

# PERCEPTION ATTITUDE AND PRACTICE OF CERVICAL SCREENING AMONG NURSES IN ADEOYO MATERNITY HOSPITAL IBADAN, OYO STATE, NIGERIA

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## ABSTRACT

*This study examines the perception, attitude and practice of nurses towards cervical screening. A descriptive cross-sectional survey was adopted for this study and a simple random sampling technique was used to select two hundred and fifty (250) nurses as data for the study. Data were collected through a self-structured questionnaire with a reliability co-efficient score of 0.85 and analysed using descriptive statistics. The result was presented with tables, frequency distribution and percentages. The result of this study shows that the respondents had positive perception and attitude towards cervical screening, but their practice level is inadequate. It is therefore recommended that the screening should be made compulsory for all female health workers.*

**Keywords:** Perception: Attitude: Practice: Cervical Screening: Nurses.

## INTRODUCTION

Cervical cancer is one of the deadliest reproductive tract cancers most especially when it is not detected early. It affects the lower part of the uterus. Although a preventable disease, it continues to be one of the most common causes of cancer related deaths among women in developing countries like Nigeria. These deaths result from late presentations due to lack of knowledge and consequent poor uptake of screening and preventive measures (Jedy-Agba, Curado, Ogunbiyi, Oga, Fabowale and Igbinoba, 2012). Cervical cancer plays a significant role in contributing to the increasing rate of maternal morbidity and mortality. It thus constitutes a

major public health problem throughout the world with varying prevalence between the developed and developing nations.

World Health Organization, (WHO) (2017) reports the annual incidence of cervical cancer of 14,089 in Nigeria, making it the second leading cause of cancer deaths. About 530,000 new cases and 275,000 cervical cancer deaths are recorded in developing nations every year. This accounts for about 80% of the global cervical cancer burden. Nigeria currently has a mortality rate of 58.5% attributed to cervical cancer (Institute of Oncology (ICO)/International Agency for Research on Cancer (IARC), 2017). The impact and burden of this disease is not limited to the sufferer alone, but to the entire family. It should therefore be of concern to everyone who has at least a female around them (Federal Ministry of Health, 2009).

Cervical screening has been identified as a single most effective strategy in early detection and cure for cervical cancer and for reduction of the disease burden. Yet, women, nurses inclusive are still dying of this preventable death despite the availability of screening services. Nurses are important agents in cancer prevention as they occupy the forefront of the hospital. They are usually in contact with patients and women of reproductive age who are the victims of this preventable deadly scourge. Several studies have recorded that their attitude and practice towards the screening process can greatly influence people with which they interact positively or negatively. Although it is well-known that nurses can play a vital role in cervical screening thus influencing positively screening adherence among women, limited evidence-based studies are available on actual cervical

screening adherence and utilization of screening services among nurses in Nigeria. Moreso, few available studies report low rate of screening among nurses; notably among this is the 12.2% cervical screening rate noted among nurses aged 19-59 years in South-Eastern Nigeria (Nwankwo *et al.*, 2010). Hence, this study on perception, attitude and practice of cervical screening among Nurses in Adeoyo Maternity Hospital Ibadan, Oyo State Nigeria

### RESEARCH QUESTIONS

1. What is the perception of respondents about cervical screening?
2. What is the attitude of respondents towards cervical screening?
3. What is the practice of cervical cancer screening among respondents?

### METHODOLOGY

A descriptive cross-sectional design was used. The setting of this study is Adeoyo Maternity Teaching Hospital (AMTH) in Yemetu area of Ibadan. The hospital was formerly called Adeoyo State Hospital in which all medical and surgical cases were cared for. It was established in 1927. University College Hospital (UCH) started there before moving to its permanent site in 1957. It is situated within Ibadan North Local Government Area (LGA). It is now a state-owned tertiary health facility that receives referral within and outside the State. The study population for the study were nurses working at Adeoyo Maternity Teaching Hospital (AMTH). The total population of Nurses in Adeoyo are 711. The inclusion criteria are nurses on different shifts who were willing to participate in the study were selected for the study.

