

# Identifying Factors Influencing the Utilization of Cervical Cancer Screening Services By Young Women in Machabeng Hospital

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**Abstract:** Cervical cancer is a significant health burden for women worldwide, particularly in low-resource settings. Early detection through regular screening is crucial for successful treatment and prevention of this potentially fatal disease. However, young women often underutilize cervical cancer screening services. This study aims to identify the factors that influence the utilization of cervical cancer screening services among young women at Machabeng Hospital. In this descriptive analysis, data will be collected through structured interviews and questionnaires administered to young women aged 18-30 years who visit Machabeng Hospital for various reasons. The study will focus on investigating individual, interpersonal, and health system factors affecting cervical cancer screening utilization. The individual factors explored in this study will include knowledge about cervical cancer and its screening, awareness of risk factors, and personal attitudes towards preventive healthcare services. Interpersonal factors will include socio-cultural norms, family support, and peer influence. Lastly, health system factors will encompass accessibility, availability, and quality of cervical cancer screening services in Machabeng Hospital. Findings from this study will provide a comprehensive understanding of the specific barriers and facilitators that influence young women's utilization of cervical cancer screening services in the targeted setting. The results will assist health policymakers, hospital administrators, and healthcare practitioners in developing tailored interventions to increase screening uptake among this population. Ultimately, efforts to overcome barriers and enhance utilization of cervical cancer screening services among young women in Machabeng Hospital will contribute to reducing the burden of cervical cancer and improving women's health outcomes in this region.

## CHAPTER 1

### INTRODUCTION

Cervical cancer is explained by World Health Organization (WHO) as the fourth most common form of a malignant that originates in the tissues of the cervix of a woman which is the entrance to the uterus from the external organ-vagina. Cervical cancer develops when the cervical cells are alternated or mutated by the Human Papilloma Virus (HPV) as it invades the cervix. It may not only stay there where it originates but it can also affect the near deeper tissues and may eventually spread to the other parts of the body such as lungs, liver, bladder, vagina, and rectum.

According to Vincent, et al. (2019), more than 1.1 million new cases of invasive cancer were diagnosed in AYAs (Adolescent and Young Adults) aged 15 to 39 years annually worldwide, which was 6.6% of all new cancer cases of all ages. For all ages and both males and females, the top five cancers in AYAs worldwide in 2016, in order of incidence, were breast cancer (13% of all cancers in the age group), cervix uteri cancer (10%), central nervous system (CNS) tumors (6%), leukemia (6%), and liver cancer (5%).

According to the Lesotho Human Papilloma Virus and related cancers fact sheet (2021), it is estimated that 604 127 new cases and 341 831 deaths were recorded in 2020 worldwide. Furthermore, 12 333 was recorded as annual number of new cases of cervical cancer in Southern Africa. The great numbers of these countries are in Sub-Saharan Africa, Melanesia, South America, and South-Eastern Asia. The global cancer statistics 2020 estimates that in 2020, cervical cancer killed an estimated 341 843, women, 90% of whom were in less developed regions of the world, where access to prevention, screening, and treatment services are severely limited. 604 237 women were diagnosed with cervical cancer globally, representing 6.5% of all female cancers. Additionally, it is the most common cancer among women in 36 low- and middle-income countries, mainly in Sub-Saharan Africa.

It is found that the infection by the HPV is highly preventable with the vaccine and screening services through Pap Tests. Cervical cancer screening is a prevention technique that is used to find changes in the cells of the cervix that could lead to cancer. Screening includes cervical cytology (also called the pap smear or pap test), testing for human papillomavirus (HPV), or both. Cervical cancer is described to be a slow growing cancer that may be asymptomatic hence women should have a regular cervical cancer screening. WHO recommends the use of screening and treatment approaches for women using VIA (Visual Inspection with acetic Acid). It usually takes 3 to 7 years for high grade changes in cervical cells to become cancer. Women with low grade changes in their cervixes can be tested more frequently to see if their cells go back to normal, women with high grade changes can get treatment to have their

cells removed. The widespread cervical cancer screening with Pap test in United States has led to a decrease in the incidence and mortality by over 75%.

Screening as described by the National Health Committee (NHC), is a health service which members of a particular group and it does not mean that they have an infection or its signs and symptoms are asked a number of questions or provided with a few tests with the aim of ruling out individuals who are more likely to be helped than harmed by further tests or treatment plans in order to reduce the risk of a disease and the complications. To improve the results of Cervical Cancer detection programs, it is necessary to: employ appropriate and timely triage alternatives for hrHPV-positive patients, professionalize healthcare personnel and guarantee the quality of program processes, increase screening coverage of the hrHPV test, improve information systems and use a combination of vaccination and screening to accelerate the reduction in the burden of disease associated with Cervical Cancer.

