

Exploration of Expected Roles of Nurses in Cervical Cancer Prevention Services Delivery in Olorunda Local Government Area in Osun State

Author(s), OLAWALE, Adebola Ololade (RN, MSc),
AFOLABI, Kikelomo Esther (RN, PhD),
OLAWALE, Clement Olayinka (RN, BNSc),

Abstract:

Cervical cancer (CC) remains a critical health challenge, particularly in low- and middle-income countries (LMICs), where it accounts for a significant portion of cancer-related deaths among women. Sub-Saharan Africa (SSA) bears a disproportionate burden, and in Nigeria, CC ranks as the second most prevalent cancer among women. This study explores the expected roles of nurses in delivering cervical cancer prevention services (CCPS) in Olorunda Local Government Area, Osun State, Nigeria. The research adopted a qualitative design, employing focus group discussions (FGDs) to gather insights from women of reproductive age (21-49 years) across five selected communities. Data were collected using a FGD guide, translated into Yoruba, with sessions held in community halls to ensure cultural inclusivity. Thematic analysis was conducted using Atlas.ti version 18 to identify key themes, while trustworthiness was ensured through credibility, dependability, transferability, and confirmability measures. The findings reveal that community members hold varied cultural, spiritual, and personal perceptions of cervical cancer and have high expectations for nurses to actively engage in education, advocacy, and preventive care. Participants emphasized the importance of HPV vaccination, timely screening services, and consistent follow-up care. The study concludes that nurses are seen as central figures in cervical cancer prevention efforts,

IJMNHS

Accepted 1 April 2025
Published 30 April 2025
DOI: 10.5281/zenodo.15449281



with recommendations for enhancing their outreach through house-to-house campaigns, community-based education, and accessible screening services. Further, nurses should be trained to address cultural beliefs and promote male involvement in cervical cancer prevention efforts.

Keywords: Exploration, Cervical cancer, nurses, prevention services, Expected roles, focus group discussion,



About Author

Author(s):

OLAWALE, Adebola Ololade (RN, MSc)
University College Hospital, Ibadan, Nigeria

AFOLABI, Kikelomo Esther (RN, PhD)
Nursing Department,
Calvin University, Grand Rapids, United States

OLAWALE, Clement Olayinka (RN, BNSc)
Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife



Introduction

Cervical cancer (CC) is a significant non-communicable disease and a major public health issue, particularly affecting women in low- and middle-income countries (LMICs) (Mudau et al., 2017; Mesafint et al., 2018). Globally, CC accounts for approximately 604,127 new cases and 341,831 deaths annually, with 85% of cases occurring in LMICs (WHO, 2018). Sub-Saharan Africa (SSA) bears a disproportionate burden, with CC being the leading cause of female cancer deaths. The region records an annual incidence of 34.8 per 100,000 women and a mortality rate of 22.5 per 100,000 (Donatus et al., 2019). Countries like Swaziland, Malawi, South Africa, and Kenya report the highest CC rates in the region (Bray et al., 2019). Despite existing preventive strategies, the lack of organized cervical cancer prevention services (CCPS) and policy frameworks in many SSA nations hinders effective control (Eric, 2020).

In Nigeria, CC ranks second only to breast cancer among women, especially those of reproductive age. It accounts for 14,943 new cases and 10,403 deaths annually, with a national incidence of about 250 per 100,000 women (Okunowo & Smith-Okonu, 2020; Adaobi et al., 2018). Regional data show incidence rates of 36, 30, and 21 per 100,000 in Ibadan, Abuja, and Calabar respectively (Sowemimo et al., 2017). Although CC is preventable and detectable through screening and vaccination, it often remains asymptomatic for 10–15 years after Human Papilloma Virus (HPV) infection, leading many women to miss early detection opportunities (WHO, 2018).

Nurses play a vital role in CCPS and serve as the frontline of healthcare delivery. Their responsibilities span the three levels of prevention, with a strong emphasis on health education, awareness creation, and encouraging the uptake of screening and vaccination services (Fouly et al., 2016). In developed nations such as Canada, the United Kingdom, and the United States, nurses have taken leadership roles in CC prevention (CARNA, 2018). In SSA, nurses provide CCPS using available guidelines, though their effectiveness may be constrained by limited clinical protocols (Fafowora & Irinoye, 2017). Effective implementation of CCPS, especially with strategic nurse involvement, is critical to reducing CC incidence. While nurses' roles are acknowledged, there is limited evidence on cervical cancer screening behaviour (CCSB) and nurses' involvement in CCPS in Nigeria, highlighting a gap for further research and policy development (Fafowora & Irinoye, 2017).

The reviewed literature highlights the pivotal role nurses play in cervical cancer (CC) prevention services. Nurses are identified as key agents in promoting health education, guiding informed consent, facilitating screening processes, and ensuring appropriate follow-up for abnormal results (Fouly et al., 2016; WHO, 2018). They are also responsible for motivating non-responders, addressing cultural sensitivities, and improving access for vulnerable women, such as those with learning difficulties (Fouly et al., 2016). Nyangasibi et al. (2017) reinforce these roles, especially stressing the importance of health education across individual, family, and community levels.

