

Effect of Nurse-Led Training Programme On the Uptake of Cervical Cancer Screening Among Women in Selected Health Centres in Ado – Ekiti, Ekiti State

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Abstract:

Cervical Cancer is more common among women who do not go for screening, though it is fatal but preventable and curable if diagnosed and treated early. Therefore, this study examined the structure of nurse-led training and its impact on cervical cancer screening awareness and uptake of the screening program among women in Ekiti State. The study adopted one group pre and post-test quasi-experimental design. The population for this study consisted of all women attending the clinics of Comprehensive Health Centres, Okeyinmi and Odo-Ado both in Ado Ekiti, Ekiti State. Purposive sampling technique was used in selecting the sample size of 170. A standardized pre and post-test semi-structured adopted questionnaire was employed for data collection. The instrument was subjected to face and content validity by experts in the field of Nursing Science while the reliability of the instrument was established using test re-test method. The experimental procedure involved three stages namely pre-treatment stage, treatment stage and post-treatment stage. The data collected were analyzed using descriptive and inferential statistics. The findings of the study revealed that the intervention program had improved the knowledge, view and practice of the participants toward cervical

IJMNHS

Accepted 25 December 2021
Published 14 February 2022
DOI: 10.5281/zenodo.6077580



cancer and its screening. The intervention also increased the willingness to uptake cervical screening among studied women. It was recommended among others that more awareness of cervical cancer screening should be created in media such as newspapers, magazines, social media and at health gatherings of women like in antenatal clinics.

Keywords: Nurse-led, Training, Uptake, Cervical Cancer, Screening, Women,



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Introduction

Cervical cancer is a leading cause of death among women in developing countries (Ajibola et al., 2016). Global data as of 2018 showed that cervical cancer is the fourth most occurring cancer in women and eight most commonly occurring cancer overall (World Cancer Research Fund (WCRF, 2020). It is estimated that there were 570,000 cases of cervical cancer in 2018 as shown in a study carried out among 185 countries of the world (Arbyn, et al., 2020). By this rating, cervical cancer is ranked only after breast cancer, colorectal cancer, and lung cancer in order of prevalence.

The incidence of cervical cancer is higher in low-and middle-income countries compared to higher-income countries (WCRF, 2020). The Joint United Nations Program on Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (UNAIDS, 2019) reported that in 2018, around 31,000 women died of cervical cancer and 85% of them were in low and middle-income countries (Arbyn et al., 2020). The high prevalence of cervical cancer in the low-and middle-income countries was linked to the limited availability of vaccination, screening, and treatment programs in these countries (UNAIDS, 2020).

Infection by the Human Papilloma Virus (HPV) is the most important risk factor for cervical cancer (Watson, 2019). HPV is a group of more than 100 related viruses with some of them causing a type of growth called warts and HPV can infect cells on the surface of the skin and those lining the genitals, anus, mouth, and throat, but not the blood or internal organs such as the heart (Watson, 2019). Infection with HPV is common, and in most people, the body can clear the infection by itself. Sometimes, however, the infection does not go away and becomes chronic, which can eventually lead to certain cancers, such as cervical cancer and other reproductive cancers. Although most girls don't start having sex until after they're 16 years of age, it is important that they are protected against HPV infections early enough and a good time is in the early teenage years. Getting the vaccine as early as possible will protect them in the future. These vaccines are started at age 11 or 12 but can start as early as age 9 (Heena et al., 2019).

Cervical Cancer is more common among women who do not go for screening as all women who have ever had sex should have a pap test every 2 to 3 years because a Pap smear test increases the likelihood of identifying precancerous cells. This means that precancerous cells can be removed or treated as early as possible, which reduces the risk of developing invasive cervical cancer. Regular Pap smear test is important even if one had been vaccinated against HPV (Marc et al., 2019).

Cervical cancer, though fatal, is preventable and curable if diagnosed and treated early (UNAIDS, 2019a). This can be achieved through the use of the HPV vaccine and early detection of precancerous cells (UNAIDS, 2019). Apart from the use of vaccines, UNAIDS (2018) also recommended health education, including age-appropriate sexuality education as a way to prevent HIV infection. An important attempt towards the reduction of the incidence and deaths connected to cervical cancer is raising the awareness level of people of reproductive age and giving adequate information about cervical cancer as well as its screening is vital in encouraging women to undergo the screening (UNAIDS, 2019b). Women who have inadequate information about cervical cancer and how to prevent it are unlikely to access screening services (Okunowo & Smith-Okonu, 2020).