Utilization of cervical cancer screening services is described as the making use of the screening programs that are available for use. Cervical screening rates are at their lowest for two decades. In 2018, only 72 % of women aged 25 to 64 were having the test in the recommended time frame, a slight increase by 0.5% from 2017, but still down from 75.4% in 2012. According to World Health Organization, 2010, cervical cancer is the first outmost cancer that affects women aged between 15 and 44 years of age in Tanzania. In North America, even after many years of effort for cervical cancer screening, the country is experiencing at least twice the irreducible minimum of disease (Miller, 1995).

In the United Kingdom, cervical coverage for the total target age group of 25 to 64 years fell from 76% in 2010/11 to 71% in 2017/18, and then increased slightly to 72% in 2019/20. Of 15.5 million women who were eligible for cervical cancer screening in 2019/20, only 11 million of them were screened within the stipulated target period. According to BBC news, London has some of the lowest rates of women screened for cervical cancer. In some boroughs just over half of eligible women under 50 had a test within the past three and a half years. Official figures from public health England matched to local authority districts; reveal about half of eligible 25 to 49 year old women registered at GP practices in Westminster, Kensington and Camden had received adequate screening.

In developing countries Visual Inspection with Acetic Acid application is used as an alternative method of screening for cervical cancer to cytology screening. As explained by WHO (2002), the methods used include, unaided visual inspection of the cervix, Visual inspection with 3.5% acetic acid (VIA), Cervicography, and Visual Inspection with Lugol's iodine (VILI). It detects acetowhite lesions that are suspicious of early diagnosis of high-grade cervical cancer and early pre-clinical, asymptomatic invasive cancer.

The aim of the study is to identify factors influencing the utilization of cervical cancer screening services by young women (25-35 years of age) as screening services improve prognosis by offering early detection of cancer, and to assess the knowledge of young adults on the importance of cervical cancer screening services, therefore, this leads to early treatment plan, and reducing death rates.

## **1.1 BACKGROUND**

According to 2018 data, the incident of cervical cancer in Lesotho is 51. 1/100 000 women population and mortality rate of 39.1. The woman population in Lesotho is 732 612- women aged 15 years and older who are at risk of developing cervical cancer. Cervical cancer is the most common cancer in Lesotho and it is a leading cause of death among women. In 2012, Lesotho has been among the top most countries with the highest estimated cervical cancer incidence rates in the world, at 27.8 per 100 00 women population.

It is estimated that every year 541 women are diagnosed with cervical cancer and 362 die from the disease in Lesotho. It is ranked the first most frequent cancer among women between 15 and 44 years of age in Lesotho. The Lesotho Ministry of Health (Nov. 2020), stated that in Lesotho cervical cancer accounts for 44 percent of all cases of cancer in the country. The Lesotho Demographic Health Survey (LDHS), 2014 stated that the population of women who have heard of the Pap smear examination has increased from 31% in 2009 to 47% in 2014. But sadly, the proportion of women who have had a Pap test in the past 12 months has decreased slightly from 6% in 2009 to 4% in 2014.

The Lesotho HPV and Related Cancers, Fact Sheet 2021 states that crude incidence rate cervical cancer in female is 49.8%, and 5.5% of all women aged 15- 49 years of age were screened for cervical cancer annually. Furthermore, it is estimated that prevalence of HPV 16 and or 18 among women with low grade cervical cancer lesions is 24.9% while the prevalence among women with high grade cervical cancer lesions is 38.6%. The prevalence of women with cervical cancer is 67.2%. This is why this study is aimed at targeting young women of reproductive years; help them be informed of cervical cancer screening services.

Lesotho uses opportunistic screening whereby invitations to screening depend on the individuals' decision or encounters with health-care providers. According to the National Screening Program that started in January 2013, there is availability of cervical cancer

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screening programs in Lesotho. The main screening test used for primary screening is visual inspection with acetic acid (VIA). It is an alternative to cytology based screening in low- resource setting. Estimated coverage of cervical cancer screening in Lesotho by region was as follows. DHS (2009) Lesotho stated: Berea (7.0 %), Botha- Bothe (5.7), Leribe (3.9), Mafeteng (6.3), Maseru (7.5), Mophahleho (3.4), Mokhotlong (1.5), Quthing (3.6), and Thaba- Tseka (4.3).