However, studies show that the execution of these roles is often suboptimal. For instance, Maryam and Koen (2018) report that while nurses frequently mention CC during health talks, they rarely provide detailed information due to time constraints, leading to poor awareness and uptake of screening services. Similarly, Ndikom et al. (2017) found that only a few



women in Ibadan received CC-related information at reproductive health clinics despite their access to healthcare, indicating a gap in consistent health education. Fowler et al. (2021) emphasise the frontline position of nurses and their potential influence on screening behaviours. Still, they acknowledge the need for enhanced performance and greater engagement in education and preventive roles.

Communication skills are central to effective CC prevention. Providers have the responsibility to ensure patients understand their health choices, and strong communication builds trust and encourages screening uptake (Katrina et al., 2020; Peterson et al., 2016). Evidence from Peru and South Africa supports that direct engagement by healthcare providers boosts screening rates (Alliance for Cervical Cancer Prevention, 2004). WHO (2018) also underscores counselling as a crucial communication tool. Extending communication beyond clinics through media, such as radio, TV, pamphlets, and native-language content, has proven effective in raising awareness (Nattembo, 2018). Oluwole et al. (2017) further stress the need for inclusive education, including male involvement, as men have shown willingness to support CC and HPV vaccinations.

In view of the above, the study explores expected roles of nurses in cervical cancer prevention services delivery in Olorunda Local Government Area in Osun State.

Methods

This study adopted a qualitative research design to explore the expected roles of nurses in cervical cancer prevention service (CCPS) delivery. The target population comprised women of reproductive age between 21 and 49 years residing in selected communities within Olorunda Local Government Area of Osun State. The sampling method involved the use of Focus Group Discussions (FGDs), with each group comprising 8 to 10 women who lived in odd-numbered houses and had not participated in the preceding quantitative study. One FGD was conducted per community in five randomly selected wards, using a focus group discussion guide to steer the conversation. The selection process was facilitated through community collaboration with women leaders, religious leaders, and community heads. This approach allowed for effective mobilization and ensured that participants were well-informed about the study.

A total of five FGDs were conducted—one in each of the five selected communities—with 9 to 10 women in each group. The FGDs were held in community halls designated for the research team, and discussions were conducted in Yoruba to accommodate non-literate participants. Research instruments, including the FGD guide, were translated into Yoruba to ensure clarity and inclusivity. Three trained research assistants facilitated the sessions, taking responsibility for note-taking, reporting, and audio recording. This method provided a culturally sensitive and inclusive environment to gather in-depth insights from participants regarding their perceptions of nurses' roles in CCPS delivery.

The validity of the qualitative data in this study was ensured through several methodological strategies aimed at enhancing its trustworthiness. A pre-test of the focus group discussion (FGD) guide was conducted to ensure content validity. The study adhered to four criteria for trustworthiness: credibility, transferability, dependability, and confirmability. Credibility, or truth-value, was established by building rapport with participants before interviews, conducting in-depth face-to-face interviews, transcribing data immediately, and using field



notes to support transcription accuracy. Transferability, or applicability, was achieved by providing a clear description of the respondents' selection process, the study setting, and the overall methodology, enabling findings to be relevant to similar contexts. Dependability, or consistency, was ensured by documenting the data collection, analysis, and interpretation process, as well as validating findings with both respondents and field experts. Finally, confirmability, or neutrality, was achieved by maintaining an audit trail that included field notes, audio recordings, analysis notes, and coding details, allowing an independent reviewer to assess the data's neutrality.

Ethical considerations for the study included obtaining permission from the relevant authorities and ensuring that respondents provided verbal consent and signed an informed consent form before participation. The study explained the purpose of the research, provided participants with the option to decline participation, and assured them that their information would remain confidential and anonymous. Data collection involved qualitative methods, specifically focus group discussions (FGDs) with 47 eligible participants. The FGDs were conducted with individuals who had not participated in the survey from each selected community. Data were digitally recorded, transcribed verbatim, and translated into English. The discussions were summarized and clarified with participants after each session. Data were collected in Yoruba, with sessions lasting approximately 55 minutes, and participants received a token of appreciation for their time. Anonymity and confidentiality were maintained throughout the data collection and storage process. Data analysis involved coding the responses and using Atlas.ti version 18 to identify major themes that emerged.

Results

Table 1 below shows the socio-demographic characteristics of respondents in the Focus Group Discussion. 42.7% of the respondents are less than 30 years with mean age of 31.3 ± 6.9 , more than two third have their first sex between the age of 20 and 30 (79.1%) with a mean age of 21.5 ± 3.4 . Furthermore, less than one third (27.7%) have more than two life sex partners, predominantly, 77.8% are married, 74.5% are from monogamy setting, 68.1% are self-employed, 38.5% have a tertiary education and 48.9% earn between 10,000 to 29,000 per month.