In a study conducted by Olubodun (2020) on cancer, only 6.5% of the respondents are aware of the disease, while screening for cervical cancer was very low at 4.8% respectively, 2.3% of the women could identify HPV as the cause of cervical cancer while 4.1% identify cervical screening as a way to prevent cervical cancer, 97.7% did not know risk factors, 97.9% did not know symptoms of cervical cancer, 90.5% identified lack of awareness as the barrier to uptake of cervical screening, while only 1.4% of the women have had the cervical screening done. In a study carried out by Fasoro, et al (2019) on Awareness and Utilization of Cervical Cancer Screening among women in an Urban Area in Southwestern Nigeria, 40% of the respondents had heard about cervical cancer, 40.5% were aware of cervical screening tests but only 16% had ever utilized the screening test.

Nurses play a major role in health education of the public on the availability and need for cervical cancer screening services, Okunowo and Smith-Okonu (2020) cited lack of awareness of cancer screening, also Olusegun and Gabriel (2015) reported in a study among Ekiti women that 71.8% of the participants got to know about cervical cancer screening through nurses, this to note that nurses play a major role in cervical cancer screening.

The problem posed by this disease cannot be ignored, as women present in the hospital at the late stage of this disease when it cannot be cured, therefore this study aims to critically look at the structure of nurse-led training and its impact on cervical cancer screening awareness and uptake of the screening program among women in Ekiti State. The study specifically examined.

- i. the knowledge of cervical cancer screening among women at pre and post-intervention in selected health centers;
- ii. the level of satisfaction with nurse-led cervical screening training among women;
- iii. the view of the women on cervical cancer screening; and
- iv. the willingness of the women in the undertaking cervical screening after a nurse-led training.

Research Questions

The following research questions were raised to guide this study.

1. What is the knowledge level of cervical cancer screening among women at pre and post-intervention in selected health centers?
2. Are women satisfied with nurse-led cervical screening training received?
3. What is the view of the sampled women on cervical cancer screening at pre and post-intervention?
4. Are women willing to subject themselves to cervical screening after nurse-led training?

Research Hypotheses

Ho1: There is no significant relationship in the mean score of knowledge of cervical cancer screening at pre and post-intervention among the women.

Ho2: There is no significant relationship in the mean score of cervical cancer screening view at both pre and post-intervention among sampled women.

Ho3: There is no significant relationship in the mean scores of willingness to undergo cervical cancer screening at both pre and post-intervention among sampled women.



Methodology

The study adopted one group pre and post-test quasi-experimental design. The population for this study consisted of all women attending the clinics of Comprehensive Health Centres, Okeyinmi and Odo-Ado both in Ado Ekiti, Ekiti State. The two health Centres are located in the city of Ado Ekiti within the indigenous communities. Ado Ekiti is the capital of Ekiti State in Nigeria. It is located in the South-Western part of the country with a population of 308,621 according to the 2006 population census. The people of Ado Ekiti are majorly Yoruba and they speak the Ekiti dialect. Ado Ekiti being a State capital houses so many diverse ethnic groups from Nigeria such as Hausas, Igbos, and sub-ethnic groups like Idiomias, Edos, among others. Ado Ekiti has ten health Centres within the town, two of which are comprehensive, these are the Comprehensive Health Centres in Okeyinmi and Odo Ado.

The estimated population of females attending the two health centres was 248. Taro Yamane (1967) was used to determine the sample size. Calculating as follows:

$$n = \frac{N}{1+N(e)^2}$$

Where:

n= sample size

N= population

e= level of significance (0.05)

Sample size was determined using Taro Yamane formula: $n = \frac{N}{1+N(e)^2}$

$$248/(1+248(0.05)^2)$$

$$n=153.1$$

Adjustment for non-respondent rate of 10%

$$n=N/1-10\%$$

$$= 153.1/0.9$$

$$=170.1 \approx 170$$

Where n is the sample size required, N is the total population = 248 for the health centers, and e is the sample error = 0.05. Calculation of these values in the above formula yielded a sample size of 153.1. An attrition rate of 10% was further utilized to compensate for non-response. The minimum sample size obtained was 170. Purposive sampling technique was used in selecting the sample size which was based on the inflow of patients at the centres.

A standardized pre and post-test semi-structured adopted questionnaire was employed for data collection. The adopted questionnaires were from studies done by Katarzyna et al., (2016) and Jeylan et al., (2020). The questionnaire consisted of different sections to capture demographic, reproductive health history, knowledge about cervical cancer, willingness to the uptake of cervical screening, as well as the objectives of the study. The instrument was subjected to face and content validity by experts in the field of Nursing Science to know if content of the instrument reflects the concepts which the researcher intends to measure. The reliability of the instrument was established using test re-test method. The data collected were analyzed using Pearson's Product Moment Statistics which yielded reliability coefficient value of 0.85.



