

Socio-Cultural Factors that Hinder the Awareness and Utilization of Cervical Cancer Screening among Women in South East: A Perspective of Oncology Social Work

¹Samuel O. Emovon,²Oliver I. Eya,³Precious O. Anyaegbu & ⁴Adanne O. Okonkwo

¹Department of Social Work, University of Zululand, South Africa

^{2&3} Department of Social Work, University of Nigeria, Nsukka

³University of Nigeria, Nsukka

Abstract

This study examined the Socio-cultural factors that hinder the awareness and utilization of cervical cancer screening among women in south east: a perspective of oncology social work. Cervical cancer is a health concern among women worldwide, presently ranking as the second to fourth common cancer type among women in different parts of the world. Human papillomaviruses (HPV) 16 and 18, involvement in multiple sex partner, smoking and the use of birth control pills are the main causative agents of cervical cancer. A cross-sectional study among 62 randomly selected respondents between ages 18 and above was conducted in four (4) different areas in the South East, namely: University of Nigeria College of medicine & University of Nigeria Teaching Hospital (UNTH); Ebonyi State College of Health Science & University Teaching Hospital. The data collections were done through the employment of In-Depth Interview guide in generating data to answer the three (3) research questions. NVivo package which is a qualitative data analysis software was used for data analysis and was presented in thematic forms (in themes). The findings from the study showed that majority of the respondents in IDI have heard about cervical cancer and its screening but most of them have not utilized the screening services available to them due some reason such as fear, low level of education, not wanting their vagina to be seen by another, the issue of faith among others. However, prevention is possible with early and regular cervical cancer screening and it the duty of the oncological social workers to create awareness or organize enlightenment programmes for the general public, specifically younger women, single women, those with low level of education and rural dwellers to improve their understanding about cervical cancer and the need for them to utilize the screening services available.

Keywords: *Awareness, Cervical cancer, Oncology, Perspective, Social work, Screening, South East, Utilization, Women*

Corresponding Author: Samuel O. Emovon

Background to the Study

Globally, cancer is the leading cause of death and the burden is expected to grow due to the growth and the aging population worldwide, particularly in less developed countries in which over 72% of the world's population resides (Lindsey, Freddie, Rebecca, Jacques, Joannie & Ahmedin, 2012). Cancer is a disease in which cells in the body grow out of control. It is a malignant growth or tumor which develops in tissue in the affected part of the body it starts and destroy it. It can spread to other tissues and it is always named from the part of the body where it starts. For example, cancer that affect the cervical area is called cervical cancer (America Cancer Society, 2014). Nigeria has a population of 40.43 million women aged 15 years and older who are at risk of developing cervical cancer (WHO/ICO, 2010). Current estimates indicate that every year 14,550 women are diagnosed with cervical cancer and 9,659 die from the disease (WHO/ICO, 2010). Cervical cancer ranks in Nigeria as the second most frequent cancer among women between 15 and 44 years of age (WHO/ICO, 2010). About 23.7% of women in the general population are estimated to harbour cervical HPV infection at a given time, and over 90% of invasive cervical cancers are attributed to HPVs 16 or 18. It is projected that in 2025, there will be 22,915 new cervical cancer cases and 15,251 cervical cancer deaths in Nigeria (WHO/ICO, 2010). According to Obokoh (2018), the high mortality rate of cervical cancer in Nigeria could be attributed to late diagnosis, lack of awareness, low utilization of screening services, poverty, affordability of HPV vaccines, lack of knowledge of suggestive symptoms.

Cervical cancer screening is a known cost effective strategy used in reducing the burden of cervical cancer worldwide, its uptake particularly in developing countries is still abysmal (Jeronimo, Bansil, Lim et al., 2014; Hoque, Hague & Kader, 2008). One of the barriers to access is that most cervical cancer screening services in Nigeria had been sporadic and poorly coordinated (Idowu et al., 2016). Most services are urban-based; the rural and semi urban dwellers are often neglected. Another problem is low awareness of women about cancer of the cervix and cervical cancer screening. Such cases are seen at their advanced stages when physicians cannot do anything to help them. In spite of efforts from governmental and nongovernmental organizations to improve access to cervical cancer screening services in Nigeria, uptake has been appalling (Idowu et al., 2016).

