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Strategic Measures to Overcome Barriers to Preventive Cervical Cancer Screening among Women Attending Tertiary Health Facilities in Northwestern Zone, Nigeria.

Mahmud Zubaina Yerima^{1,5*}, Mahammad A. Sabo², Babani M. Iliya¹, Abdullahi Adamu³, Ahmed Shuaibu Tsafi^{4,5}

¹ College of Nursing Sciences federal Medical Centre, Nguru Yobe State, Nigeria

² Franco-British International University (FBIU) Kaduna State Nigeria

³ Department of Environmental and Resources Management ,faculty of Engineering and Environmental Design Usman Nanfodiyo University.

⁴ Federal medical Centre Nguru Nigeria

⁵ The Operating Room Global (TORG).

ABSTRACT

Background/Objective: This study explored strategic measures for overcoming barriers to preventive cervical cancer screening among women attending tertiary health facilities in Northwestern Nigeria.

Study Design: Qualitative study.

Setting: The study was conducted across three health facilities in Jigawa, Kaduna, and Katsina States, Nigeria.

Methods: Data were collected using a semi-structured interview guide comprising demographic characteristics and six questions exploring potential strategies for overcoming barriers to cervical cancer screening. Sixty participants were interviewed, with 20 selected from each facility. Data was coded and analysed thematically.

Results: Most respondents were aged 40 years and above (42%). Participants generally did not support allowing women to self-collect samples and did not consider self-sampling an appropriate strategy for overcoming screening barriers, primarily because of concerns regarding possible sample contamination.

Conclusion/Recommendations: Most respondents did not support self-sampling for cervical cancer screening because of concerns about sample contamination. Strategies identified for addressing screening barriers included enhanced training for healthcare workers and intensified sensitisation and awareness activities within the study area.

Keywords: Strategic measures; cervical cancer prevention; cervical cancer screening; screening barriers; Nigeria.

***Corresponding Author:**
Mahmud Zubaina Yerima
zubainamahmud@gmail.com

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INTRODUCTION

Improving the uptake of cervical cancer screening requires effective strategies to overcome barriers to its acceptance and utilisation. One important strategy is increased community sensitisation and awareness. The strategic measures to overcome barriers that will prevent cervical cancer screening were identified through various literature, some of the strategic measures commonly identified by respondents in different literature were: public campaigns, improve access to health facilities, proper sensitization to the target population, employment of more skillful health personal, improve the screening services, ensure availability of screening equipment (1), (2) reported that, mass media campaigns on preventive cervical cancer screening, management, surgical and clinical features that affect cervical cancer screening are social norms, there is a need to improve in positive attitude change among the target population to prevent cervical cancer. Research reported that, reduction the charge of cervical cancer services, or government should make it free and preferably female healthcare providers should perform the procedure also health facilities should be located within the community (3).

MATERIAL/ METHOD

Design: Qualitative study

Study Setting: The study area of the study consists of three states in the northwestern geopolitical zone of Nigeria, namely: Jigawa, Kaduna and Katsina states

Study Population: 60 respondents, 20 selected from each of the three facilities

Inclusion: All health care providers working in Obstetric & Gynecological clinics

Exclusion Criteria: Those who refuse of give their consent to participate in the research

Sampling Strategy: The multi-stage sampling was applied, it follows three stages - In the first stage, three (3) out of seven (7) northwestern states were chosen at random using simple balloting method of simple random sampling. In the second stage, Teaching hospitals were purposely as the tertiary hospitals for the study. Finally, the health personnel serving at the departments were used for the purpose of interview.

Participant recruitment: The researcher and the research assistants were physically present in facilities and interacted with the respondents to clarify and further explain the questionnaire contents where necessary. The assistants were trained about the interview guide used and the process to be followed while conducting the interview. The team was thoroughly monitored by the researcher during the data collection period.

Interview procedures: Semi-structured interview guide was used for the study, which is of two sections: Section 'A' on Demographic data with four (4) items on Age, Sex, Highest qualification and years of working experience. 'B' section which contains six (6) items enquiries on the possible strategies to overcome barriers to preventive cervical cancer screening among the study population Three health facilities were under study in which the in-person interview.