The experimental procedure involved three stages namely pre-treatment stage, treatment stage and post-treatment stage. The entire copies of the questionnaire were retrieved while SPSS Version 25 was used in analyzing the collected data. The data were analyzed using descriptive and inferential statistics.

Results

Table 1: Participants' Socio-demographic variables

N= 170

Socio-demographic variable		Frequency	Percent	Mean(SD)
Age range	25 - 35 years	135	79.4	33(5.83)
	36 - 45 years	35	20.6	
Religion	Christian	149	87.6	
	Muslim	21	12.4	
Level of Education	Tertiary	106	62.4	
	Diploma	29	17.0	
	Secondary	33	19.4	
	Primary	2	1.2	

Table 1 shows the findings from the socio-demographic data, the minimum and maximum ages were 25 years and 45 years respectively. Participants between the age's range of 25 and 35 years were 135(79.4%) while the remaining is between the ages range of 36 to 45 years. One-hundred and forty-nine (87.6%) participants were Christians while the rest (12.4%) were Muslims. Those who had attained a tertiary level of education were 106 (62.4%), 29 (17%) had diplomas while 33 (19.4%) had secondary education and just 2(1.2%) had primary school education.

Table 2: Reproductive health history of participants'

N=170

Variables		Frequency	Percent	Mean ± SD
No of children group	No child	34	20.0	
	1 - 4	133	78.2	
	5 and above	3	1.8	
Age of first sexual Contact	13-19 years	29	17.1	24 ± 4.26
	20-24 years	62	36.5	
	25-34 years	79	46.5	
Have you at any time had more than one sexual partner?	Yes	45	26.5	
	No	125	73.5	
Use of contraceptive method(s)	Used	68	40.0	
	Not used	102	60.0	
Type(s) of contraception	Oral contraceptives	42	24.7	



Used	Injectable contraceptives	10	5.9	
	Intrauterine devices	6	3.5	
	Implants	10	5.9	
	Never used any	102	60.0	

Table 2 depicts the result of findings from participants' reproductive health history, 34(20%) participants had no children at all, 133(78.2%) had 1 to 4 children while the remaining participants 3(1.8%) had five children and above. The mean age at which participants had first sexual contact was 24 years at a standard deviation of ± 4.26 , out of which 29(17%) participants had first sexual contact between 13-19 years, 62(36.5%) had first sexual contact between the age of 20 to 24 years. The majority of the participants 125(73.5%) indicated that they have never had more than one sexual partner, only 45(26.5%) confessed to having at one time or the other had more than one sexual partner.

Research Question 1: What is the knowledge of cervical cancer screening among women at pre and post-intervention in selected health centers?

Table 3: Knowledge Level at Pre and Post Intervention

<i>Pre-intervention</i>				<i>Post-intervention</i>			
Score	Frequency	Mean \pm S.D	Knowledge level	Score	Frequency	Mean \pm S.D	Knowledge level
0	32	3.02 \pm 0.143	Inadequate knowledge	0	0	7.99 \pm 0.092	Inadequate knowledge
1	29			1	1		
2	26			2	4		
3	24			3	3		
4	14			4	2		
5	15		5	9			
6	10		6	11	Adequate knowledge		
7	5		7	26			
8	8		8	32			
9	5		9	39			
10	2	10	43				

At the pre-intervention, the mean score with standard deviation was 3.02 \pm 0.143 while only two women scored all the questions correctly. The post-intervention recorded mean score with a standard deviation of 7.99 \pm 0.092 with 43 women scoring all the questions correctly. Scores below six marks were considered to indicate inadequate knowledge while scores above five marks indicate adequate knowledge (Table 3).

Research Question 2: Are women satisfied with nurse-led cervical screening training received?

Table 4: Participant's level of satisfaction with Nurse-led cervical cancer screening training

Item on satisfaction	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)	Total	Mean	Remark
How satisfied are you with your knowledge of cervical screening education by nurses?	116	27	7	20	0	170	4.40	Satisfactory
How will you rate your understanding of cervical screening before education by nurses?	33	39	7	91	0	170	3.08	Satisfactory
How satisfied are you with your present knowledge of cervical screening?	86	54	19	11	0	170	4.26	Satisfactory
How will you rate your new knowledge of cervical screening after the new training?	123	45	0	2	0	170	4.7	Satisfactory

Mean cut-off= 3.0

As shown in Table 4, women were observed to have very good satisfaction with nurse-led cervical screening training with an overall 4.11 mean score.