The sample size was determined using Slovan's formula,  $(n) = \text{sample size}$ ,  $(N) = \text{population size}$  and  $(e) = \text{the desired margin error or error tolerance which is taken at 95\% confidence}$

Interval (0.05). When the values were imputed an approximate figure of 250 nurses was gotten as the sample size for this study. Simple random sampling technique was used to select 250 respondents. Relevant information was gathered through self-administration of the questionnaires with the help of two of the researcher's colleagues. Data collection was done over 10 visits. This represents 2 days per week for five weeks during the morning and afternoon shift. A staff nurse was used as a focal person in each ward to ease retrieval of the questionnaire. A total of 253 questionnaires were distributed and 250 were retrieved. Data were analyzed using descriptive statistics. The result was presented with tables, frequency distribution and percentages. Ethical approval was granted by Oyo State Ministry of Health Research Ethics Committees with approval no AD 13/479/665. Permission was also obtained from Chief Consultant and Chief Nursing officer in charge of Adeoyo maternity teaching hospital. Informed consent was obtained from respondents through their signatures.

### RESULTS

Results concerning socio-demographic characteristics of the respondents are presented in Table 1. The age of the respondents revealed that 1% are less than 20years, 17.2% are between 20-24years while 38.8% are between 25-39years. Lastly, 43.2% are 30 and above years. The marital status of respondents showed that 28.8% are single, 66.4% are married and 4.8% are either divorced or widowed. The religion of respondents showed that 60% are Christian while 40% are Muslim. The ethnic of the respondents observed that 1.6% are Hausas, 6% are Igbos, 84.4% are Yoruba and 8.0% are other minority ethnic. The highest/professional qualification of respondents revealed that 16% are registered nurses, 44.4% are registered nurses/post basic qualification while 35.2% had bachelor degree in nursing and 44.4%

had master’s degree. The years of experience of respondents showed that 25.6% had less than 5years experience, 40% had 5-10years while 35.4% had 11years and above experience. The cadre of respondents revealed that 39.2% are nursing Officer 1 & 2, 35.2% are registered nursing officer/principal nursing officer while 19.6% are assistant chief nursing officer and 6%

are chief nursing officers. This study observed that majority of the respondents are within their active reproductive age which ranges between 30years and above, are married and are Yoruba. Majority of the respondents are registered nurses/post basic qualification with 5-10years experience and on the cadre of nursing officers 1 & 2.

**TABLE 1**  
**Respondents’ Socio-Demographic Characteristics**

Socio-demographic Characteristics		Frequency	Percentage (%)
Age (in Years)	Less than 20	2	1.0
	20-24	43	17.2
	25-29	97	38.8
	30 and above	108	43.2
	Total	250	100
Marital Status	Single	72	28.8
	Married	166	66.4
	Divorced/Widowed	12	4.8
	Total	250	100
Religion	Christianity	150	60.0
	Islam	100	40.0
	Total	250	100
Ethnicity	Hausa	4	1.6
	Igbo	15	6.0
	Yoruba	211	84.4
	Other ethnic minorities	20	8.0
	Total	250	100
Highest Educational/ Professional Qualification	Registered Nurse	40	16.0
	Registered Nurse plus Post Basic Qualifications	111	44.4
	Bachelor of Nursing Sciences	88	35.2
	MSc. /Ph.D.	11	4.4
	Total	250	100
Years of work experience	Less than 5 years	64	25.6
	5-10 years	100	40.0
	11 years and above	86	34.4
	Total	250	100
Cadre	Nursing Officers II-I (NOII-I)	98	39.2
	Senior Nursing Officers -Principal Nursing Officers	88	35.2
	Asst. Chief Nursing Officers	24	19.6
	Chief Nursing Officers	40	6.0
	Total	250	100

**Research question one**

What is the perception of respondents about cervical screening?