Interview duration: 15-30 minutes

Thematic analysis procedure: Data were coded and analyzed thematically using (4) six-phase approach.

Measures undertaken to ensure credibility: Trustworthiness and Authenticity of the data collection instruments was ensured using the four alternative criteria paralleling for ensuring Validity and Reliability as in the case of quantitative study.

RESULTS

Table: 1 Demographic data of the respondents

S/N	AGE	Frequency	Percentages
1	40 and above	23	42
2	30-39	20	36
3	20-29	12	22
	Total	55	100%
	SEX	Frequency	percentages
1	Male	15	27
2	Female	40	73
	Total	55	100%
	Highest qualification	Frequency	Percentages
1	Diploma in midwifery	17	31
2	HND	10	19
3	BNSC	10	25
4	MBBS	9	16
5	MSC	5	9
	Total	55	100%
	Years of experience	Frequency	Percentages
1	Above 30	4	7
2	20-39	9	16
3	10-19	19	35
4	0-09	23	42
	Total	55	100%

The data on table 1 indicates that, majority of the respondents fall within 40 and above years, female were dominated (73%), diploma in midwifery (32%) and years of experience 0-9 (42%)

Theme 1: Respondents views on allowing women to be taking sample by themselves as a strategy to overcome the barrier Based on the interviews conducted, virtually all the respondents expressed that, they don't allow client to take sample by themselves and hold the view that, they don't see doing that as a measure to overcome barrier to the screening. To some, doing that may even leads to contamination of the samples instead. As can be reflected in this response quoted "No, we do not; Nurse takes the sample for safety and accuracy. No allowing them to take the sample to me cannot be among the strategies to overcome any barrier to cervical cancer screening". (KD Midwife, 41years).

Theme 2: Communication and empathy of the health care providers help in reducing women's fear and even overcome resistance to be treated by a male health care provider

According to the study findings, the good communication and showing empathy to the client while conducting cervical cancer screening can be a strategy or measure to overcome barrier to the screening among the study population. This has been what is containing in the respondents' views across the institutions under study. A justification to the said is a quote from the respondents view while responding on the role good communication and empathy of the health provider play role in reducing patients fear during screening and overcome their resistance to be treated or screened by a male health worker is a precise response of one respondent from Kaduna State Teaching Hospital "Yes, when we communicate well

and show empathy women will feel safe and more respected, it help them to overcome fear and trust the male health provider more. Friendly approaches always make a different". (KD Midwife, 35 years).

Theme 3: Continuous training of doctors and other healthcare providers carrying out the screening serve as strategy to overcome barrier to the cervical cancer screening

All the respondents interviewed across the three institutions under study viewed that continuous training of the health workers will go a long way in overcoming the barrier to the screening among the population of the study.

Theme 4: Showing honesty to the patients, building their confidence and ensuring confidentiality of their health status serves as a strategy to overcome barrier to screening.

Responses from the respondents has been revolving around these areas when asked regarding ways to improve trust in health service in general and in the cervical cancer screening relevance in particular as a strategic measure to overcome barrier to the screening. A good example of these views is one expressed by a respondent from katsina State Teaching Hospital "Trust can help greatly because we if are honest to our patients, the patients will feel free with you and sometime even discuss something with you even not discuss with her husband, it give a successful outcome in every intervention, confidentiality will be maintained. You know when patient trust you, she is confident on you, so she can view out her problems, share her own ideas, feeling and whatsoever". (KD Public health, 55years).

Theme 5: Ways to improve level of uptake of cervical cancer screening among women attending obstetrics and gynecology in the institutions under study.

Respondents have expressed numerous views in response to this theme, but the views can be curtailed within three key areas as bellow:

1. Providing regular health education by the health workers on the stressing the relevance of the cervical cancer screening at hospital clinics and wards.
2. Taking enlightenment campaigns on cervical cancer screening to communities and various gatherings.
3. Ensuring availability of free and adequate cervical cancer screening service at various health facilities to cut across primary, secondary and tertiary.