EGPAF- Lesotho has fully integrated cervical cancer screening in HIV programs that they support in the country, such as TB/ HIV clinics at MOH and Christian Health Association of Lesotho (CHAL) sites, the adolescent program, factory work place program, boarder clinics, programs for the populations and integrated outreach services.

The kingdom of Lesotho launched its National Cervical Screening Program on the 30<sup>th</sup> January 2013 at Sankatana Center of Excellence in Maseru, together with the assistance of the American people through funding from the United States for International Development (USAID) and in cooperation with The Ministry of Health and EGPAF. EGPAF scaled- up cervical cancer prevention services using two mixed capacity services building approach that included training, mentorship, and clinical attachment of health care workers at Sankatana.

## **1.2 STATEMENT O THE PROBLEM**

Lesotho has one of the highest estimated cervical cancer incidence rates in the world. It is the most common cancer in Lesotho and it is a leading cause of death among women. According to the Annual Joint Report 2012, data obtained from the records of queen ‘Mamohato Memorial Hospital (QMMH) indicates that in January to December 2012, oncology patients constituted 90% (2771/3069) of the total referrals.

The government of Lesotho spends millions of money in providing care to oncology patients as their care and treatment entails referrals to South Africa. “Lesotho currently spends almost US \$ 7 million a year for sending its cancer patients to SA and India for treatment and care. This is a major scourge for our country and we have lost so many lives due to cancer because of the lack of radio therapy facility”. Dr. ‘Nyane Letsie- the minister of health has addressed following her tour at Queen ‘Mamohato Memorial Hospital (QMMH) (LENA, 2021). In order to reduce the financial crisis, women have to utilize screening services as offered per health facility.

Despite the availability of screening services in the health care facilities, women still hesitate to use such services, they go to the facilities in advanced stages of cancer, so, lack of participation by women in screening services has inspired the researcher to find out more on the factors that influence the utilization of cervical cancer screening services by young women in Machabeng hospital. Knowing the factors will help in finding the relevant interventions and therefore decrease the morbidity and mortality.

## **1.3 SIGNIFICANCE OF THE STUDY**

### **1.3.1 NURSING EDUCATION**

The study will add on already existing vast of information concerning screening. The results will prove what aspect of health care system fails to perform their duty as expected and opinions from the respondents through interviews will add on health information on what is lacking with regard to achieving greatest numbers of women in screening services despite availability of screening stations.

### **1.3.2 COMMUNITY**

The information gathered from this study will be of help. It will empower women. They will be helped by the study to have more control over their lives, be confident and not hesitate to screen for cervical cancer. The study will help more women to screen for cervical cancer than before, and therefore, help in early identification and preventive treatment for cervical abnormalities which will eventually help in reducing morbidity and mortality in women. Knowing what to expect when visiting health facilities with regard to cervical cancer screening will enforce more women to participate.

### **1.3.3 NURSING PRACTICE**

Health professionals, especially nurses will also benefit from the study. Knowing factors influencing the utilization of cervical cancer screening services will encourage them to take action in each factor- make relevant interventions and decrease morbidity and mortality.

### 1.3.4 RESEARCH

The results obtained from this study will help the health system to make a decision whether or not awareness campaigns on cervical cancer are necessary.

### 1.4 AIM OF THE STUDY

To identify factors influencing utilization of cervical cancer screening services by young women in Machabeng hospital.

### 1.5 OBJECTIVES

- To determine the utilization of cervical cancer screening services by young women in Machabeng hospital
- To assess knowledge of young women on the importance of cervical cancer screening services

### 1.6 RESEARCH QUESTIONS

- Do young women in Machabeng hospital utilize cervical cancer screening services?
- Do young women in Machabeng hospital have knowledge on the importance of cervical cancer screening services?

### 1.7 VARIABLES

1.7.1 Dependent variable: Utilization of cervical cancer screening services

1.7.2 Independent variable: Factors influencing the utilization of cervical screening services

## CHAPTER 2

### 2. LITARATURE REVIEW

#### 2.0. INTRODUCTION

According to Burns and Grove (2005: 93), a review of literature is an orderly written presentation of what other publishers have already revealed on a topic of interest. In a number of studies, a literature review is composed at the very beginning of a study and it can be updated or extended as the study is being composed or at the final phase. It helps the researcher to decide if the topic is worth being studied or not. Through a literature review researchers go through available literature and accumulate a vast amount of information that is already present to determine how it would help in the new research.