As presented in Table 2, majority (72.9%) of respondents agree that maintaining only one sex partner may still warrant cervical screening. (89.2%) agree that maintaining good genital hygiene still need regular cervical screening. (76.8%) agree that subjecting self for cervical screening is not degrading and reduces self-worth and dignity of a woman. (70%) agree that cervical screening should be made compulsory for all female nurses and other female health workers. (49.6%) agree that their privacy is not encroached during the screening, (71.6%) agree that Nurses are at risk of cervical cancer because of their knowledge

about it. (64%) agree that cervical screening is expensive and not affordable for nurses. (44%) disagree that a healthy woman without symptoms still need cervical screening. (45.6%) agree that most nurses are afraid of pain and discomfort associated with the screening, thus, may not be willing to go for it (82%) agree that most women be willing to go for cervical screening even if they have no symptoms indicating abnormalities. (76%) agree that uptake of cervical screening may not be necessary when there is no manifestation of symptoms. (87%) agree that regular cervical screening will help in the reduction of cervical cancer. The findings of this study conclude that respondents' perception (59%) about cervical screening is positive.

**TABLE 2**  
**Respondents' Perception About Cervical Screening**

Feelings about the following:	Agreed	Disagreed	Undecided
A nurse who maintains only one sex partner may still go for cervical screening.	198(79.2%)	47(18.8%)	5(2%)
A nurse that maintain good genital hygiene do need regular cervical screening.	223(89.2%)	20 (8%)	7(2.8%)
Subjecting self for cervical screening is o k degrading and reduces self-worth, dignity and the pride of a woman.	192(76.8%)	33(13.2%)	25(10%)
Cervical screening should be made compulsory for all female nurses and other female health workers.	175(70%)	24(9.6%)	51(20.4%)
My privacy is encroached during the screening;	124(49.6%)	116(46.4%)	10(4%)
Nurses are still at risk of cervical cancer even with their knowledge about it.	179(71.6%)	62(24.8%)	9(3.6%)
Cervical screening is expensive and not affordable for nurses.	160(64%)	88(35%)	2(1%)
A healthy health care worker without symptoms still need cervical screening.	110(44%)	69(27.6%)	71(28.4%)
Most nurses are afraid of pain and discomfort associated with the screening, thus, may not be willing to for it.	114(45.6%)	75(30%)	61(24.4%)
Most nurses may not be willing to go for cervical screening because they have no symptoms indicating abnormalities.	205(82%)	38(15.2%)	7(2.8%)
Uptake of cervical screening may be necessary even when there is no manifestation of symptoms.	190(76%)	55(22%)	5(2%)
Regular cervical screening will help in the reduction of cervical cancer rate.	195(78%)	55(22%)	0 (0.0%)
	59%	33%	8%

**Research question two**

What is the attitude of respondents towards cervical screening?

Table 3, majority of the respondents (88.4%) have the notion that cervical screening is necessary for every sexually active female. Also, most of the respondents (77.4%) opine that cervical screening helps in early detection and/or

prevention of cervical cancer. Moreso, almost all the respondents (92.8%) have the disposition that cervical screening is compulsory for all women. 88.0% of the respondents' belief that cervical screening should take the modality of routine health screening / examination. The result of this aspect of the study reveals that the respondents' attitude (87%) is positive towards cervical screening.

**TABLE 3**  
Respondents' attitude of cervical screening

Variables	Agreed	Disagreed	Undecided
1 Cervical screening is necessity for every sexually active female	221(88.4%)	29(11.6%)	0(0%)
2 Screening helps in ea rly detection of cervical abnormalities and for cancer prevention	171(77.45%)	5(2.2%)	45 (20.4%)
3 Screening all women is compulsory	232(92.8%)	18 (7.2%)	0(0%)
4 modalities for cervical screening should be Routine health screening/examination	220(88%)	30(12%)	0(0%)
	87%	8%	5%

**Research question three**

What is the practice of cervical cancer screening among respondents?

Table 4 reveals that more than half (58.6%) of the respondents undertake cervical screening once in their life time. (42.9%) of the respondents last duration of screening is around 6- 12 months. (82.9%) of the respondents are scheduled for next appointment, but only (43.1%) adhere to the

appointment and (56.9%) fail to adhere to the appointment. 74.3% of the respondents are convinced that they start making use of the cervical screening when they start giving birth. 100.0% of the respondents reveal that their outcome of cervical screening are negative to precancerous changes/cancer. Finally, 70.0% of the respondents do not adhere to follow-up test. This study observes that the practice level of respondents to cervical screening is poor (33%).