There have been numerous global and national initiatives or programmes towards reduction in the incidence of cervical cancer. There are vaccinations against human papillomavirus (HPV) infection; increasing screenings opportunity that are based on cervical cytology; visual inspection of the cervix, and counselling services against unprotected sex (Abiodun, Fatungase, & Olu-Abiodun, 2014; Maseko, Chirwa, & Muula, 2015; Wittet, Cody, & Goltz, 2015).

The World Health Organization has also recommended routine administration of HPV vaccine to girls as part of national immunization programme for countries. Despite these numerous interventions, the incidence and mortality rates due to cervical cancer has continued. Records still shows that in Nigeria, access to vaccination is limited, awareness

about cervical cancer centres is also low (Abiodun et al., 2014; Ugwu, Obi, Ezechukwu, Okafor, & Ugwu, 2013) (Abiodun et al., 2014; Kolawole, 2011; Ugwu et al., 2013).

Several research works have been carried out on cervical cancer in different countries for example in Jamaica (Butho et al., 2015), Tanzania (Ariga & Mujinja), Ghana (Williams & Amoateng, 2012), India (Kumar & Tanya, 2014), Saudi Arabia (Aziza, Bdawy & Abeer, 2016), Iraq (Hwaid, 2013) and Uganda (Ndejjo, Mukama, Kiguli & Musoke, 2017). In Nigeria, researches have been carried out on cervical cancer in different states like Ibadan (Ndikom & Ofi, 2012), Jos (Eka et al., 2016), Ekiti (Obalase, Akindutire, Adelusi & Adegboro, 2017), Lagos (Balogun, Odukoya, Oyediran & Ujomu, 2012) and Enugu State (Ingwu, 2016). However, none of these studies have been carried out on the Socio-cultural factors that hinder the awareness and utilization of cervical cancer screening among women in south east: a perspective of oncology social work. This study also took into cognizance the importance of oncology social work in creating awareness for the utilization of cervical cancer screening services.

Research objectives

The main objective of this research is to examine the Socio-cultural factors that hinder the awareness and utilization of cervical cancer screening among women in south east: a perspective of oncology social work. Specifically, this research is:

- (a) To examine some of the factors that hinder the utilization of cervical cancer screening among women in South East.
- (b) To ascertain the knowledge of cervical cancer screening among women in South East.
- (c) To find out the implication of the findings from this study to oncology social work.

Literature Review

In a cross sectional study carried out by Liu, Li, Ratcliffe and Chen (2017) on assessing knowledge and attitudes towards Cervical Cancer Screening among Rural Women in Eastern China reported that out of the 405 rural women (with the mean age of 49 years old) involved in the study, 210 (51.9%) participants had a high level of knowledge. An overwhelming majority, 389 (96.0%) expressed positive attitudes, whilst only 258 (63.7%) had undergone screening for cervical cancer. Related knowledge was higher amongst the screened group relative to the unscreened group. Age, education and income were significantly associated with a higher knowledge level. Education was the only significant factor associated with a positive attitude. In addition, women who were older, or who had received a formal education were more likely to participate in cervical cancer screening.

Fahmida, Zubaida, Fahmida and Monjurul's (2015) study on the knowledge and awareness about risk factors of cervical cancer, its screening and vaccination among the women attending Chittagong medical college hospital found out that of the 508

respondents only 211(41.54%) had an idea about cervical cancer, while only 114 (22.44%) knew that VIA is the screening test for cervical cancer. A total of 390 (76.77%) respondents did not know any cause of cervical cancer. Most of the respondents (80%) came for VIA due to doctor's advice. After doing VIA among 229 respondents, 149 (65.07%) reported that they had been counselled for a follow-up by the health professionals and 118 (51.52%) were ready for routine periodic screening. Majority (85.88%) of the respondents were absolutely ignorant about the vaccine of cervical cancer. Age and marital status did not influence their knowledge but the level of education and occupation was found to positively influence their knowledge of cervical cancer and their acceptance of the screening test.

Another study carried out by Zeitoun and Shemesh (2017) on the level of breast and cervical cancer awareness among women in a rural area of South Africa revealed that overall levels of knowledge about breast and cervical cancer in rural Bushbuckridge were found to be reduced with 66.89% and 74.49% of women who rated themselves with a poor understanding of breast and cervical cancer knowledge respectively. Among the participating women, those over the age of 40, with higher level of education were found to be more cognizant in terms of breast and cervical cancer awareness with a 30% ($p = 0.0923$) and 52% ($p < 0.001$) respectively. Their younger and less educated counterparts had a 21% ($p = 0.078$) and 32% ($p = 0.034$) awareness of breast and cervical cancer, respectively. The leading source of information for both breast and cervical cancer was healthcare facilities with a 67.11% and 63.5% respectively.