However, above are the responses from the respondents across the three tertiary health facilities covered by the study. Some responses can be seen below for clarification:

"It can be improved through continuous health education. At every step of the contact out- patients (both attending ante-natal and other clinics) should be enlighten more on the benefits of the screening". KT Medical doctor 45 years "Creating awareness, meeting them at community level, do not wait for them to come to the tertiary institutions, they should be met at the grass root level, creating awareness on the disease and where to get help". (KT Midwife, 55 years).

DISCUSSION

Majority of the respondents fall within 40 and above years, The study is in contrast with the previous study conducted by (5), which showed that, majority of respondents were within the age range of ,50–59 years (40.7%), However, sex wise, majority of the respondents are female occupying while only fewer were male, this might be associated with the nature of the department. The study supported a previous study conducted by (5), which revealed that, majority (88.9%) were female and (11.1%) are Male. On the highest qualification obtained by the individual respondents, those with diploma in midwifery are the majority then, followed by BNSC holders , HND, MBBS and MSc .The finding in corroborates with the finding of (5). Medical Doctor, Nurse (40.7%) Midwife (11.1%)The years of experience of the as shown, majority (42%) are within the range of 00 - 09 years of experience, (35%) fall within 10 - 19, (16%) are within 20 - 29 and (7%) within the range of thirty (30) and above respectively.

Respondents' views on allowing women to be taking sample by themselves as a strategy to overcome the barrier

Based on the interview conducted, virtually all the respondents expressed that, they don't allow client to take sample by themselves and hold the view that, they don't see doing that as a measure to overcome barrier to the screening. To some doing that may even lead to contamination of the samples instead. As can be reflected in this response quoted "No, we do not; Nurse takes the sample for safety and accuracy. No allowing them to take the sample to me cannot be among the strategies to overcome any barrier to cervical cancer screening". (KD Midwife 41) The finding is consisted with the studies of (6) found out, respondents preferred to do they examinations by themselves than health care provider, the beliefs it might help to minimizer pain. it depends on the patient if the patient feels comfortable that way we can allow her to take it by herself KD, midwife ,35years

Communication and empathy of the health care providers help in reducing women's fear and even overcome resistance to be treated by a male health care provider.

According to the study finding, the good communication and showing empathy to the client while conducting cervical cancer screening can be a strategy or measure to overcome barrier to the screening among the study population. This has been what is containing in the respondents' views across the institutions under study. A justification to the said is a quote from the respondents view while responding on the role good communication and empathy of the health provider play role in reducing patients fear during screening and overcome their resistance to be treated or screened by a male health worker is a precise response of one respondent from Kaduna State Teaching Hospital "Yes, when we communicate well and show empathy women will feel safe and more respected, it help them to overcome fear and trust the male health provider more. Friendly approaches always make a different". KD Midwife 35 years "The finding of this study supported the previous study of (5), who found out that, good communication skills of health personnel can contribute massively in encouraging the participants acceptability to a procedure of cervical cancer screening or Pap smears. In same study, the author lamented that respondents feel uncomfortable if it a male health care provider to carried out the procedure on gynecological investigation. "We feel more comfortable if it is female health personnel is performing the procedure" said by majority of the respondents.

Also, respondents indicate that, bad communication between clients and health personnel affect the acceptance of the screening, they lamented that some health personnel will not have time to exemplify the procedure or some do not do the ideal regarding the procedures (5), unlike the present study which indicate that, Good communication and sympathy among health care workers can help in reduces participants fear and allows male health personnel to attend to them (5), good communication skill and Friendly approaches can allow male health personnel to perform the procedure. (3), reported that, respondents preferred female health care personnel for the cervical cancer screening while some did not identify.

Continuous training of doctors and other healthcare providers carrying out the screening serve as strategy to overcome barrier to the cervical cancer screening.