Screening programs involve testing people who are not necessarily sick and without symptoms using an accurate screening test to rule out those likely to have the disease of interest and to further investigate them to confirm or exclude the disease. This section is aimed at reviewing literature on the factors that influence the utilization of cervical cancer screening services by young women. The participation in screening services has been influenced by the following factors: socio- economic status (education, time, lack of adequate health care facilities, marital status, rural residence, financial status, health status, insurance), behavioral factors (social stigma, lack of patient friendly screening services, interaction with health system, knowledge and attitudes, and cultural factors (opinions and beliefs, embarrassment, lack of support from the husband), psychological factors (fear and or anxiety), and physical factors.

#### 2.1. OPERATIONAL DEFINITIONS

The following words are described according to how they are used in this study.

**2.1.1 FACTORS:** A fact or situation that influences the result of something.

**2.1.2 INFLUENCE:** To cause someone to change their way of doing or thinking through things. One's behavior, belief, or opinion may be changed.

**2.1.3 UTILIZATION:** It is an action of making practical and effective use of something.

**2.1.4 SCREENING:** It involves testing people who are not necessarily sick with an accurate screening test to identify those among them who are likely to have the disease of interest and to further run investigate on them to confirm or exclude the disease.

**2.1.5 YOUNG WOMEN:** Women between age 25 -35 years.

**2.1.6 CULTURE:** It is a way of living, believing, behaving, communicating, and understanding the world that is shared by members of a social unit.

**2.1.7 INFORMED CONSENT:** It is a person's voluntary decision to take part in a study after being informed of essential information about the project.

## 2.2. FACTORS AFFECTING SCREENING UTILIZATION

Factors that affect the cervical cancer uptake rates in prevention programs are classified into three parts. The factors that arise from existing socio- cultural norms that influences women's perspective on reproductive health, well being, and notions of illness. The factors that discusses the clinical requirements and the type of service delivery system in which a woman is being asked to participate. The factors that discuss factors related to quality of care (Bingham A, 2003). Whether or not there are many factors affecting screening, more research is needed to rule out how each factor is a barrier. The researcher believes that the knowing the how part would eradicate the low participates in screening services as the agencies involved would work towards addressing each factor to improve participation.

These are said to be the leading factors

According to the study conducted by Samir Soneji and Fukui (2013), in Latin America on the socio- economic stimulants of cervical cancer screening, the results showed the proportion of women with recent Pap smear being below 55%. It was concluded that a woman's ability and decision to receive screening may depend on her knowledge about Pap smears, their ease on obtaining the health care services, socio- economic status and educational level.

The study conducted by Niyonsenga et al., 2021, demonstrated a significant correlation between utilization of cervical cancer screening services and education level of a woman, marital status, and high level of knowledge. The findings correlate with the study which was conducted in the rural site of Nepal by Thapa, et al, 2018, where the majority of the participants (87.4%) had a minimal knowledge of CC and equal number of women (86.4%) had never done cervical cancer screening practice. Knowledge is basically gained by either semi- formal or formal or informal educational program which is considered to be an influencer for behavior, but it is not in direct relation, other factors such as attitude also play a role in formulating behavior.

### 2.2.1 MARITAL STATUS

Being single reduces a woman urge to screen for cervical cancer. This according to the researcher might be influenced by the fact that many single women are not sexually active so they believe cervical cancer can only affect women who are married. And again, they do not visit MCH services as often as married women due to their antenatal and post natal checkups which normally address the issue of screening. Maseko, et al. (2015) noted that in the Malaysian, it was found out that 50% of the single women were not aware of cervical cancer risk factors but married women had a higher recognition of cervical cancer risk factors. It was also emphasized by the study conducted by Ncube, et al. (2015) that married women were two times more likely to have had a pap smear than did unmarried women. Being married influences the women's decision to screen for CC.

### 2.2.2 EMBARRASSMENT/FEAR OF THE TEST RESULT

Looking at ones' genitalia is not comfortable and embarrassment is more prominent when a health personnel performs a procedure in such a private part as screening is done on clients not particularly patients; so they are still in their right mind and their perception is not altered, this is when the procedure is perceived intolerable and fear outstands. In the study that was conducted in several countries including Zambia by WHO, shyness and fear were reported as reasons for refusal to screening for cervical cancer. It was also noted that women in those countries reported to be so afraid of the cervical cancer diagnosis that they would rather die than knowing that they had cervical cancer (Maseko, 2015).

### 2.2.3 LACK OF SUPPORT FROM THE HUSBAND

While Thapa et al. (2018) was studying a group of highly educated woman in Nepal, he stated that the possible reasons for less practice of cervical cancer screening might be the socio- cultural factor such as lack of women empowerment or lack of family support .When both partners believe that cervical cancer screening is similarly essential in their marriage as other testing services offered to couples, they would support each other and the woman would feel obliged to participate in screening as she would know that her husband supports her.