Table 1: Socio-demographic Characteristics of the FGD participants

	FGD1	FGD2	FGD3	FGD4	FGD5	Total
Age (mean=31.3 ± 6.9)						
<30	4 (40.6)	5 (50.0)	2 (22.2)	3 (33.3)	4 (44.4)	18 (42.7)
30 – 39	4 (39.4)	2 (20.0)	5 (55.6)	3 (33.4)	2 (22.3)	16 (34.2)
40+	2 (20.0)	3 (30.0)	2 (22.2)	3 (33.3)	3 (33.3)	13 (23.1)
Age at first sex (mean = 21.5 ± 3.4) in years						
< 20	2 (28.6)	0 (0.0)	5 (55.6)	2 (22.2)	0 (0.0)	9 (20.9)
20 – 30	5 (71.4)	10 (100.0)	4 (44.4)	7 (77.8)	8 (100.0)	34 (79.1)
Number of life sex partner (mean = 1.9 ± 1.3)						
1 – 2	7 (77.8)	7 (70.0)	5 (55.6)	7 (70.0)	8 (88.9)	34 (72.3)



3+	2 (22.2)	3 (30.0)	4 (44.4)	3 (30.0)	1 (11.1)	13 (27.7)
Ethnicity						
Yoruba	8 (88.9)	10 (100.0)	9 (100.0)	9	9 (100.0)	45 (95.8)
Fulani	1 (11.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (2.1)
Idoma	0	0 (0.0)	0 (0.0)	1 (10.0)	0 (0.0)	1 (2.1)
Marital status						
Divorced/widowed	0 (0.0)	0 (0.0)	1 (11.1)	0 (0.0)	1 (11.1)	1 (2.1)
Married	6 (66.7)	9 (90.0)	8 (88.9)	8 (80.0)	7 (77.8)	7 (77.8)
Single	3 (33.3)	1 (10.0)	0 (0.0)	2 (20.0)	1 (11.1)	1 (11.1)
Educational level						
Primary	1 (11.1)	0 (0.0)	0 (0.0)	1 (10.0)	0 (0.0)	2 (4.3)
Secondary	4 (44.4)	6 (60.0)	7 (77.8)	7 (70.0)	3 (33.3)	27 (57.4)
Tertiary	4 (44.4)	4 (40.0)	2 (22.2)	2 (20.0)	6 (66.7)	18 (38.5)
Employment status						
Civil servant	0 (0.0)	0 (0.0)	0 (0.0)	1 (10.0)	3 (33.3)	4 (8.5)
Home-maker	0 (0.0)	2 (20.0)	0 (0.0)	2 (20.0)	1 (11.1)	5 (10.6)
self-employed	6 (66.7)	8 (80.0)	8 (88.9)	6 (60.0)	4 (44.4)	32 (68.1)
Student	3 (33.3)	0 (0.0)	0 (0.0)	1 (10.0)	1 (11.1)	5 (10.6)
Unable to work	0 (0.0)	0 (0.0)	1 (11.1)	0 (0.0)	0 (0.0)	1 (2.1)
Family setting						
Monogamy	9 (100.0)	4 (40.0)	5 (55.6)	8 (80.0)	9 (100.0)	35 (74.5)
Polygamy	0 (0.0)	6 (60.0)	4 (44.4)	2 (20.0)	0 (0.0)	12 (25.5)
Monthly income (₦)						
Median income (₦)	35000	22500	30000	11000	20000	20000
<10000	0 (0.0)	0 (0.0)	0 (0.0)	4 (40.0)	1 (11.1)	5 (10.6)
10000 – 29000	3 (33.3)	6 (60.0)	3 (33.3)	5 (50.0)	6 (66.7)	23 (48.9)
30000+	6 (66.7)	4 (40.0)	6 (66.7)	1 (10.0)	2 (22.2)	19 (40.4)

Figure 1 shows a schematic representation of the supposedly roles of nurses in cervical cancer prevention services. This research question was answered by Focus Group Discussion sessions (FGDs) which explore the respondents' expected roles of nurses in cervical cancer prevention services. Health education, cervical cancer screening, administering of HPV Vaccines, treatment of pre-cancerous lesions, counselling, and follow-up are the supposed roles of nurses in cervical cancer prevention services.

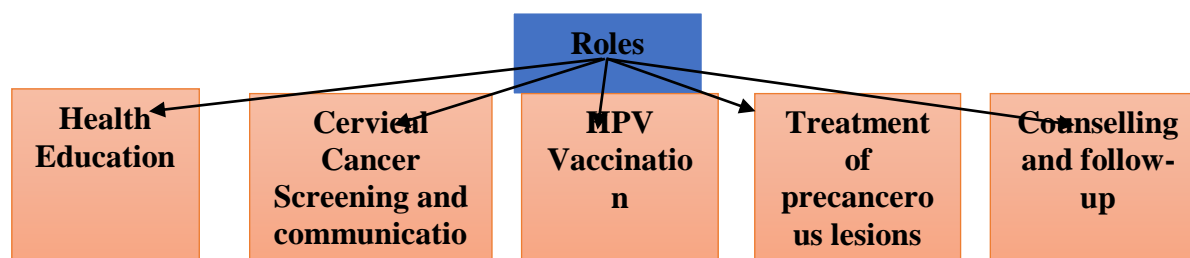


Figure 1: Schematic Representation of Themes on supposed Roles of Nurses

Table 1 below shows the themes emerged from participants' expected roles of nurses in cervical cancer prevention services. Majority of women emphasised on creating awareness about cervical cancer and its prevention, involving the community especially men in the awareness of cervical cancer and also that cervical cancer screening should be done within the community at affordable price.

