towards cervical cancer screening. The uptake of female health workers towards cervical cancer screening is poor. The female health workers who should be responsible for opportunist screening of Women are not keen on getting screened themselves. There is need to further enlighten this group who are expected to mobilize the local communities to accept cervical cancer screening and thus reduce the morbidity and mortality associated with invasive cervical cancer and to identify possible interventions to change them. In addition, cervical cancer screening can be increased by utilizing health workers to discuss the disease with women when they go to seek health care.

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