All the respondents interviewed across the three institutions under study viewed that continuous training of the health workers will go a long way in overcoming the barrier to the screening among the population of the study. The finding is consisted with finding of (5),who reported that, lack of training of health personnel lead misinterpretation of result, so there is need for training of health personnel and also recommended that some investigation instruments on cervical cancer screening such as human papilloma virus detection or colposcopy in the Centre. Establishment of services there is need for small training like workshop and seminar on cervical cancer screening and longtime training such as take a course, this will help in the update of knowledge(7). The study showed that, health personnel should undergo training, and materials should be availability in order to maintaining the achievement of screening exercises (8).

Showing honesty to the patients, building their confidence and ensuring confidentiality of their health status serves as a strategy to overcome barrier to screening.

Responses from the respondents has been revolving around these areas when asked regarding ways to improve trust in health service in general and in the cervical cancer screening relevance in particular as a strategic measure to overcome

barrier to the screening. A good example of these views is one expressed by a respondent from katsina State Teaching Hospital "Trust can help greatly because we if are honest to our patients, the patients will feel free with you and sometime even discuss something with you even not discuss with her husband, it give a successful outcome in every intervention, confidentiality will be maintained. You know when patient trust you, she is confident on you, so she can view out her problems, share her own ideas, feeling and whatsoever". KD Public health 55years" The finding of this study is in consisted by study conducted by (9), it was reported that, respondents were feeling shy during the procedure as result of some health care workers do not maintain confidentiality. There is needs for sensitization amongst health care provider, continues and maintain trust and confidentiality in the process of carried out they duties. The research was shown that, improving confidence of the respondents by health personnel should endure screening are recommended. (7).

Ways to improve level of uptake of cervical cancer screening among women attending obstetrics and gynecology in the institutions under study.

Respondents have expressed numerous views in response to this theme, but the views can be curtailed within three key areas as below:

1. Providing regular health education by the health workers on the stressing the relevance of the cervical cancer screening at hospital clinics and wards.
2. Taking enlightenment campaigns on cervical cancer screening to communities and various gatherings.
3. Ensuring availability of free and adequate cervical cancer screening service at various health facilities to cut across primary, secondary and tertiary.

However, above are the responses from the respondents across the three tertiary health facilities covered by the study. Some responses can be seen below for clarification:

"It can be improved through continuous health education. At every step of the contact out- patients (both attending ante-natal and other clinics) should be enlighten more on the benefits of the screening". KT Medical doctor 45 years. The finding of this study is contrast with finding of (5), continues health education help in improved participants acceptability of cervical cancer screening.

"Creating awareness, meeting them at community level, do not wait for them to come to the tertiary institutions, they should be met at the grass root level, creating awareness on the disease and where to get help". KT Midwife 55 years" The finding of this study is supported the study of which shows that health personnel need to improve through good communication this can encourage the uptake of cervical cancer screening (5). The finding of this study is consisted with the finding of (11) found out that, awareness on cervical cancer screening play vital role in acceptability of the procedure. The finding of this study is supported the finding of (1), the study identify a major strategic to improved cervical cancer screening are: sensitization of the target population, employment of more skilful health personal, improved of screening services, facilities should be near to people in the community, make available of screening equipment. Health care personnel should reinforcement of awareness regarding the cervical cancer screening (11). This study is aligned with (2) reported that, there is a need to improve in positive attitude change among the target population to prevent cervical cancer. (3) found out that, respondents belief reducing the cost of the screening on cervical cancer and make it free help improved acceptability of screening procedure.

CONCLUSION AND RECOMMENDATION

virtually all of the respondents expressed that, they don't allow client to take sample by themselves and hold the view that, they don't see doing that as a measure to overcome barrier to the screening, finding of previous studies indicated that, majorities, respondents were allows clients to take sample by themselves they belief it might help in reducing the pains and also shows that communication and empathy toward clients help the clients in accepting cervical cancer

screening. The current finding recommended health personnel needs more training on cervical cancer screening and proper sensitization on the screening.

Ethical Considerations: Introductory letter was obtained from Maryam Sani Abacha American University Niger, and Ethical approval was obtained from the Ethics Committee for Research Involving Human Subjects of the three health facilities, prior to data collection. An informed and written consent was obtained from all participants. However references and date of approval from each facility of study are as follows:

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