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In a study carried out by Ahmed, Sabittu, Idris and Ahmed (2013) on the knowledge, attitude and practice of cervical cancer screening among market women in Zaria, Nigeria, the researchers adopted a cross sectional study which involved a total number of 260 women. The study revealed that the respondents exhibited a fair knowledge of cervical cancer and cervical cancer screening (43.5%); however, their knowledge of risk factors was poor. There was generally good attitude to cervical cancer (80.4%) but their level of practice was low (15.4%).

Ranjit, Gupta, Shrestha, Kushner, Nwomeh & Groen's study (2016) on the awareness and prevalence of cervical cancer screening among women in Nepal, found out of that out of the 816 women who answered the relevant survey question, 710 (87.0%) had no knowledge of cervical pap smear tests. Only 39 (4.7%) of the women had ever undergone a cervical pap smear test. In multivariate analysis, having undergone a cervical smear was associated with literacy and having not undergone the test associated with those living in rural areas.

In Kenya, Nishimura, Yatich and Huchko (2018) carried out a research on the facilitators and barriers to cervical cancer screening in Migori. The study revealed that the participants in both groups assessed the education around HPV, cervical cancer, and screening as very low in the community, and identified this lack of education as the main barrier to screening. Community members reported fear of pain and embarrassment as significant barriers to screening pelvic exam. They also reported that lack of knowledge and discomfort among providers was significant barriers. Providers reported workload and lack of supplies and trained staff as significant barriers. Most participants in the FGDs felt that self-collection would help address barriers.

In a qualitative study carried out by Marlow, Waller & Wardle (2015) on the barriers to cervical cancer screening among ethnic minority women revealed that out of 43 women, 15 women had delayed screening or had never been screened. The women felt that there was a lack of awareness about cervical cancer in their community and several did not recognize the terms cervical screening or smear test. Barriers to cervical screening raised by all women were emotional (fear, embarrassment, shame), practical (lack of time) and cognitive (low perceived risk, absence of symptoms). Emotional barriers seemed to be more prominent among Asian women. Low perceived risk of cervical cancer was influenced by beliefs about having sex outside of marriage and some women felt a diagnosis of cervical cancer might be considered shameful. Negative experiences were well remembered by all women and could be a barrier to repeat attendance.

In a study carried out by Nolan, Renderos, Hynson, Dai, Chow, Christie and Mangione (2015) on barriers to cervical cancer screening and follow up care among black women in Massachusetts revealed that inadequate information and education of providers and patients create barriers to appropriate screening and treatment practices for black women. Fear, cultural beliefs, and compounding factors related to poverty, gender roles, and health system barriers create delays to screening and follow up care.

Gele, Qureshi, Kour, Kumar and Diaz (2017) carried out a qualitative study on the barriers and facilitators to cervical cancer screening among Pakistani and Somali immigrant women in Oslo. A convenient sample of 35 women was recruited for the study in collaboration with Somali and Pakistani community partners. The study found three levels of barriers to cervical cancer screening. The individual level included a lack of understanding of the benefits of the screening. The system related level included a lack of trust towards the health care system. Leinonen, Campbell, Ursin, Trope and Nygard's

(2017) study on the barriers to cervical cancer screening faced by immigrants: a registry based study of 1.4 million women in Norway reported that out of the 208 626 immigrants and 1,57,223 native Norwegians sampled for the study 52% of immigrants were not screened. All immigrants showed 1.72 times higher non-adherence rates compared with native Norwegian women when adjusted for age and parity. Being unemployed or not in the workforce, being unmarried, having low income and having a male general practitioner was associated with non-adherence regardless of region of origin.

Cervical screening makes it possible to find and treat cervical cancer in the early stages. The test involves scraping a small sample of cells from the surface of the woman's cervix (Nordqvist, 2017). According to National Cancer Institute, regular screening reduces the incidence and mortality of cervical cancer by 80% (Nordqvist, 2017). Screening tests offer the best chance to have cervical cancer found early when successful treatment is obtainable. Screening can also prevent most cervical cancers by finding the abnormal cervical cell changes (pre-cancers) so that they can be treated before they have a chance to turn into a cervical cancer (American Cancer Society, 2016). When found early, cervical cancer is one of the most successfully treatable cancers. In the United States, the cervical cancer death rate declined by more than 50% over the last 30 years. This is thought to be mainly due to the effectiveness of screening with the Papsmear test (American Cancer Society, 2016).