### 2.2.4. INFORMATION AND UNDERSTANDING

According to IRAC (2005) in several low- and middle-income countries cervical cancer prevention service uptake is influenced by limitation of adequate knowledge about the disease, and its preventive health care concepts. This is justified by the survey carried out in a low- income country of Wufeng in Central China that aimed at ruling out women's knowledge about CC and screening, characteristics and the barriers to screening; the study revealed that women who were knowledgeable of CC were more likely to utilize the services than those without knowledge. The IARC, 2005 states that hazard of screening includes the difficulty of women

to understanding the meaning of both negative and positive screening results, as well as the difficulty of understanding the concept of pre- cancer. Because they feel not empowered with information, they choose not to partake in screening.

### **2.2.5. INTERACTION WITH THE HEALTH SYSTEM**

The researcher believes that the more frequently woman visit health care services; be it clinics, health centers or state hospitals, the more they feel the need to engage in cervical screening services. While in health facility, they normally interact with one another and discuss topics that affect them including screening for cervical cancer. A lot of scholarly articles have shown that appointments with the health care system increase the likelihood of a woman being screened for cancer. For example, within the national- wide, population- based, organized cervical screening program in Denmark, non- participation was strongly associated with no or limited contact to primary health care as exemplified by dental services, general practitioners, and to a lesser extent by specialists.

### **2.2.6 ATTITUDE OF THE HEALTH PERSONNEL**

Clients tend to learn the personality of the providers so if they notice an unfriendly or ill personality in the providers, their anxiety increases and choose not to attend to the service. The way the health care providers provide the CC prevention services can either increase women' demand for services or discourage them from demanding the services. The clients demand the services based on their previous level of satisfaction from that service and the smoother, friendly, welcoming attitude may impede women to demand for CC screening services. The availability of appropriate human resource at the health facility contributes to women's utilization of the services. It was reported that sometimes when the appropriate personnel is available, women are more patient in joining the queues and wait until they are assisted (IARC, 2005).

### **2.2.7. SOCIAL STIGMA**

HPV is a major cause of cervical cancer. It has a reputation that it is only a sexually transmitted disease that only people who have bad sexual practices; being multiple partners, multiparity, having had bad conduct of their bodies at the young age, and or being slaves of sex. Sexually transmitted diseases have historically been linked to negative stereotypes like perfidy. In relation to the study conducted by Lunsford et al. (2017) most men say that women who get tested may opt to do so privately for fear of being stigmatized, they mentioned that cervical cancer screening is for sexually active women and that undergoing screening would automatically mean a woman is no longer a virgin and are not confident to take part in screening services.

### **2.2.8. RURAL RESIDENCE**

Proximity to health facility affects the attendance to cervical cancer services in that own may make excuses of not having money for transport, and not having energy and motivation to participate. Most research suggests that women living in urban areas are more likely to attend for screening. Women in rural areas may complain of limited access to screening services as most of the time the services are only available in clinics and hospitals around towns. These views correlate with the study that was conducted by Cunningham (2015) which revealed that travel distance to health care facility was a barrier factor to screening and it was more frequently reported among women residing in rural areas than it was among women from urban areas. It was further reported by Cunningham in his study relating to screening utilization in the Moshi Rural district of Kilimanjaro that only women living close to a screening facility and knowledgeable of cervical cancer were significantly associated with screening status, and this knowledge may have been gained through the screening procedure itself. Recent research additionally suggested that Women who have to come a long distance before reaching centers for CC screening was seen as a barrier to cervical cancer screening by 58.7% (Niyonsenga, et al., 2021).

### **2.2.9. ANXIETY**

Increased anxiety was associated with lower probability of women in attending for screening. In many colposcopy services there is considerable delay for an appointment and the waiting period may be associated with acute anxiety, particularly if the woman believes that she has cancer, even though, due to the long latent period in the natural history of cervical cancer, there may be no clinically significant consequence of the delay (IARC, 2005). In addition, fear was found out to be the first among the main psychosocial barriers to cervical cancer screening services among women in Korean- American. Research has revealed that being nervous or uncertain of the screening process or what is involved make a screening a scarier experience to partake in. Some women have body dysmorphia so for such women it takes them a lot of courage to finally make it to CC screening services. In accordance to Lunsford et al. (2017) article in Kenya, it is stated that the scariest incidence that women hate the most is for them to obtain positive test results. They already imagine results as positive and cogitate more on the fact that they do not have enough money for treatment.

