

Background: Cervical cancer is the second leading cause of cancer related mortality in the world and yet it can be prevented, detected early and treated successfully when detected early.

Unfortunately most (80%) of cervical cancer cases are diagnosed at late stages in Uganda making it so difficult to treat and manage due to factors that prevents women from accessing services related to cervical cancer prevention, early detection and treatment. Therefore, this study was done to assess the determinants to access to cervical cancer screening among women of reproductive age in Alebtong district.

Objective: To established determinants of access to cervical cancer screening services among women of reproductive age in Alebtong District.

Methodology: the study employed a cross sectional design that target all women of reproductive age, health care providers and local leaders in Alebtong District. A purposive sample of the study area, health care workers and local leaders; and a multi stage random sample of 400 women of reproductive age were used in this study. Both qualitative and quantitative data were collected using semi structured directly administered questionnaires, key informant interview guide and focus group discussion guide.

Results: Findings indicates that majority (34.8%) of respondents were in the age category of 25- 34 years with 60.2% of respondents being married/cohabiting and more than half (56.5%) of respondent were secondary school levers. These demographic characteristics had no statistical significance to access to cervical cancer screening. Knowledge about cervical cancer was high (91.3%) but only 16%were screened in the past three months before the study. Knowledge on cervical cancer was statistically significant (p-value-0.021). 70.3% and 69% of respondents knows that cervical cancer is preventable and treatable, and they significantly affects access to cervical cancer screening (p-value 0.000 and 0.006) respectively. Women who received support (91.3%) from their spouse were 2.319 times more likely to access cervical cancer screening services (with p-value of 0.0000). Average family income, culture and employment had no influence on access to cervical cancer screening.

Majority (43.3%) moved within a distance of 1-5kilometres from home to nearby health facility. Distance was statistically significant with OR of 1.482 and P-value of 0.000.The cost attached to cervical cancer screening was hindering access to cervical cancer screening (p-value 0.001).

There were few health workers between 1-5 in each service provision point but the number of health workers was no statistically significant.

Conclusions: there was high knowledge about cervical cancer but very few women were accessing cervical cancer screening. Distance to health facility, cost attached to cervical cancer screening and lack of support from the spouse were barring women of reproductive age from accessing cervical cancer

screening in Alebtong district. Mothers who had heard of cervical cancer screening service, those who had been screened in the past 3months, those who said cancer of cervix is preventable, those who had taken their time to do medical checkup for their health, and those who had information about cervical cancer screening services significantly influenced their access to access cervical cancer screening services compared with their respective counterparts.

Recommendations: Alebtong district should work within her resources to train health workers, increase awareness about cervical cancer through mass media, during community gathering and functions; extend integrated outreaches to underserved areas, increase cervical cancer screening sites and make the services free. Further research in this area is recommended.