Table 2: Thematic Analysis of Focus Group Discussion

QUESTION	THEMES	FGD1	FGD2	FGD3	FGD4	FGD5
Tell me in a few sentences what you have heard about cervical cancer?	A very terrible disease that affects women	+	++	-	-	+
	Cervical cancer can be detected and treated	-	+	-	-	-
Probe for the cultural, spiritual, and individual meaning of cervical cancer	A curse from the ancestors that can be inflicted on someone by the wicked ones	-	+	++	++	-
	Cervical cancer is a spiritual attack	+	+	+	-	+
	Cervical cancer is an end-time disease	++	-	-	++	+
	Injury/infection of the cervix as a result of poor hygiene	-	+	++	-	++
	Cervical cancer is a result of promiscuity	+	+	-	+	-
What are your expected roles of nurses in cervical cancer prevention services?	Nurses should give health talk or awareness on cervical cancer from house to house for both men and women	++	++	+	++	++
	Educate women on regular check-ups	++	+	++	+	+
	Advocate for women at the government level for free vaccine or subsidized the vaccine for affordability	++	++	+	+	+
	Nurses should screen girls/women for cervical cancer	++	++	++	+	+
	Women/girls should be screened for cervical cancer as soon as they have started menstruating.	++	++	+	++	+
	Nurses should decide on the most affordable, reliable, and available type of cervical cancer for the women	+	++	++	++	+
	Nurses should counsel the women about CC before screening	+	+	-	++	++
	The result should be communicated as it is without mixing words	++	+	++	++	++
	Nurses should give a card to the women where dates of the next appointment will be written or text message to remind them of the next screening dates.	++	+	+	-	-
	Women should be given the best and affordable treatment	++	++	++	+	+
	Nurses should have the phone numbers of women and then call or send messages	+	++	++	+	+



	through WhatsApp or text					
	Involving the immediate family members/parents/husbands/community leaders in the follow-up	-	+	++	++	++

++ Mostly mentioned, +sparsely mentioned, -not mentioned

What has been heard about Cervical Cancer

This is the knowledge or information reproductive-age women have had about cervical cancer. The majority of the women reported that they have heard of cervical cancer. All those that have heard about it reported that it is a disease that affects women and it can be detected and treated, while few of the women claimed that they have never heard of cervical cancer.

"... is a disease that affects women and a screening can be done to know if one has cervical cancer or not, only women from 30 and above can screen for cervical cancer and cervical cancer can be detected and treated" [P3, 25 years, Community 2]

"...is a treatable and curable disease even though it is very dangerous and disheartening when a fellow woman has it" [P2, 27 years, Community 4]

Figure 2 below shows the schematic representation of what cervical cancer mean to the respondents. Three themes emerged from what cervical cancer mean to the respondents. The three themes are cultural meaning, spiritual meaning and individual meaning of cervical cancer.

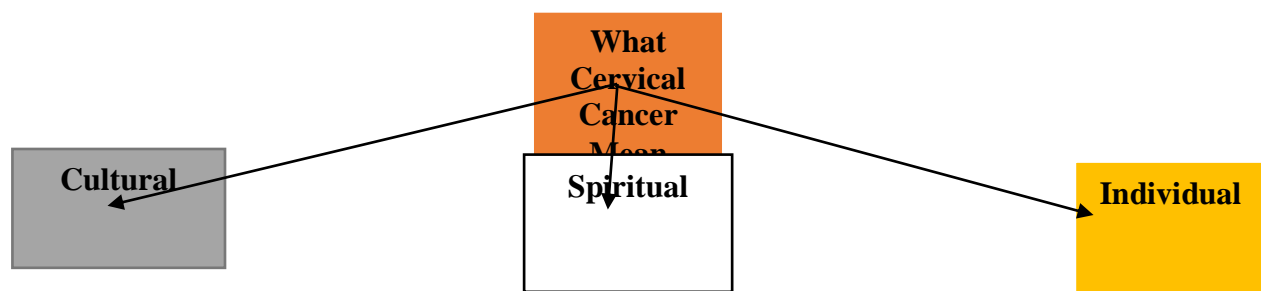


Figure 2: Schematic Representation of attributed meaning of Cervical Cancer by Respondents

Theme 1: Cultural meaning of Cervical Cancer

This defines cervical cancer based on their tribe, ethnicity, and the norms of where they hail from. When asked about the cultural meaning of cervical cancer, most of the women said cervical cancer is a terrestrial attack and that it is the work of the terrestrial forces. Just a few of them view cervical cancer as a deadly disease that cannot be cured with herbs.

"...it is a terrestrial attack called 'eta' [P5, Yoruba, 45 years, Community 1]

"...is a deadly disease that is curable but not with herb" [P4, 27 years, Community 5]

Theme 2: Spiritual Meaning of Cervical Cancer

This is the meaning attributed to cervical cancer based on their religious belief and practice. When asked about the spiritual meaning of cervical cancer, most of the women said it is a spiritual attack and that it came to the world suddenly. Some said it is an end-time disease as there was nothing like cervical cancer in the olden days. Few of them said it is as a result of

immoralities such as promiscuity and having abortions done. Some said a woman can come down with CC when such woman terribly offends higher authorities in the spirit realm.