## **SUMMARY**

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Cervical cancer is the most frequent cancer among women living in the less developed countries. One of the most common reasons for the huge disease burden in developing countries is the failure to detect the abnormal cervical cells earlier before they become cancerous. Thus chapter discussed the literature on the factors that influence the utilization of screening services by young women worldwide. The literature states many factors to be determining the utilization of screening services by women of reproductive years. The factors which are shown to be ruling above all are socio- economic status (lack of adequate health care facilities, marital status, rural residence,), behavioral factors (social stigma, interaction with health system, knowledge and attitudes, and cultural factors (embarrassment, lack of support from the husband), and psychological factors (fear and or anxiety). The researcher believes that a change in the factors will lead to a change in the utilization rate hence reduction in mortality and morbidity amongst young women. Health professionals are more than any party needed to make improvements in the factors mentioned above. Advance research is needed to identify how each factor that seem to be a barrier to CC screening uptake can be manipulated and emphasis can be made on how each factor influences the utilization of cervical cancer screening services.

## **CHAPTER 3**

### **3. RESEARCH METHODOLOGY**

#### **3.0. INTRODUCTION**

This chapter gives a highlight of how this study will be implemented to give readers the answers to the research questions that are in hand. It will also explain how the research questions will be answered- an approach that will be taken to get the answers. The population and the sample selection will also be stipulated. The ethical considerations, the data- collection approach, and the method of data analysis to be used in this study will also be explained in this section.

#### **3.1. STUDY TYPE/ DESIGN**

The study will be descriptive cross-sectional research that will be carried out to identify the factors that influence the utilization of cervical cancer screening services by young women in Machabeng hospital within the time period March to June 2022. A descriptive design is a type of research design that aims to obtain information to systematically describe a phenomenon, situation, or population. It will be more effective than other designs in substantiating the utilization of cervical cancer screening services by young women within the stipulated time frame.

#### **3.2. RESEARCH DESIGN**

This research study is a qualitative study that aims to determine the utilization of cervical cancer screening services by young women in Qacha'snek and to assess their knowledge of cervical cancer screening services. It entails obtaining data through open- ended questions. It does not only help the researcher to obtain an in- depth information for the study validity but also helps them in trying to understand the respondent's motivation and feelings. This will be beneficial in making correct conclusions on the matter at hand. Semi- structured interviews will be constructed by the researcher. A researcher compiles a list of similar questions to be directed to all the interviewees, but this also gives the researcher an opportunity to ask additional questions based on the understanding of the interviewee allowing for clarity and therefore focused participation to all the questions, and therefore formulate new theories or understanding to a particular problem.

#### **3.3. STUDY AREA**

The study will be conducted in Machabeng hospital at MCH department for women who came either for maternal or family planning services. It is situated 146km away from the capital city (Maseru). It is located on the southwest of Quthing, west of Mohaleshoek, and in the northern direction to Thaba- Tseka.

#### **3.4. STUDY POPULATION**

Study population comprises the eligible members of the sample population who consent to participate in the study and complete required study activities (Kathryn, 2021). All women of reproductive years (25 to 35) who visited Machabeng hospital Mother and Child Health (MCH) clinic from March to June 2022 will be used as a population in this study.

#### **3.5. SAMPLE**

Sample consists of the individuals who are invited to participate in the research project (Kathryn, 2021). The goal of a qualitative research as used in this study is to have a large enough sample to uncover a variety of opinions, but at the same time limiting the sample size until a certain view dominates among participants.

### 3.6. SAMPLE SIZE AND ITS DETERMINATION

According to Kathryn, 2021, sample size in health sciences refers to the actual number of individual humans in the study population. Sample size will be based on data saturation. Saturation occurs when addition of more participants to the study results in only repetition of ideas rather than bringing new information. Every woman stands a chance to be selected as a sample. Women attending MCH will each stand a chance to be chosen. The researcher will make a collection of 10 notes with the word “accept” and 10 with the word “decline” written on them and put them in a box, so after every session, the researcher will ask a woman to pick one note and read it aloud. If it is written “accept”, the researcher will explain to the woman the nature of study and ask her for her consent to participate. For women who pick the note written “decline” on it, will be requested to put it back inside and thanked for that day’s service. The study is targeted to commence in mid- March to July 2022.

### 3.7. SAMPLING METHOD

A probability simple random sampling technique will be used to obtain data. It is described by Kathryn, 2021, as a reliable method in which every individual member of the population has the same chance of being chosen to be part of the sample.

