

Background: The incidence of cervical cancer is increasing in sub-Saharan Africa. Cervical cancer is the most common malignancy among women in Uganda. The health authorities in this country have responded by providing free cervical cancer screening services at public health facilities in combination with other interventions, such as health education, immunisation against human papillomavirus (HPV), and reproductive health policies to promote cervical cancer prevention. However, these efforts have not resulted into the expected uptake of cervical cancer screening services.

Objective: The overall objective of this study was to establish the factors associated with uptake of cervical cancer screening among women aged between 21 and 65 years in Buyengo sub-county, Jinja district. The specific objectives included: (1) to determine the proportion of women aged between 21 and 65 years in Buyengo sub-county that have been screened for cervical cancer within the last 3 years; (2) to assess the individual factors influencing uptake of cervical cancer screening among women aged between 21 and 65 years in Buyengo sub-county; (3) to identify socio-economic factors influencing uptake of cervical cancer screening by women aged between 21 and 65 years in Buyengo sub-county; and (4) to examine the health system factors affecting uptake of cervical cancer screening of women aged between 21 and 65 years in Buyengo sub-county.

Methodology: A cross-sectional descriptive design and a semi-structured interview questionnaire were used to collect data from 384 women living within the community of Buyengo sub-county. Chi-square/Fisher's exact test and logistic regression statistics were used to examine factors associated with uptake of cervical cancer screening.

Results: Majority of the respondents were within the age brackets of 30 to 39 and 40 to 49 years. 9.38% reported history of having been screened for cervical cancer within the last 3 years. The only significant factors associated with low uptake of cervical cancer screening were women having no abnormality which was suggestive of cervical cancer (adjusted odds ratio [aOR], 10.57, 95% Confidence Interval [CI]: 3.52-31.81, $p = 0.000$) and concerns about the poor attitude of healthcare service providers (aOR, 4.29, 95% CI: 1.55-11.89, $p = 0.007$).

Conclusion: The proportion of uptake of cervical screening among women in Buyengo sub- county is remarkably low. Having no abnormality suggestive of cervical cancer and the poor attitude of healthcare service providers was associated with uptake of cervical cancer screening services among women aged between 21 and 65 years in Buyengo sub-county.

Recommendation: Interventions towards public health education on cervical cancer and continuous education of healthcare workers to change attitude may play a vital role in enhancing the uptake of cervical cancer screening among women aged between 21 and 65 years in Buyengo sub-county.