"...it is an end-time disease because, in the olden days, there is nothing called cervical cancer" [P1, 30 years, Community 5]

"...cervical cancer just emerged as Ebola virus and is not something that has been happening in the time of old" [P3, 22 years, Community 4]

"Anyone that comes down with cervical cancer must have offended someone in the spiritual realm and the person wants to deal with such individual..." [P5, 30 years, Community 2]

Theme 3: Individual Meaning of Cervical Cancer

This is the personal or individual perception of cervical cancer. Though some of the respondents do not have a specific meaning for cervical cancer.

"...it means an injury/infection to the cervix..." [P4, 33-year, Community 1]

"... once it is detected early, it is curable..." [P1, 28 years, Community 2]

"....it is a disease that can occur through misuse of drugs..." [P2, 34 years, Community 1]

Figure 3 below shows the diagrammatic representation of themes and sub-themes that emerged in the focus group discussion on expected roles of nurse in cervical cancer prevention services. Five themes and seven sub-themes emerged. The seven sub-themes are sexuality, community involvement, men involvement, use of appointment cards, use of social media, involving relatives and community participation.

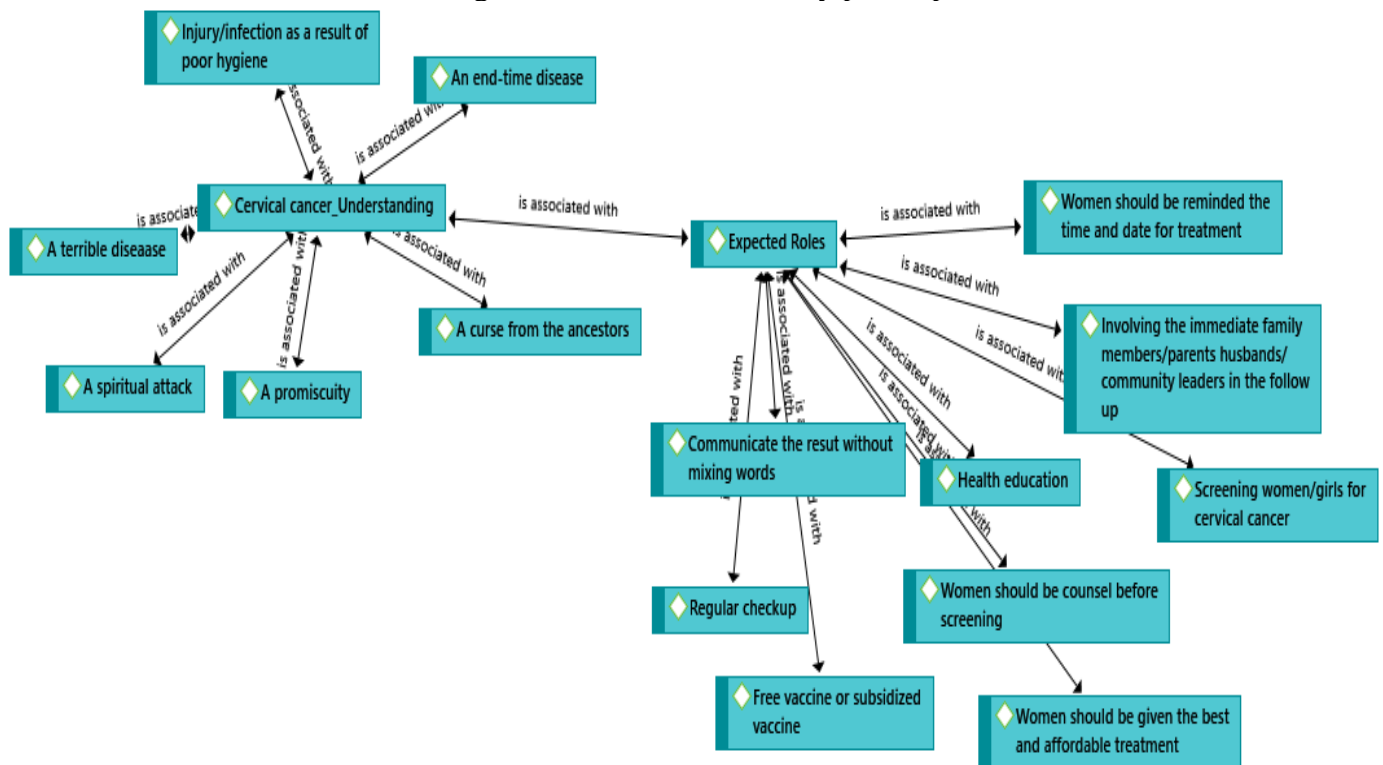


Figure 3: Diagrammatic Representation of the Themes

Theme 4: Health Education about Cervical Cancer Prevention Services

Most of the participants said nurses are expected to educate people about it; to do health talks, awareness, and regular check-ups, and not wait till someone comes down with the disease.

Sub-Theme 1: Sexuality

"... nurses should health-educate people on the use of condoms and regular check-ups..." [P6, 22 years, Community 4]

"... nurses should talk about sexuality to women irrespective of their age..." [P5, 30 years, Community 4]

"secondary school students should not be left out on the health education about cervical cancer prevention and abstinence from early sex" [P6, 30 years, Community 5]

"... accurate and adequate step should be taken by nurses by going from house to house to educate women and parents especially about cervical cancer prevention" [P3, 45 years, Community 3]

Theme 5: HPV Vaccination

Almost all the women said that they expected nurses to educate everyone on the HPV Vaccination and liaise with the government to make the vaccines free and they should go from school-to-school, house-to-house, community-to-community to educate them about it.