Research Question 3: What is the view of the women about cervical cancer screening at pre and post-intervention?

Table 5: Participants' View on Cervical Screening N=170

Items on Participants' view	Pre-intervention				Post-intervention			
	Agree (3)	Can't tell (2)	Disagree (1)	Mean	Agree (3)	Can't tell (2)	Disagree (1)	Mean
Cervical screening tests give a 100% chance of early detection of cancer	95	70	5	2.53	165	4	1	2.96
The test is time-consuming	22	125	23	1.98	10	127	33	1.86
The test is painful	17	132	21	1.97	35	101	34	2.00
A lady can undergo the test if below age 25 years	39	112	19	2.11	21	8	141	1.29
The test can be repeated every 3 years	50	111	9	2.24	165	3	2	2.96

Result of findings in Table 5 shows that at pre-intervention, 95 of the participants agreed that cervical screening tests give a 100% chance of early detection of cancer, and 50 of them agreed that the test can be repeated every three years while at post-intervention, 165 of the participants agreed that cervical screening tests give 100% chance of early detection of cancer and that the test can be repeated every three years. The overall mean of participants' views on cervical screening at the pre-intervention stage and the post-intervention stage were 2.17 and 2.21 respectively. It could be deduced that the participants had a good view at both pre and post-intervention, although it was slightly higher at post-intervention.



Research question 4: Are women willing to subject themselves to cervical screening after nurse-led training?

Table 6: Participant's willingness to the uptake of cervical screening N=170

Willingness to the uptake of cervical screening	Pre-intervention				Post-intervention			
	Yes	No	Mean	Remark	Yes	No	Mean	Remark
Will you be ready to accept cervical screening?	133	37	1.78	Willing	157	13	1.92	Willing
I can only do the screening if it is free of charge	103	66	1.60	Willing	146	24	1.86	Willing
I will do the screening if the price is subsidized	99	70	1.58	Willing	104	66	1.61	Willing
I will be ready to take full responsibility for the payment of the screening	64	106	1.38	Not Willing	26	144	1.15	Not Willing
If you had the opportunity, would you go for cervical screening?	137	33	1.81	Willing	161	9	1.95	Willing

The result of findings shows that at pre-intervention, 133 participants were ready to go for cervical screening if they had the opportunity and it is for free of charge but they were not ready to take up the full responsibility for the payment of the screening. The same findings were observed at post-intervention through the willingness on each item had increased while that of taking up the full responsibility had further decreased. The overall means at both pre and post interventions were 1.63 and 1.70 respectively. The participants were willing to go for cervical screening even at pre-intervention but the mean value slightly increased at post-intervention.

Test of Hypotheses

Research Hypothesis 1: There is no significant difference in the mean score of knowledge of cervical cancer screening at pre and post-intervention among sampled women

Table 7: t-test result of mean scores of knowledge at pre and post-intervention

Variables		N	Mean	S.D	t	df	P	Remark
Knowledge	Pre-intervention Knowledge	170	3.02	0.143	381.09*	169	0.000	Sig
	Post-intervention Knowledge	170	7.99	0.092				

*P<0.05

The result of findings was depicted in Table 7 showing the difference between pre and post-intervention as regards the women's knowledge on cervical cancer. From the findings the mean value for pre-intervention knowledge was 3.02 and 7.99 for post-intervention knowledge (t = 381.09, df = 169, p = 0.000). The result also shows that the interventional



study statistically influenced the knowledge of participants. The result was therefore found to be statistically significant.

Research Hypothesis 2: There is no significant difference in the mean score of cervical cancer screening view at both pre and post-intervention among sampled women.

Table 8: t-test result of mean scores of view at pre and post-intervention

*P<0.05

Variables		N	Mean	SD	t	df	P	Remark
View	Pre-intervention View	170	2.17	0.101	4.283*	169	0.000	Sig
	Post-intervention View	170	2.21	0.068				

Table 8 indicated the participants' views towards cervical cancer screening. The result shows that the pre-intervention mean view was 2.17 while the post-intervention mean view was 2.21. The result was found to be statistically significant ($t = 4.283$, $df = 169$, $p = 0.000$). This implies that the intervention has significantly affected the view of the participants toward cervical cancer screening.

Research Hypothesis 3: There is no significant difference in the mean scores of willingness to undergo cervical cancer screening at both pre and post-intervention among sampled women.