Social workers practice and conduct research in cancer related services and concerns including treatment adherence, survivorship, caregiver issues, and cancer related health care policy. Social work contributes to the prevention, detection, and diagnosis to treatment and survivorship assisting the whole person in the context of the behavioural, social, and environmental factors that influence cancer. According to Social Work Policy Institute (2010), Social workers support the health and well beings of individuals, families, groups and communities by addressing the psychosocial dimension of care: identifying and mobilizing strengths, supporting coping capacities, linking people to necessary resources and alleviating environmental stressors. The social work profession's commitment to meeting the needs of the most vulnerable and oppressed members of society is particularly important in the cancer context, serving an essential role in the efforts to eliminate health disparities. Social workers are key members of the health care team and intervene at multiple levels and in multiple systems to optimize quality of life and quality of care (Social Work Policy Institute, 2010). Social workers address the issue of cancer across its lifespan, focusing on psychosocial interventions (e.g., support groups, educational groups, family groups, case management, telephone/community outreach); community based health promotion and cancer prevention strategies; outreach to high risk communities to assist with screening, early detection, response to diagnosis, access to services and adherence. Social workers study the impact of spirituality and cultural and ethnical heritage on the cancer experience and develop interventions that have real-world applicability (Social Work Policy Institute, 2010).

Theoretical Framework

The study adopted the health belief model. Health belief model is considered relevant because of its contributions towards understanding the dynamics and barriers behind the decision to either go for cervical cancer screening or not. The key variables in this study are demographic variables, knowledge variables, perceived susceptibility to disease, perceived benefits of cervical cancer screening (CCS), perceived barriers to CCS and the likelihood of CCS uptake. According to Hoque, Ghuman, Coopoomay and Hal (2014), perceived susceptibility in relation to HBM indicated that knowledge and awareness about cervical cancer in women may not necessarily result in women attending CCS services. If knowledge of CCS is to be translated into action, (women accepting CCS), each woman must perceive that she is susceptible to developing cervical cancer in her lifetime (perceived susceptibility). Secondly, the women must perceive that cervical cancer is a serious condition (perceived severity of cervical cancer) e.g, that cervical cancer is not easily treatable. Thirdly, she must perceive that there are benefits (perceived benefits) to CCS such as early detection and treatment of cervical cancer. Finally, the women must also perceive that the potential barriers to taking preventive actions, for example costs, are outweighed by potential benefits of taking preventive action, such as early detection and treatment of cervical cancer, which are beneficial for her health and life.

Methods

The locations of the study are from the South East geopolitical zones of Nigeria. Nigeria, for ease of political and regional administration is divided into six geopolitical zones, thirty-six States and one Federal Capital Territory (FCT). South East includes: Anambra, Abia, Enugu, Ebonyi, and Imo States. Figure 1 showed the Map of Nigeria with different geopolitical zones/regions of the country. A total of twenty-seven (27) fully accredited medical schools in Nigeria [2] were involved in the study. Two fully accredited medical schools with their teaching hospitals were purposively selected from the South East which include the College of Health Sciences, Ebonyi State University Abakaliki, Ebonyi State; Ebonyi University Teaching Hospital and College of Medicine, University of Nigeria Enugu Campus, Enugu State; University of Nigeria Teaching Hospital. The random selection of the two medical schools& hospital led to two States participating in the study. Therefore, a total of two (10) fully accredited medical schools & hospitals selected from five (5) States in the South East geopolitical zones of Nigeria were involved in the study. The data for the study was collected in the year 2019/2020 academic session in South East geopolitical zones/regions of Nigeria.

The two fully accredited medical schools & hospitals that participated in the study included:

1. College of Health Sciences and Teaching Hospital, Ebonyi State University Abakaliki, Ebonyi State – South East.
2. College of Medicine and Teaching Hospital, University of Nigeria Enugu Campus, Enugu State – South East.