Sub-Theme 1: Community Involvement

"... nurses should always have a focus group discussion like this for a mini health education about vaccinations or nurses should go from house to house for a health talk, also nurses are expected to make use of social gatherings like churches or mosques for health education on vaccination" [P6, 36 years, Community 1]

"... nurses should take accurate and adequate step by going from house to house to educate women..." [P2, 45 years, Community 3]

"... nurses should go from house to house to educate people about the vaccine and nurses should liaise with the government to let the vaccines be free" [P1, 40 years, Community 5]

Sub-Theme 2: Men Involvement

"... nurses should talk to men from communities to communities instead of focusing on women" [P1, 34 years, Community 3]

Theme 6: Cervical Cancer Screening and Communication of Results

The majority of the women expected nurses to be the one to recommend, screen women, and also make the result available immediately after the screening, as any further delay can result in something dangerous.

"...I expected that nurses should do the most reliable type of the available cervical cancer screening for women since nurses know the most reliable one. Also, nurses should tell us the result immediately" [P5, 30 years, Community 4]



"...Nurses should conduct a cervical cancer screening that we will get the result immediately and preferably the type of cervical cancer screening that will not require going to the hospital for the test" [P3, 25 years, Community 2]

"...I expected that nurses should provide the type of cervical cancer screening that the result will come out immediately" [P7, 30 years, Community 1]

"...nurses are expected to do an economical test and the result should come out immediately without any delay to see or hear result..." [P8, 35 years, Community 3]

"...I expect nurses to tell the person/woman to come to the hospital for her result and the result should not be communicated on the phone until there is face to face contact..." [P5, 28 years, Community 2]

"... nurses should disseminate result through face-face interaction [P2, 44 years, Community 5]

Theme 7: Treatment of Precancerous Lesions

The majority of the women do not know what precancerous lesion is but assume that nurses should also treat precancerous lesion since nurses are to conduct the test. Though they emphasized that they expected the nurse to give the woman the appropriate treatment and to also educate them on the side effect, most of the women expected that the nurses will liaise with the government to make the drug free or at a subsidized rate

"... nurses should educate women about it and give the best treatment that will cure cervical cancer" [P8, 32 years, Community 4]

"...we look up to the nurses to liaise with the government to make the treatment or drugs free" [P4, 23 years, Community 4]

"... nurses should talk to the government on behalf of the women for a reduced rate or better-still free drugs, just like how the children immunization is at low cost or free" [P4, 25 years, Community 2]

"...knows chemotherapy as the only treatment for precancerous lesion and expected nurses to give the treatment appropriately" [P3, 40 years, Community 5]

Theme 8: Counsel and Follow-up

Most of the women said that the nurses are expected to counsel the woman before and after the screening and deliver the result to the woman one-on-one and that the nurses are expected to give cards to the women for next screening appointments.

"...expected that the nurse should not just screen and give the result of cervical cancer without a pre-counselling section, just like the counselling that occurs before having HIV screening done..." [P7, 21 years, Community 4]

"...expected nurses to do counselling before giving the result [P3, 45 years, Community 1]

Sub-Themes 1: Use of Appointment Cards

"...expected that the time of next screening should be written in small cards just like antenatal cards or send messages to the women when they are due to have screening done..." [P1, 27 years, Community 2]



"...expected that nurses should give a small card to the women where dates of the next appointment will be written..." [P1, 30 years, Community 4]

Sub-Themes 2: Use of Social Media

Most of the women reported that they expected the nurses to collect the contact of women who tested positive so that they can follow them up through calls, sending messages, or sending WhatsApp messages.

"...expected nurses to send message to women through text messages for reminders" [P4, 25 years, Community 2]

"...the house-to-house follow-up will not work but nurses are expected to call or send message to women" [P2, 21 years, Community 2]

"...expected nurse to collect phone numbers of women in each community and reminder should be sent to them" [P3, 45 years, Community 1]

Sub-Themes 3: Involving Relatives

Some of the women said they expected the nurse to involve the patient's relative and that nurses are expected to create awareness again as a form of follow up:

"...expected nurses to involve the immediate family members, and time to visit or call should be discussed" [P5, 40 years, Community 5]

"...expected nurses to involve the husband in the follow up so that they can be encouraged to do the needful..." [P6, 26 years, Community 5]

"...expected that the nurses should create awareness again as a form of follow up" [P1, 27 years, Community 1]

Sub-Theme 4: Community Participation

"...nurses are expected to do this type of gathering once a while and come back to the community every three months to remind women about the vaccine, screening and health educate again" [P1, 36years, Community 1]

"..... nurses should involve the community leaders when it comes to follow-up so that every meeting held in the community will be an avenue to remind women about everything related to cervical cancer" [P4, 40 years, Community 3]

Sub-Theme 5: Readiness to create awareness to other women

When asked how readily they are to tell other women to utilize cervical cancer prevention services if all expected roles are met, all the women responded that they are ready to tell other women and that they will tell other women about it. These are some of the women's responses:

"... I am ready to tell other women; especially those that are fat about the utilisation of cervical cancer prevention services..." [P9, 37 years, Community 4]

