

Health-facility factors influencing Cervical cancer screening uptake among women aged 25-35 years at Mukono general hospital. A cross-sectional study.

Everlyne Aguti*, Milton Ssenkayi
St Francis School of Health Sciences

Page | 1

ABSTRACT

Background

Worldwide, uptake of cervical cancer screening is higher in developed countries as compared to developing countries. The study aims to assess the health-facility factors influencing cervical cancer screening uptake among women aged 25-35 years.

Methodology

A cross-sectional study was carried out among women of reproductive age between 25-35 years attending the family planning clinic at Mukono Hospital, Mukono district. 30 respondents were selected and interviewed during the study. Data was collected through research-administered questionnaires.

Results

The major health facility factors influencing cervical cancer screening uptake were lacking enough health workers, the provision of inadequate information, and the distance of the facility from the respondent's home. 15/30(50%) rated services offered to them as being fair while a small number 4/30(13.3%) said services were good. All respondents 30/30(100%) indicated that the hospital lacked enough health workers to attend to them. Most 14/30(46.7%) of the respondents said staff shortages meant that health workers delayed attending to mothers. Concerning actions of health workers that affect the uptake of cervical cancer screening, half of the respondents 15/30(50%) mentioned the provision of inadequate information while a few respondents 3/30(10%) said failure to spend enough time with women. All respondents (100%) reported that health workers did not conduct outreaches to sensitize women about cervical cancer screening.

Conclusion

Staff shortages were also a major factor affecting the uptake of cervical cancer screening among women. It was also found that health facilities were not easily accessible for most rural women resulting in low utilization of free cervical cancer screening services in Government health facilities.

Recommendation

The Government should set up more facilities that offer cervical cancer screening to increase accessibility and recruit more health workers to sensitize women to the benefits of undergoing cervical cancer screening regularly.

Keywords: *Family planning clinic, Cervical cancer screening, Mukono General Hospital*

Submitted: January 19, 2026 **Accepted:** February 20, 2026 **Published:** March 1, 2026

Corresponding author: Everlyne Aguti*
St Francis School of Health Sciences

BACKGROUND OF THE STUDY

Worldwide, uptake of cervical cancer screening is higher in developed countries as compared to developing countries. In Malawi, many of the women rated cervical cancer screening services offered to them as low mainly due to the absence of enough private rooms, staff shortages, and congestion (Msyamboza, Phiri & Sichali, 2015). In Zimbabwe Women may not understand the need for screening, the significance of abnormal results, or the follow-up expectations (Fallala & Mash, 2015). Low communication between nurses and clients is also a major factor hindering the uptake of cervical

cancer screening services. The effects of this on cervical screening are seen in terms of reduced acceptability of services and low adherence to the screening process.

Women were found to suggest that hospitals that provide cervical cancer treatment services are often far from their homes making transportation difficult and thereby limiting access. Services are sometimes not offered at times or on days when women can take time to travel to a clinic (C Nakisige et al, 2017). Long wait times for services and time spent to get to clinics are associated with high costs to the individual (Teame et al, 2019). The absence of better facilities, few female staff at screening centers, and offering service at a higher price, especially at private health facilities

were mentioned as reasons why few women undergo cervical cancer screening (Kassa RT, 2018). Long waiting hours at facilities are a major concern raised by cervical cancer clients who seek treatment services and this situation was attributed to staff shortages (Cunningham et al, 2015). This hinders some women from coming for such services. The study aims to assess the health-facility factors influencing low cervical cancer screening uptake among women.

METHODOLOGY

The methodology described here is similar to the one documented by (Aguti et al.,2024) about social-related factors influencing low cervical cancer screening.

Study design and rationale

A cross-sectional study design was used. The study design was selected because helped the researcher to convert the responses obtained (data) into percentages.