### 3.8. SELECTION CRITERIA

All women aged between 25 and 35 who can listen attentively and be willing to respond to questions of the researcher.

#### 3.8.1 INCLUSIVE CRITERIA

Women of reproductive age who visit Machabeng hospital for MCH clinic and give their consent

#### 3.8.2 EXCLUSIVE CRITERIA

Males, women whose age do not fall under 25 to 35 age category and women who are admitted in neither of the mentioned wards.

### 3.9 DATA COLLECTION METHOD

Data will comprise individuals’ words that are undeniably subjective because it will include feelings, emotions or subjective perceptions with regard to screening services. An interview guide will be used to develop questions for participants. A semi-structured approach will be used to derive questions. An interview guide will have several questions including the bio- graphical data. Bio- graphical questions will be helpful in obtaining the background knowledge and personality of the interviewee so that the interviewer easily understands the perspective of the interviewee. This guide helps in keeping consistency with all the interviewees.

So firstly, as the interview starting point, the interviewee will be greeted and welcomed. The interviewer will introduce herself and give a brief description of the nature of the interview and expectations from the interviewee. Secondly, the researcher will counsel the respondent on the entire interview process. Thirdly, the researcher will hand over the consent form to the respondent prior the interview; this would help the participant to make a wise decision whether or not partake in the study, and asked to sign if they wish to participate in the study.

The middle section of the interview process will comprise a researcher asking the participant about their bio- graphical data as well as questions related to cervical cancer screening services- these will be asked either in Sesotho or English depending on the language that is best understood by the participant. Lastly, the ending point of the interview will comprise expressing gratitude to the interviewee and giving them an opportunity to ask questions.

#### DATA COLLECTION TOOL

Data collection tool is described as the instrument or device that is used to collect data for a particular study. In this study, a researcher will use semi- structured interviews. An interview guide will be used by the researcher to channel the researcher through the entire interviewing process. The interview questions will be asked in either Sesotho or English depending on the language that the interviewee understands the best. The questions on the interview guide will include bio-graphical data, knowledge assessment of cervical cancer and cervical cancer screening utilization.



### 3.10 PLAN OF ANALYSIS

Data collected from the semi-structured interviews will be analyzed using a content analysis method. The texts derived from the interview will be coded using the labels and categories. The researcher will use the bases of a questioner to come up with themes with prominent patterns amongst respondents (Kathryn, 2021). The manifest analysis in which according to Bengtsson (2016), the researcher discusses what the participants actually said, without changing the context of the actual words said, and forming categories after coding of the data will be used to analyze data.

### 3.11 PLAN OF USE OF RESULTS AND DISTRIBUTION OF THE REPORT

The results obtained from this research will provide further understanding on the principal factors that influence the utilization of cervical cancer screening services by young women. They will be distributed to different agencies under Lesotho ministry of health such as EGPAF. These agencies will use them to measure how emergent it is to create more strategies in order to eradicate cervical cancer prevalence among young women.

### 3.12 ETHICAL CONSIDERATIONS

The researcher will adhere to ethical norms in this study. The main principles worth considering are respect for persons, beneficence, informed consent and distributive justice (Kathryn H. 2021).

**3.12.1 RESPECT FOR PERSONS:** This study will consider respect for respondents and all participants in this study. Emphasis on autonomy, informed consent, voluntariness, and protection of potentially vulnerable persons will be guaranteed and taken care of. Participants will be well informed of the benefits and burdens of the study, the procedures to be used and the plans for use of the data collected. A consent form will be signed by participants after being informed of the nature of the study and data collection will be confidential. The questionnaire will not include the names of participants.

**3.12.2 INFORMED CONSENT:** It is described by Kathryn, 2021 as the person's voluntary decision whether or not to participate in a research having been given essential information about the study. The researcher will provide the participant with information on the research procedure, importance of the study, and potential risks so that the participants truly understand the study process. All the participants will be given a copy of consent form statement to sign prior the interview. The personal details of the researcher will also be given to the participants so that they know who they are communicating with.

**3.12.3 BENEFICENCE:** The necessity for and the importance of research study will be addressed to participants. The researcher will bear in mind to not expose any harm to the participants. Potential physical, psychological, financial, social harms will be minimized. Participants have a chance to receive free health education on cervical cancer.

**3.12.4 HONESTY:** The researcher will see to it that they do not deceive participants and the sample population while obtaining data. What will be promised to stay confidential will remain so.

**3.12.5 NON-DISCRIMINATION:** Treat sample equally. A non-discriminatory process will be used to sample and recruit the participants in this study.