"...I will tell other women about the utilisation of cervical cancer prevention services because doing that you are showing that you care and love your fellow woman [P10, 22 years, Community 4]

"...will tell my friend to let's go together to make use of cervical cancer prevention services..." [P3, 25 years, Community 2]



"...I can tell other women and even follow them there to be sure they utilize the service and to prevent a notion that I might be making jest of them by telling them..." [P6, 28 years, Community 2]

"...I am ready to tell other women about the utilisation of CCPS since it is for their health..." [P3, 45 years, Community 3]

"... I can tell other women about it since anyone can talk about borrowing money from all these community banks, then is not bad if one tells another woman about the utilisation of CCPS..." [P1, 34 years, Community 3]

"...even if I have grudges with my fellow woman, I will still inform her about the utilisation of CCPS. I am more than ready to tell my enemy..." [P5, 27 years, Community 5]

Discussion of Findings

Five major themes were identified as expected roles of nurses in cervical cancer prevention services. They are: health education, HPV vaccination, cervical cancer screening and communication of results, treatment of precancerous lesions, and counseling and follow up. Health education was identified as a major expected role of a nurse as this will serve as a means of extending information to women and this can in turn enhance a behavioural change. Some of the respondents are aware of cervical cancer but do not have an in-depth knowledge of what cervical cancer prevention services entails. Hence, nurses are to ensure that the public has adequate information about CC prevention. This corroborates with Ndikom et al. (2017), which emphasized that nurses have a pivotal role in increasing the number of women who utilize the CCPS through health education, advice, and counselling. In the same vein, Azizeh et al. (2015) documented that nurses can promote cervical cancer screening through health education. Similarly, Ndikom et al. (2017) also reported that nurses could play an essential role in increasing women's utilisation of CCPS through educational intervention.

The second theme identified is HPV vaccination. The sub-theme identified was male involvement in CCPS. This is crucial as males have to be involved in the vaccination of HPV and the focus should not be women alone, as the menfolk have a stake in the decision to utilise CCPS or not. This affirms what Adewumi et al., (2019) documented that involving male partners will increase the utilisation of CCPS and go beyond immunizing the boys alone. The third theme identified is cervical cancer screening and communication of results. This is part of the major roles and skills to be demonstrated by a nurse, as the guidelines for ensuring prevention of CC is to screen and disseminate information and/or result. Hence, nurses are expected to perform this as they spend a lot of time with the reproductive-age clients.

The fourth theme identified is the treatment of precancerous lesions. Most reproductive-age women might not know what this entails, so the primary role is to give information about this and recommend the appropriate line of treatment. The fifth theme identified is counsel and follow-up which is very paramount in CCPS as this is a strategy to remind and advise women of reproductive age of the appropriate time to utilize CCPS. Additionally, the follow-up strategy will enhance the utilisation of CCPS and improve the cervical cancer screening behaviour.



Conclusion

The findings reveal significant cultural, spiritual, and individual perceptions of cervical cancer, as well as the expectations of community members regarding the roles of nurses in cervical cancer prevention services. Participants attributed various meanings to cervical cancer, ranging from cultural beliefs about terrestrial and spiritual attacks to more personal interpretations such as it being a result of infections or misuse of drugs. Additionally, most women expect nurses to take active roles in educating the public, particularly through house-to-house visits, school outreach, and community-based health education. There is a strong emphasis on the importance of HPV vaccination, with participants requesting nurses to advocate for free or subsidised vaccines and engage both men and women in educational activities.

Moreover, the findings suggest a significant desire for immediate and reliable cervical cancer screening services, including the communication of results and appropriate treatment of precancerous lesions. There is also a marked expectation that nurses will provide consistent follow-up care through appointment cards, social media, and community participation. These expectations reflect a collective readiness to not only use cervical cancer prevention services but also to encourage others to do so. In sum, the study highlights a pressing need for culturally sensitive, community-based approaches to cervical cancer prevention, with a strong call for nurses to take leadership roles in health education, advocacy, and follow-up care.

Recommendations

1. Nurses should be trained to understand these beliefs and incorporate them into their health education strategies. This could involve holding community-specific sessions that discuss the medical aspects of cervical cancer, alongside respectful discussions that acknowledge spiritual and cultural viewpoints, thus ensuring greater acceptance of cervical cancer prevention measures in different communities.
2. Nurses should intensify their outreach efforts by engaging in regular house-to-house campaigns and using community-based settings such as churches and mosques to educate the public on cervical cancer prevention and HPV vaccination. This approach will help dispel myths about cervical cancer and increase awareness of available prevention services, particularly in rural and hard-to-reach areas. Additionally, nurses should actively involve community leaders in these initiatives to enhance trust and participation.
3. Nurses should implement more efficient and accessible cervical cancer screening services, ensuring that the results are communicated quickly and in a manner that respects patients' confidentiality. The use of appointment cards and regular follow-up via text messages, phone calls, or social media should be standardized to keep women informed about their health status and remind them of the next screening dates. These strategies can improve adherence to screening schedules and encourage more women to access timely treatment.
4. Nurses should educate men on the importance of supporting women in accessing prevention services, including HPV vaccination and regular screening. Community-based discussions and targeted messages can be used to shift cultural perceptions and



encourage male involvement in cervical cancer prevention efforts, thereby fostering a supportive environment for women.