Study setting and rationale

The study was conducted at Mukono Hospital, located in Mukono Municipality, Mukono district along the Kampala Jinja highway. Major departments within the hospital include the gynecology and obstetrics ward, pediatrics, surgical ward, and medical ward. Outpatient services at the health facility include family planning, daily immunization, HIV testing and counseling, and Elimination of mother-to-child HIV Transmission (EMTCT) and safe male circumcision (SMC). The area was chosen due to the low number of women seeking free cervical cancer screening services.

Study population

The study was carried out among women of reproductive age between 25-35 years attending the family planning clinic at Mukono Hospital, Mukono district.

Sample size determination

Using Button's (1965) formulae to calculate the sample size, 30 respondents were selected and interviewed during the study.

$$S=GR/O$$

Where S=Sample Size

G=Number of people interviewed per day

R=Maximum number of days for data collection

O=Maximum time the interviewer spends on each respondent

$$\text{There } S=5 \times \frac{3}{0.5} \\ = 30$$

Thirty (30) respondents were selected and interviewed during the study. A small number of respondents was chosen for easy data collection.

Procedure/sampling technique

A simple random technique was used to pick the respondents. Because everyone in the target group had equal chances of being included in the study, 60 papers written on yes and no were distributed to women gathered at the FP clinic at Mukono Hospital. However, only the 30 respondents who picked the yes papers were included in the study.

Inclusion criteria

Women of reproductive age who were present at the time of data collection and consented to the study were included in the study.

Dependent variables

Cervical cancer screening among women

Independent variables

Social-related factors influencing low cervical cancer screening uptake among women.

Research instruments

Pre-tested semi-structured questionnaires were used to collect data from patients. Pre-testing was done on five women. Modifications were then made to the questionnaire.

Data collection procedure

Before giving out the questionnaires, the researcher fully explained the reasons for the research to the respondents. The interpretation was done for respondents who cannot read and write. Self-administered questionnaires were used to collect data. Each filled-in questionnaire was checked for accuracy and completeness by the researcher.

Data management

The data obtained was stored in notebooks, computers, and a flash disk as a backup copy.

Data analysis

After collecting the data, it was analyzed by use of a computer through tallying and presented in frequency tables, figures, and text.

Ethical consideration

On approval of the research proposal, a letter of introduction was provided by the Principal St Francis School of Health Sciences who introduced the researcher to the director

Mukono General Hospital who introduced the researcher to the in-charge FP clinic. The In-charge FP clinic then introduced the researcher to the respondents and obtained consent from them. Initials instead of respondent's full names were used and respondents were assured of maximum confidentiality.

RESULTS

Socio-demographic data of the respondents

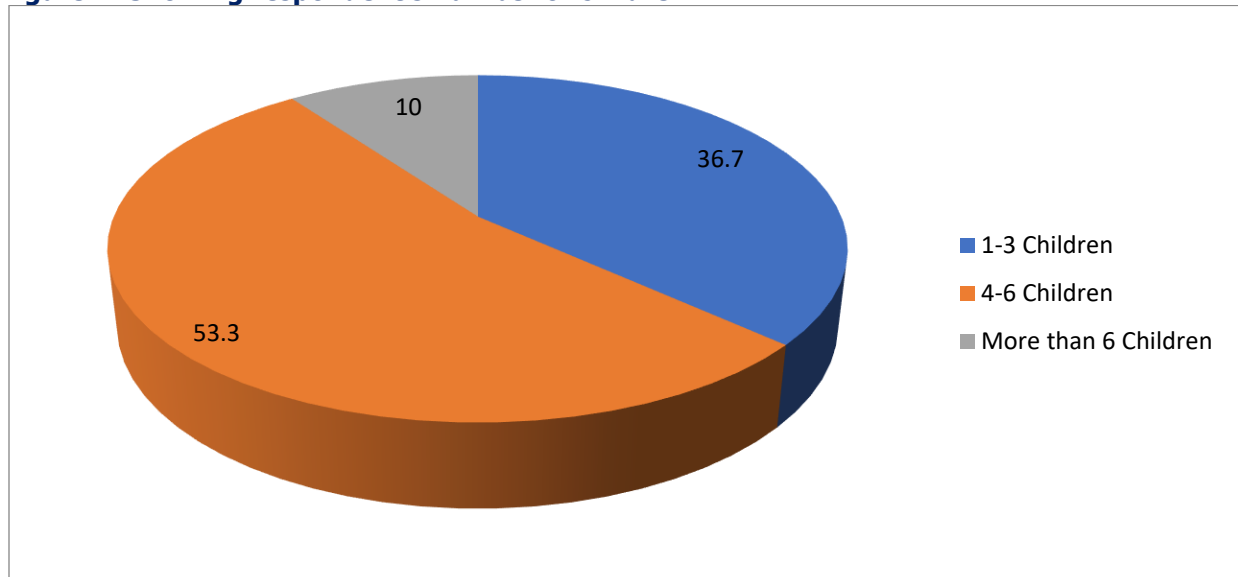
Table 1: Shows socio-demographic characteristics of the respondents (n=30)