A total of 62 respondents were sampled for the study in consideration of the time and resources available for the researcher with the help two (4) research assistants (two each from one state). Accidental sampling technique was also employed in the cause of the interview and the respondents were from 18years and above. The medical students/patients/practitioners/social workers were duly informed about the study and written informed consent was obtained from each of the students that participated in the study. The In-Depth Interview (IDI) questions did not contain any information that can identify the individual respondents. 31 In-Depth Interview (IDI) each were served in both health institutions and were major instrument for data collection. NVivo package which is a qualitative data analysis software was used for data analysis and was presented in thematic forms (in themes) and the data was organized around the research objectives.

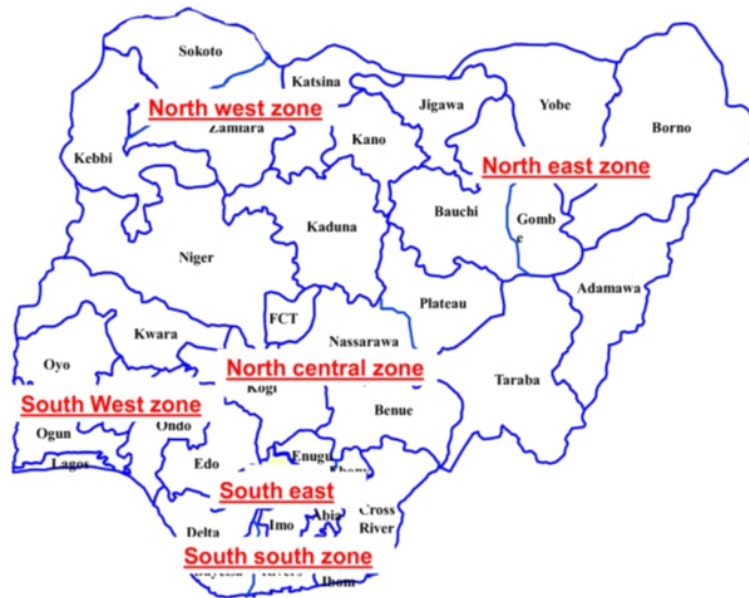


Fig. 1 Nigerian map showing six geopolitical regions, thirty-six states and one FCT

Results

The analysis of the qualitative data was done based on the research questions which were administered to 62 female respondents. The socio-demographic data that covered the age, level of education, and level of income are presented below:

Table 1: Percentage distribution of socio-demographic characteristics of respondents (N=62)

Age	Frequency	Percentage
18-22	5	8.1
23-27	7	11.3
28-32	11	17.8
33-37	16	25.8
38-42	13	20.9
43 years and above	10	16.1
Total	62	100.0
Income	Frequency	Percentage (%)
₦1000-₦5000	5	8.1
₦6000-₦10,000	4	6.4
₦11,000-₦15,000	5	8.1
₦16,000-₦20,000	10	16.1
₦21,000-₦25,000	12	19.4
₦26,000-₦30,000	15	17.7
₦31,000 and above	11	24.2
Total	62	100.0

Source: Fieldwork, 2019

Table 1 shows that out of six categories of the age groups, respondents between the age intervals of 33-37 years were noticeably more than those in any other age interval and accounted for 25.8% of the sample, followed by those aged 38-42 (20.1%), followed by those aged 28-32 (17.8%), followed by those aged 43 years and above (16.1%), and those who indicated that they were in the intervals between 23-27 were 11.3%, and those 18-22 years were 8.1%. Furthermore, 8.1% earned ₦1000-₦5000 naira per month, 6.4% earned ₦6000-₦10,000, 8.1% earned ₦11,000-₦15,000 and 16.1% earned ₦16,000-₦20,000. Again, 19.4% of the respondents earned ₦21,000-₦25,000, while 17.7% earned ₦26,000-₦30,000, and 24.2% earned ₦31,000 and above. It shows that greater percentage (24.2%) of the respondents earned ₦31,000 and above monthly.

