

## ABSTRACT

### **Background:**

Cervical cancer is the leading cause of death worldwide and accounted for 8.2 million deaths in 2012. More than half of all cancers (56.8%) and cervical cancer deaths (64.9%) occurred in low and middle income countries. Projections based on the (Ferlay et al., 2015) estimates predict a substantive increase to 19.3 million new cancer cases per year by 2025, due to growth and ageing of the global population WHO (2013) estimates. There is increasing incidence of cervical cancer among women in Sub-Saharan Africa and most malignancies occur among Ugandan women ((WHO/ICO Information Centre on HPV and Cervical Cancer, 2010b, Wabinga et al., 2014). Health authorities have responded by offering free cervical cancer screening services at public health facilities while combining other health interventions including health promotion against Human Papilloma Virus, and vaccinations with HPV vaccine. Despite the interventions in place, the efforts have not resulted into significant levels of uptake of cervical cancer screening for early detection and management.

### **Objectives of the study:**

To determine the level of uptake of cervical cancer screening among women in Dadamu sub-county, Arua district; To assess women's knowledge and awareness of cervical cancer screening among women in Dadamu sub-county; To determine health system factors associated with cervical cancer screening uptake among women in Dadamu sub-county; To identify socio-demographic factors associated with uptake of cervical cancer screening among women in Dadamu sub-county, Arua district.

### **Methodology:**

A descriptive cross-sectional study was conducted using researcher-administered semi-structured questionnaires among 377 women in Dadamu sub-county, Arua district, Uganda.

**Results:**

The level of uptake of cervical screening services was 8%. The results of logistic regression show that respondents who learnt about cervical cancer first time from friends were 8.911 times more likely to utilize the screening services at 95% CI: (3.521-20.856) compared to those who got to know from media the (reference) and was significant at 0.046. And those who heard from religious organizations were 12 times more likely to screen and was significant at 0.009 at 95% CI: (5.462-38.631). Those who spent more than 6000 Ugx to access services were 3 times less likely to utilize the services compared to those who spent less than 6000 and was significant at a p- value of 0.007 at (a 95% CI 1.239-14.256). Respondents who did not find difficulty in accessing the facility were 3 times more likely to utilize the services. Business men and farmers were 9.115 and 3.535 times than students at 95% CI: (1.639-7.835) and (3.967-21.573) respectively more likely to consume screening services compared to others of different occupations.

**Conclusions:**

The level of utilization of cervical cancer screening was very low, (8%). Reasons for low utilization included difficulty in accessing the screening services, cost of transport to the facility, cultural hindrances and feelings of embarrassment during screening. Reasons for utilization included appreciation of benefit of early detection of pre-cancerous cells and influence from religious organizations and friends.

**Recommendations:**

In order to increase uptake of cervical cancer services, the religious organizations should continue encouraging women to seek for screening. Women should be educated by health workers on the benefits of early screening for early detection and management. The religious leaders should inspire women to initiate income generating activities in order to increase disposable income among them for easy affordability of transport to health facilities. Socio-cultural barriers should be broken through educating cultural leaders on encouraging women to seek for cervical cancer screening services.