REFERENCES

- Adaobi, I. B.-O., Ugo, N. C., & Obinna, N. (2018). Reducing incidence of cervical cancer: knowledge and attitudes of caregivers in Nigerian city to human papillomavirus vaccination. *BMC*, 13. doi: 10.1186/s13027-018-0202-9
- Adewumi, K., Oketch, S., Yujung, C., & Huchko, M. (2019). Female perspective on male involvement in a human-papillomavirus-based cervical cancer screening program in western kenya. *BMC Women's Health*, 19(107).
- Bray, F., Ferlay, J., Soerjomataram, I., Siegel, R., Torre, L. A., & Jemal, A. (2019). Global Cervical Cancer Statistic. *American Institute for Cancer Research*.
- Donatus, L., Kifu, F. N., Dohbts, J. S., Claude, N. N., Fala, B., Joyce, S., & Samuel, N. C., (2019). Assessing the Uptake of Cervical Cancer Screening among Women aged 25-65 years in Kumbo West Health District, Cameroon. *The Pan African Medical Journal*. 33, 106. doi 10.11604/Pamj.2019.33-106-16975
- Eric, A. (2020). HPV Vaccine and Cervical Cancer Policy and Policymaking Research Interest in Sub-Saharan Africa: A Scoping Review. 26. Doi.org/10.1016/j.jcpo.2020.100258
- Fafowora, R. O., & Irinoye, O. O. (2017). Female Nurses' Knowledge, Competence and Involvement in Cervical Cancer Screening in Health Care Settings in Osun State, Nigeria. *Research Journal of Health Sciences*, 5(1).
- Fouly, H., Strnger, M., & Atef, M. D., (2016). The Role of Nursing in Early Detection of Cervical Cancer. *Lambert Academic Publishing*, 1st Edition. ISBN: 978-3-659-88350-7
- Katrina, P., Heleen, V., Alex, W., Sergio, B., Elien, D., Sonia, D., Ana, G., Ines, K., Adhemar, C., Jose, O., Elizaveta, P., Rui, M. R., Nathalie, V., Bernardo, B. O., & Oliver, D. (2020). Universal Cervical Cancer Control through a right to Health Lens: Refocusing National Policy and Programmes on Undeserved Women. *BMC*. Article Number:21(2020).
- Maryam, K.-p., & Koen, P. (2018). exploring Iranian womens' perceptions and experiences regarding cervical cancer preventive behaviour. *BMC Women's Health*, 18(145).
- Mesafint, Z., Berhane, Y., & Desalegn, D. (2018). Health seeking behavior of patients diagnosed with cervical cancer in Addis Ababa, Ethiopia. *Ethiopian Journal of Health Sciences*, 28(2), 111-116.
- Mudau, A. G., Tugli, A., & Mabunda, J. (2017). Women's Attitudes and Beliefs Regarding Cervical Cancer Prevention at Rural Health Care Facilities in Limpopo Province of South Africa. *Advances in Biotechnology and Microbiology*, 7(3). doi:10.19080/AIBM.2017.07.555712
- Nyangasi, M. F., Osero, J., & Gichangi, P. (2017). *Determinants Of Delay In Seeking Medical Care Among Women With Invasive Cervical Cancer In Western Kenya*. Kenyatta University,
- Okunowo, A. A., & Smith-Okonu, T. (2020). Cervical Cancer screening among urban women in Lagos, Nigeria: focus on barriers and motivators for screening. *The Nigeria Journal of General Practice*, 18(1), 10-16.
- Oluwole, E. O., Mohammed, A. S., Akinyinka, M. R., & Salako, O. (2017). Cervical Cancer Awareness and Screening Uptake among Rural Women in Lagos, Nigeria *Journal of Community Medicine and Primary Health Care*, 29(1).



- Peterson, E. B., Ostroff, J. S., DuHamel, K. N., D'Agostino, T. A., Hernandez, M., Canzona, M., & Bylund, C. L. (2016). Impact of Provider-Patient Communication on Cancer Screening Adherence: A Systematic Review. 93, 96-105.
- Sowemimo, O. O., Ojo, O. O., & Fasubaa, O. B. (2017). Cervical Cancer Screening and Practice in Low Resource Countries: Nigeria as a case study. *Tropical Journal of Obstetrics and Gynaecology*, 34(3), 170-176.
- W.H.O. (2018). Global Call to Action towards the Elimination of Cervical Cancer

Cite this article:

Author(s), OLAWALE, Adebola Ololade (RN, MSc), AFOLABI, Kikelomo Esther (RN, PhD), OLAWALE, Clement Olayinka (RN, BNSc), (2025). "Exploration of Expected Roles of Nurses in Cervical Cancer Prevention Services Delivery in Olorunda Local Government Area in Osun State", **Name of the Journal:** International Journal of Medicine, Nursing & Health Sciences, (IJMNHS.COM), P, 14- 30. DOI: www.doi.org/10.5281/zenodo.15449281 , Issue: 2, Vol.: 6, Article: 2, Month: April, Year: 2025. Retrieved from <https://www.ijmnhs.com/all-issues/>

Published By



AND

ThoughtWares Consulting & Multi Services International (TWCMSI)