Table 9: t-test result of mean scores of willingness at pre and post-intervention

*P<0.05

Variable		N	Mean	S.D	t	df	p	Remark
Willingness	Pre-intervention Willingness	170	1.63	0.071	9.683*	169	0.000	Sig
	Post-intervention Willingness	170	1.70	0.062				

Table 9 revealed the participants' willingness towards cervical cancer screening. The result shows that the pre-intervention mean willingness was 1.63 while the post-intervention mean willingness was 1.70. The result was found to statistically significant ($t = 9.683$, $df = 169$, $p = 0.000$). The p-value was less than 0.05 level of significance hence the hypothesis was rejected. It implies that the intervention has considerably influenced the willingness of the participants in cervical cancer screening.

Discussion

The pre-intervention and post-intervention mean scores with standard deviation values were 3.02 ± 0.14 and 7.99 ± 0.092 respectively. In the same manner, Olubodun (2020), Weng, et al. (2020), Heena et al. (2019), and Gutamo et al. (2018) also discovered that there was poor

knowledge among the participants used in their studies, the results of these studies agreed with the findings of this study.

According to Ifemelumma et al. (2019), the majority have a positive attitude or view towards cervical cancer screening, but most of the women could not afford the cost of screening, while the overall mean of this study participants' view on cervical screening at the pre-intervention stage and a post-intervention stage were 2.17 and 2.21 respectively which is far above expected mean value of 1.5 hence good views at both pre and post-intervention were reported. The result of Ifemelumma et al. (2019) agrees with this study.

The findings of this study show that the participants were willing to go for cervical screening even at pre-intervention but the mean value slightly increased at post-intervention. This result was in line with a study of Kristina et al (2020) which submitted that 67.11% of the sampled women were ready to take up cervical screening. Okunnowo and Smith-Okonu (2020) cited lack of awareness of cancer screening and even after educating women about cervical cancer screening, the uptake of screening was still very low. Likewise in Patra et al. (2017) study which recorded that one-fourth of the participants showed interest in the uptake of cervical screening but willingness was higher among educated women sampled, results from these two studies are not in line with this study.

The result ($t = 381.09$, $df = 169$, $p = 0.000$) shows that the interventional study statistically influenced the knowledge of participants. This result was found to be statistically significant which corroborated with the findings of Ali (2020) and the study of Hussein (2020) which reported a highly significant difference between pre and post-intervention concerning knowledge of cervical screening.

The result in this study was found to be statistically significant ($t = 4.283$, $df = 169$, $p = 0.000$). The implication was that intervention has significantly affected the view of the participants toward cervical cancer screening, this result also agreed with the study of Ali (2020) who submitted that view at the pre-intervention program has a statistically significant difference from a post-intervention program with meaningful treatment.

The result in this study was also found to be statistically significant ($t = 9.683$, $df = 169$, $p = 0.000$). It implies that the intervention has a considerable influence on the willingness of the participants in cervical cancer screening. Ezechi et al (2018) study was in line with the result of this study by discovering the relationship between willingness and increased knowledge to be significantly different from pre and post-intervention.

Conclusion

Based on the findings of this study, it could be concluded that the intervention program had improved the view of the participants toward cervical cancer and its screening. The intervention also increased the willingness to uptake cervical screening among studied women. The intervention program was responsible for increased in knowledge and practice of the sampled women attending selected comprehensive health centers in Ado Ekiti.

Recommendations

The following are recommended:

1. More awareness of cervical cancer screening should be created in media such as newspapers, magazines, and social media. Also at health gatherings of women like in antenatal clinics.



2. Government should make cervical cancer screening free if not possible it should be drastically subsidized.
3. Nurses should go for training before embarking on cervical cancer screening procedures.
4. Infrastructure should be provided a comprehensive health center which must include furniture and an auditorium that can conveniently contain 100 clients/patients at a time.
5. Female patients/clients attending these health centers should be counseled from time to time on the importance of cervical screening and its benefits to women's health.

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Cite this article:

Author(s), ADEBIYI, Olayinka Senami (RN, RM, RNE, BNSc, M.Sc.), Dr. ONASOGA, O. A. (RN, RM, Ph.D), OWOLABI, Babajide Augustine (RN, RM, BNSc, M.Sc.), AKINYEMI, Oluwatoyin Olajumoke (RN, RM, BNSc, PGDE, M.Sc.), (2022). "Effect of Nurse-Led Training Programme On the Uptake of Cervical Cancer Screening Among Women in Selected Health Centres in Ado – Ekiti, Ekiti State", **Name of the Journal**: International Journal of Medicine, Nursing & Health Sciences, (IJMNHS.COM), P, 1 –14. DOI: www.doi.org/10.5281/zenodo.6077580 , Issue: 1, Vol.: 3, Article: 1, Month: February, Year: 2022. Retrieved from <https://www.ijmnhs.com/all-issues/>

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