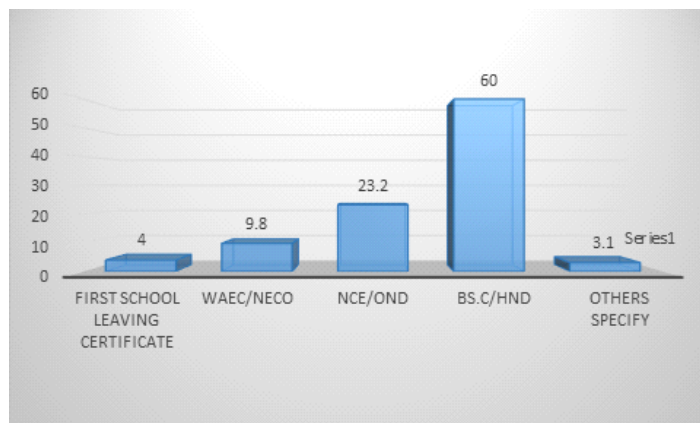


Fig 2: Percentage distribution of respondents by educational qualification

Source: Fieldwork, 2019

A look at the figure above reveal that 4.0% of the respondents had First School Leaving Certificate, 9.8% had WAEC/NECO, and those who had NCE//OND were 23.2%. Also, 60.0% had obtained B.Sc./HND while 3.1% of the respondents had other specific education qualifications like M.Sc. and Ph.D.

On the area of substantive issues of the study, one of the questions was on the awareness of cervical cancer and its screening, a female participant in IDI stated:

I am very much aware of what cervical cancer is and I have also seen where the screening is being conducted. Cervical cancer is a disease that is connect with vagina. It is due to abnormal growth of cells that have ability to invade or spread to other parts of the body, most notably the lung, liver, bladder, vagina and rectum. It is also seen as a terminal illness that when one contacts it could lead to death.

(Female Staff UNTH, Enugu)

A female participant gave her own explanation on the above question, thus:

Yes! I have heard about cervical cancer and I have also seen where the screening is being carried out by medical officers or medical doctors on mostly women. Cervical cancer may be seen as that disease or illness that area of women vagina and it is a long term disease which can only be managed not cured total.

(Female Patient, EBSUTH)

On the same note, a female older adult in IDI stated that,

Obviously, as a medical practitioner, I have heard of cervical cancer and its screening exercise. Cervical cancer is a terminal illness that affects the vagina area. At early stage typically no symptoms are seen. Later symptoms include bleeding, pelvic pain and pain during sexual intercourse. Symptoms of advanced cervical cancer include: loss of appetite, weight loss, fatigue, pelvic pain, back pain, leg pain, swollen legs, heavy vaginal bleeding. Bleeding after

douching or pelvic exam is a common symptom of cervical cancer. As with all cancers, an early diagnosis of cervical cancer is key to successful treatment and cure. Treating precancerous changes that affect only the surface of a small part of the cervix is much more likely to be successful than treating invasive cancer that affects a large portion of the cervix and has spread to other tissues.

(Lecturer, University of Nigeria College of Medicine, Enugu)

On the factors that cause cervical cancer, a respondent stated that:

For me, I can say that one of the factors that causes cervical cancer is Human Papillomaviruses (HPV) 16 & 18

(Female Final Year Student, Ebonyi State College of Health Science)

On the other hand, a respondent stated that:

One of the major factors or causative agents of cervical cancer is when one is promiscuous or when a woman have multiple sex partners

(Female Student, University of Nigeria College of Medicine, Enugu)

I don't really know much about the causes or factors that leads to cervical cancer but I head that much in-take of birth control pills and smoking can cause cervical cancer

(female Staff Ebonyi State Teaching Hospital, Abakaliki)

The question on the, factors that hinder the awareness and utilization of cervical cancer and its screening, a female oncology social worker in IDI stated:

I strongly believe that the major factor that is stopping people from utilizing the cervical cancer screening especially the female gender is the low level of education. Many women are not educated about the need to engage in cervical cancer screening in this part of the country and as a result of that, people suffer a lot from such disease

(Female Oncology Social Worker, UNTH Enugu)

A female participant gave her own explanation on the above question, thus:

Like for me, one of the factors that made me not to come earlier for this cervical cancer screening is fear. Sometimes when my vagina itches me, I become afraid sometimes that I may be affected by cervical cancer

(Female Patient, EBSUTH)

A participant also stated that:

My faith does not permit me to go for such screening. Firstly, I am not married and I have never had sex with any man before. It is only people who are promiscuous that should be worried about the screening exercise. I have other more important things to worry about because I perceive screening to be of low relevance based on my sexual behaviour

(Female Staff UNTH Enugu)

Furthermore, on the role of oncology social workers in ensuring effective screening are being conducted on every woman, a female oncology social worker in IDI opined:

Before the cervical cancer screening will be done, there should be adequate sensitization and education. People should be educated on the pertinent of the cervical cancer screening so that they will know why it is very very important.