Responses	Frequency (n=30)	Percentage (%)
Age		
15-20 years	2	6.7
21-25 years	6	20
26-30 years	10	33.3
31 years and above	12	40
Education		
Primary	14	46.7
Secondary	10	33.3
Tertiary	2	6.7
No formal education	4	13.3
Occupation		
Farmer	15	50
Civil servant	1	3.3
Businesswoman	8	13.3
Housewife	6	23.3
Religion		
Protestant	13	43.3
Catholic	7	23.3
Moslem	2	6.7
Born Again	8	26.7
Marital status		
Single	6	20
Married	17	56.7
Divorced/separated	5	16.7
Widow	2	6.6

According to the socio-demographic characteristics of the respondents, most of the respondents 12(40%) were 31 years and above while the smallest number 2(6.7%) were between 15-20 years. On education level, most of the respondents 14(46.7%) stopped in primary school while the least 2(6.7%) had attained a tertiary level of education. On occupation, half of the respondents 15(50%) were farmers

while the least 1(3.3%) was a civil servant. Regarding religion, most of the respondents 13/30(43.3%) were Protestants while a few respondents 2/30(6.7%) were Muslims. Concerning marital status, the majority of the respondents 16(56.7%) were married while the minority 2(6.7%) were widows.

Figure 1: Showing respondent's number of children.



According to data in Figure 1, the majority of the respondents 16/30(53.3%) had between 4-6 children while the minority 3/30(10%) had more than 6 children.

Health-facility-related factors influencing low uptake of cervical cancer screening services.

Table 2: Health-facility-related factors influencing low uptake of cervical cancer screening services

Response	Frequency (n=30)	Percentage %
How do you rate services offered to you?		
low Fair	11	36.7
Good	15	50
Excellent	4	13.3
	-	-
Are there enough health workers		
Yes	-	-
No	30	100
How staff shortages affect the uptake of CaCx screening		
Health workers offer inadequate information to women	10	33.3
Health workers spend less time with women	6	20
Delay in attending to mothers	14	46.7
Actions of health workers that affect the uptake of CaCx screening		
low communication	7	23.3
Provision of inadequate information	15	50
Failure to spend enough time with women	3	10
Confidentiality	5	16.7

Half of the respondents 15/30(50%) rated services offered to them as being fair while a small number 4/30(13.3%) said

services were good. All respondents 30/30(100%) indicated that the hospital lacked enough health workers to attend to

them. As a result, most 14/30(46.7%) of the respondents said staff shortages meant that health workers delayed attending to mothers while 6/30(20%) said health workers spent less time with women.

Concerning actions of health workers that affect the uptake of cervical cancer screening, half of the respondents 15/30(50%) mentioned the provision of inadequate information while a few respondents 3/30(10%) said failure to spend enough time with women.

