

KNOWLEDGE, ATTITUDE AND PRACTICES IN CERVICAL CANCER SCREENING IN KAKAMEGA COUNTY, KENYA

Abstract

Purpose: Early cervical cancer screening (CCS) and treatment is effective method of controlling the disease, however its uptake is poor. Women only screen for cervical cancer when they experience symptoms or when advised by healthcare workers. Main objective of the study was to assess knowledge, attitude and practices of cervical cancer screening among women in Kakamega County.

Methodology: The target population was 208,905 women of reproductive age residing in Kakamega County. This was a quantitative research approach utilizing descriptive study design. An interviewer administered questionnaire was used to collect data. Multi-stage sampling was used to select 872 women aged 25-49 from 16 community units of Kakamega County. Participants were assured of confidentiality, voluntary participation and freedom to exit the study at any point. Descriptive statistics were used to analyze knowledge and attitude levels towards cervical cancer screening. Logistic regression along with odds ratios at 95% confidence intervals was used to analyze factors affecting uptake of screening.

Findings: Majority (81%) of participants had heard of cervical cancer screening mainly from media and Health Care workers. Only 16 % and 13% had good knowledge about signs of and risk factors of cervical cancer respectively. More than 78% had positive attitude towards cervical cancer screening. Less than 22% of participants had been screened for cervical cancer previously. Uptake of cervical cancer screening was low, and there was poor knowledge on aspects of cervical cancer. Poor to average knowledge is not sufficient to enable women make decisive actions on CCS.

Unique Contribution to Theory, Practice and Policy: Women should be encouraged to seek for more information about CCS through the various sources of media available to them. Healthcare providers need to be empowered further on delivering key information about CCS. The Ministry of Health should consider and strengthen alternative sources of information on CCS by use of Community Health Volunteers to complement health care providers. The government should further initiate a monitoring and evaluation program to track trends of factors barring uptake of CCS. A qualitative research need to be conducted to establish deeper factors associated with poor knowledge and uptake of CCS despite positive attitude.

Authors

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