**TABLE 4:  
Respondents’ Practice of Cervical Cancer Screening**

Practices		Frequency	Percentage (%)
Number of screening done	Once	41	58.6
	2-3 times	20	28.6
	More than 3 times	9	12.8
	Total	70	100
Duration of last screening	Less than 6 months ago	15	21.4
	6-12 months	30	42.9
	More than a year ago	23	32.9
	I can’t remember	2	2.8
	Total	70	100
Appointment/schedule for next screening	Given appointment	58	82.9
	Not given appointment	12	17.1
	Total	70	100
Adhered to the appointment	Adhered	25	43.1
	Did not adhere	33	56.9
	Total	58	100
Place of uptake of cervical screening	Routine personal check-up	10	14.3
	Free screening by organizations	55	78.6
	Hospital visit for other health issues	5	7.1
	Total	70	100
Time of cervical screening	After menarche	18	25.7
	When I started giving birth	52	74.3
	Total	70	100
Outcome of cervical screening status	Negative to precancerous changes/cancer	70	100.0
	Total	70	100
Adherence to followed up test result	Followed up	21	30.0
	Not followed up	49	70.0
	Total	70	100

## **DISCUSSION**

This study examines the perception, attitude and practice of nurses towards cervical screening. The socio-demographic characteristics of respondents reveals that majority of the respondents are in their active reproductive age which ranges between 25 and 30 years and above. The findings also reveal that majority of respondents are married and from Yoruba ethnic group. The professional qualifications of respondents show that in addition to general nursing majority have other forms of post basic nursing training. Further findings reveal that majority of respondents have 5 – 10 years of working experience.

This study shows that the perception of nurses towards cervical screening is positive. This study concurs with the findings of Anantharaman, Sudharshini and Chitra, (2012) they found out that female healthcare providers have good perception as the study population felt they are at risk of cervical cancer and considered screening necessary. This study contradicts the findings of Shekhar, Sharma, Thakur and Raina, (2013) whose result reveals that nurses have negative perception about cervical cancer screening.

This study shows that the attitude of nurses towards cervical screening is positive. This is in line with Awodele, Adeyomoye, Awodele, Kwashi, Awodele and Dolapo, (2011) they report that, nurses demonstrate positive attitude towards cervical screening for cancer prevention, but they conclude that, majority have never done any form of cervical screening test while only few have actually recommended cervical screening to others. This study does not support the findings of Pegu, Dhiman, Chaturvedi and Sharma, (2017)

that found that nurses have unfavourable attitude towards cancer screening, and felt it is not necessary, some found it embarrassing, while other reasons are due to fear of pain and discomfort.

Our study shows that the practice of nurses towards cervical screening is poor. This support the study of Ezebialu et al., (2017) that reveal low uptake of Pap smear test despite good level of awareness. Our study concurs with the findings of Udigwe, (2012) who reports that few nurses have never undergone a Pap smear test while some of them have no reason for not going for cervical screening despite the fact that few have lost relatives to cancer of the cervix. Our study also agrees with Nwobodo and Malami, (2009) who observe a lower level of utilization and only few have availed themselves of the opportunity for the test. Our study disagrees with that of Ugwu, Obi, Ezechukwu, Okafor and Ugwu (2013) who report high cervical screening acceptability among health workers and show willingness to uptake the screening in South-eastern Nigeria.

## **CONCLUSION AND RECOMMENDATIONS**

The study shows that the respondents in this study show a positive attitude towards cervical screening although there is a low level of practice among the respondents. Based on these findings, it is necessary to suggest more sensitization of nurses about the necessity of cervical screening and serve as motivating force for other women. It is also important that cervical cancer screening should be made compulsory for all female health workers. This is expected to motivate them to screen others and/or advise them accordingly.

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