Figure 4. Showing the distance of the respondent's home to the hospital (n=30)

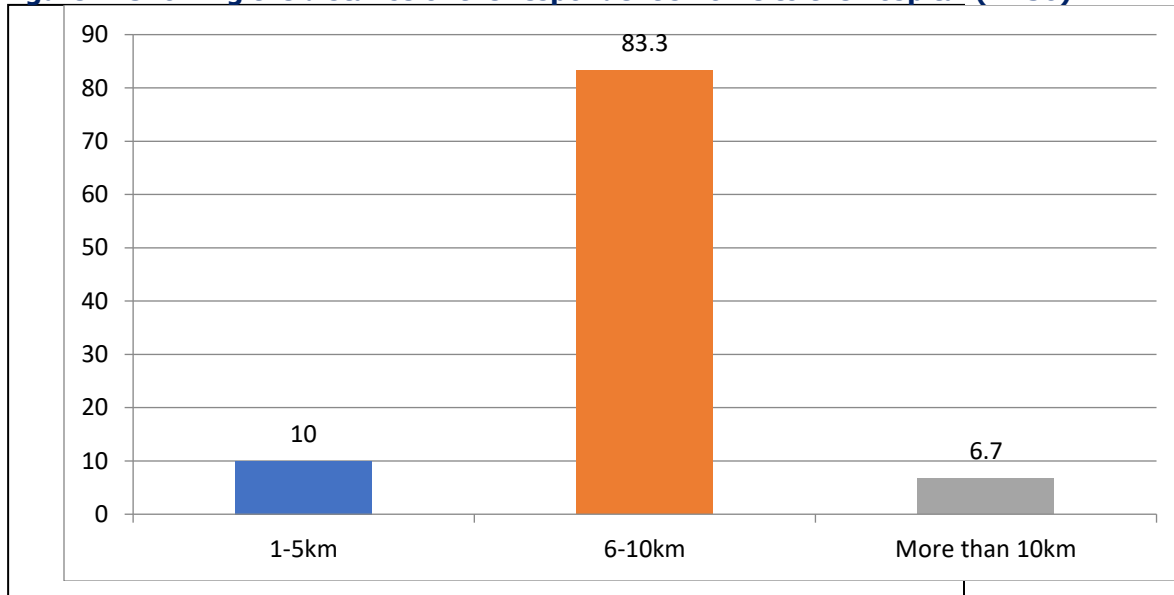


Figure 4 shows that the biggest number of respondents (83.3%) reported that the distance from the respondent's home to the nearest health center was between 6-10km while the minority (6.7%) said it was more than 10km.

Table 3: Showing respondent's means of transport to the hospital

Response	Frequency (n=30)	Percentage %
Respondent's means of transport to the hospital		
Motor cycle	20	66.7
Taxi	7	23.3
Walking	3	10

The majority 20/30(66.7%) of the respondents indicated that they used a motorcycle while traveling to the hospital while the minority 3/30(10%) walked.

Table 4: Showing whether health workers conduct outreaches regularly

Response	Frequency (n=30)	Percentage
Do health workers conduct outreaches to sensitize women about CaCx screening		
Yes	-	-
No	30	100

All respondents (100%) reported that health workers did not conduct outreaches to sensitize women about cervical cancer screening.

DISCUSSION

Health-facility-related factors influencing low uptake of cervical cancer screening services

Page | 6

Half of the respondents (50%) rated services offered to them as being fair which contradicts a study done by (Msyamboza, Phiri & Sichali, 2015) in Malawi which established that many of the women rated cervical cancer screening services offered to them as low.

All respondents (100%) indicated that the hospital lacked enough health workers to attend to them. And (46.7%) of the respondents said staff shortages meant that health workers delayed attending to mothers. This implies that many Government health facilities are understaffed compared to the high number of clients who come to receive free services. Similarly, (Cunningham et al, 2015) in their study argue that long waiting hours at facilities offering is also a major concern raised by cervical cancer clients who seek treatment services, and this situation is attributed to staff shortages.

Concerning actions of health workers that affect the uptake of cervical cancer screening, half of the respondents (50%) mentioned the provision of inadequate information while a few respondents (10%) said failure to spend enough time with women.