(Female Oncology Social Worker, UNTH Enugu)

A participant gave her own explanation on the above question, thus:

One of ways to make the patients gain adequate knowledge and utilize the services effectively is to make sure that well trained medical professional involved in the screening process so that they will be able to ascertain the actual problem in the cervical area

(Female Medical Doctor/Social Worker, EBSUTH Abakaliki)

Health workers, especially oncology social workers, are often considered as “role models” in health related issues. We play a major role in enlightening the public on the availability and need for cervical cancer screening services. We are informed individuals who are expected to have more information and knowledge about several health related issues and also act as role models in uptake of preventive services (Female oncology social worker, EBSUTH Abakaliki)

Discussion of Finding

It is worthy to note that cervical cancer is one of the most common cancer in women worldwide and a health problem that has attracted the attention of the international community, governmental and non-governmental agencies, including African scholars. The recent study aimed at exploring the socio-cultural factors that hinder the knowledge and utilization of cervical cancer screening among women in South East: A perspective of oncology social work..Findings from this study revealed that majority of the respondents knew about cervical cancer and its screening exercise. This implies that the knowledge about cervical cancer among women in South East. This finding is in disagreement with that of Mwaka, Orach, Were, Lyratzopoulos, Wabinga & Roland, (2015) who indicated in their studies that there is lack of knowledge and awareness of cervical cancer among the population in Uganda, Sub-Saharan Africa.

Findings from this study revealed that majority of the respondents indicated that the major risk factor of cervical cancer is multiple sexual partners. This finding is consistent with that of WHO (2006) that the risk factors of cervical cancer includes multiple sexual partners, HPV and others. Also, Durowade, Osagbemi, Salaudeen, et al (2012), pointed out that the risk factors of cervical cancer are number of sexual partners and family history of cervical cancer etc. Findings from this study revealed that majority indicated that the barrier of cervical cancer awareness to their community is lack of skilled health professionals. Similarly, the study also shown that majority of the respondents indicated

that fear and worry about what the doctor may find as the emotional barriers to cervical cancer screening. This finding is in concordance with that of Marlow, Waller & Wardle (2015) in their study which revealed that the emotional barrier to cervical cancer screening is fear, embarrassment and shame. Nolan, Renderos, Hynson, Dai, Chow, Christie and Mangione (2015) also identified that fear creates delay to screening and follow up care.

Findings from this study further shows that majority of the respondent indicated that oncology social workers should be in the forefront of organizing and facilitating educational programme on cervical screening exercise and also enlightening the populace on the importance of cervical screening because it could lead to prevention and cure. This findings is also in agreement with the findings of Uzuegbu (2004) and Nnaoji (2019) which state that medical or oncological social workers have a great role to play in creating awareness and educating the communities about the importance of cervical screening.

Conclusion and Recommendation

This study found that level of education is associated with awareness of cervical cancer and utilization of cervical cancer screening services. The findings also revealed that fear, lack of access to hospital and cost of consultation are barriers to utilization of cervical cancer screening services. Consequently, the paper suggested ways of preventing cervical cancer in South East. Based on the findings of this study, the researcher proposes the following recommendations to guide the government, organizations, institutions, National Universities Commissions(NUC), oncology social workers and general public in addressing the Socio-cultural factors that hinder the knowledge and utilization of cervical cancer screening among women. The recommendations are below:

Since some women do not utilize cervical cancer screening services, federal, state and local government should ensure that women utilize cervical cancer screening services by creating more awareness and provide functional services. Increase awareness about cervical cancer using different channels like churches as well as multiple channels of communication at grass roots level this is encouraged to provide wider access to information concerning the importance of cervical cancer screening. Government should join efforts with policy makers to make and implement policies that will focus on educating single women, those with low level of education and rural dwellers on the need to utilize cervical cancer screening services. There is need for policy makers especially in the education sector to review and modify the educational system in order to include the study of cervical cancer and other forms of cancer in the school curriculum at all levels. Social workers should create awareness or organize enlightenment programmes for the general public, specifically younger women, single women, those with low level of education and rural dwellers to improve their understanding about cervical cancer and the need for them to utilize the screening services available. Government, organizations, institutions, social workers and the general public should be quickly awakened to their separate responsibilities in providing proper information

about cervical cancer to the general public focusing on the benefit of utilizing the screening services. This will definitely go a long way in reducing the rate of the occurrence of the disease in South East, Nigeria.

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