Furthermore, the biggest number of respondents (83.3%) reported that the distance from the respondent's home to the nearest health center was between 6-10km implying that health facilities were not easily accessible. In addition, the majority (66.7%) of the respondents indicated that they used a motorcycle while traveling to the hospital which could have been very expensive given the current high fuel costs. This is also in agreement with a study done by (Teame et al, 2019) in which women complained that hospitals that provide cervical cancer treatment services are often far from their homes making transportation difficult and thereby limiting access.

All respondents (100%) reported that health workers did not conduct outreaches to sensitize women about cervical cancer screening.

CONCLUSION

Staff shortages were also a major factor affecting the uptake of cervical cancer screening among women. It was also found that health facilities were not easily accessible for most rural women resulting in low utilization of free cervical cancer screening services in Government health facilities.

Recommendation

The Government should set up more facilities that offer cervical cancer screening to increase accessibility and recruit more health workers to sensitize women on the benefits of undergoing cervical cancer screening regularly.

ACKNOWLEDGEMENT

I do acknowledge my research supervisor for the guidance throughout my research. I also appreciate my tutors for their guidance and direction towards the achievement of this milestone. My warm appreciation goes to Mukono General Hospital and above all the respondents who participated in sharing their experience and made this work possible.

Finally, I would like to acknowledge the support of my school tutors, classmates, and friends. Thank you for supporting me and always encouraging me. May the almighty God richly bless you.

LIST OF ABBREVIATIONS

EMTCT:	Elimination of Mother-to-Child HIV Transmission
SMC:	Safe male circumcision
CaCx:	Cervical Cancer
HIV:	Human Immune Virus

SOURCE OF FUNDING

No Source of funding

CONFLICT OF INTEREST

No Conflict of interest

AUTHOR BIOGRAPHY

Everlyne Aguti is a student of a Diploma in Midwifery at St Francis School of Health Sciences.

REFERENCES

1. Cunningham MS, Skrastins E, Fitzpatrick R, Jindal P, Oneko O, Yeates K, et al. Cervical cancer screening and HPV vaccine acceptability among rural and urban women in Kilimanjaro Region, Tanzania. *BMJ Open*. (2015) 5:e005828.
2. Aguti, E., Ssenkayi M (2024) Social-related factors influencing low cervical cancer screening uptake among women aged 25-35 years at mukono general hospital. A cross-sectional study. (2024). *Sj public health africa*, 1(4), 8. <https://doi.org/10.51168/wekk4s25>
3. Fallala MS, Mash R. (2015). Cervical cancer screening: Safety, acceptability, and feasibility of a single-visit approach in Bulawayo, Zimbabwe. *Afr J Prm Health Care Fam Med*. 2015;7(1).
4. Kassa RT (2018). Risk factors associated with precancerous cervical lesion among women screened at Marie stops Ethiopia, Adama town, Ethiopia 2017: a case-control study. *BMC Res Notes*. 2018;11:1–5.

5. Msyamboza KP, Phiri T, Sichali W (2015). Cervical cancer uptake and challenges in Malawi. *BMC Public Health*16:606
6. Nakisige C, Schwartz M, Ndira AO. Cervical cancer screening and treatment in Uganda. *Gynecol Oncol Rep.* 2017 Feb 3;20:37-40. doi: 10.1016/j.gore.2017.01.009. PMID: 28275695; PMCID: PMC5331149.
7. Teame H, Gebremariam L, Kahsay T, Berhe K, Gebreheat G, Gebremariam G. Factors affecting utilization of cervical cancer screening services among women attending public hospitals in Tigray region, Ethiopia, 2018; a case-control study. *PLoS One.* 2019;14(3):e0213546Published 2019 Mar 14.

Publisher details

SJC PUBLISHERS COMPANY LIMITED



Category: Non Government & Non profit Organisation

Contact: +256 775 434 261 (WhatsApp)

Email: info@sjpublisher.org or studentsjournal2020@gmail.com

Website: <https://sjpublisher.org>

Location: Scholar's Summit Nakigalala, P. O. Box 701432, Entebbe Uganda, East Africa