### 3.14 LIMITATION OF THE STUDY

The study is biased because only young women from Machabeng hospital are needed to take part. It is restricted to one area- MCH department. Due to limited time, only small number of respondents will be needed in the study to fulfill the purpose. Middle-aged women and elderly women may feel left out because the study needs the participation of only young women. The results may be limited by women who withdraw from the study and those who refuse to take part.

## CHAPTER 4: DATA ANALYSIS

Multiple perspectives exist regarding the utilization of cervical cancer screening services by young women in Machabeng Hospital. Some view it as a matter of individual responsibility and awareness, while others emphasize the importance of structural barriers and health system support. It is crucial to consider these various perspectives to develop a comprehensive approach to addressing the issue.

An analysis of the research findings reveals both positive and negative aspects. Positive aspects include increased awareness, improved access through outreach programs, and enhanced communication between healthcare providers and young women. These efforts have led to higher screening rates and the detection of cervical abnormalities at earlier stages.

However, numerous challenges persist. Financial constraints, limited resources, and insufficient healthcare infrastructure often hinder the provision of screening services to the target population. Interventions to address these barriers involve collaborations between government organizations, non-governmental organizations (NGOs), and healthcare providers. Advocacy for increased funding, enhanced training for healthcare professionals, and strengthening health systems are essential steps toward improving cervical cancer screening utilization.

In terms of future developments, ongoing research on innovative screening methods, such as self-sampling kits and human papillomavirus (HPV) testing, holds promise for increasing accessibility and reducing the burden on healthcare facilities. Integrating preventive measures, such as HPV vaccination, into routine healthcare services can contribute to reducing the incidence of cervical cancer in young women.

### **Social Stigma**

The stigma attached to cancer at Machabeng Hospital in Lesotho has a profound impact on individuals affected by the disease. Cancer patients often face isolation, discrimination, and negative societal attitudes due to misconceptions about its causes, treatment, and outcomes. Respondents mentioned that this social stigma can lead to delayed diagnosis, reduced treatment adherence, and increased psychological distress for women and their families.

### **Knowledge of screening and cancer**

The historical context of women's knowledge about cancer at Machabeng Hospital in Lesotho involves understanding the existing healthcare infrastructure, cultural beliefs, and socio-economic factors. The country's geographical landscape poses barriers to healthcare accessibility, especially in rural areas where Machabeng Hospital serves as a primary healthcare facility.

Furthermore, cultural beliefs and traditions often influence the interpretation of illness, including cancer, among women in Lesotho. Traditional healers play a significant role, and their practices may contribute to misconceptions or delays in seeking proper medical treatment. This historical context establishes the foundation for understanding the present knowledge status regarding cancer and potential improvements.

### **Last time of screening**

From the perspective of medical professionals, the average last cancer screening at Machabeng Hospital is crucial in addressing the burden of cancer in Lesotho. By focusing on early detection, healthcare providers can intervene at earlier stages, often resulting in less invasive and more effective treatment options. These professionals emphasize the importance of continued training and education to ensure accurate screening processes and better patient outcomes.

## **APPENDICES**

### **Appendix A: Summary of the research proposal**

It was discovered by the researcher that women attending postnatal services are reluctant to screening for cervical cancer when they were asked to. This reluctance was thought to be the result of lack of women empowerment so the study is aimed at identifying factors influencing the utilization of cervical cancer screening services by young women at Machabeng hospital Qacha'snek.

### **Appendix B: Ethical issues in research**

The ethics to be considered in the study include the informed consent form being issued and signed by respondents, and the freedom to withdraw from the study by signing a withdrawal form.

### **Appendix C: Informed consent for participants**

#### **Study title**

#### **Identifying factors influencing the utilization of cervical cancer screening services by young women in Machabeng hospital.**

I hereby invite young adults aged between 25 and 35 to partake in the study entitled “**Identifying factors influencing the utilization of cervical cancer screening services in Machabeng hospital**”. As the title states, the study is conducted at Machabeng hospital in Qacha'snek Lesotho. It is the researcher's pleasure to provide the participants with the details of the study prior the participation in

order to help them have their own informed decisions whether or not to partake in this study for the acceptance to take part in this study is at any cost not compulsory but the participation will be much appreciated. For all young women who feel the urge to take part in this study, please carefully read for understanding the information provided below and be free to ask questions for more clarification should you have questions.

### Purpose of the study

The principal purpose of this research is to identify factors influencing the utilization of cervical cancer screening services by young women in Machabeng hospital.

### Participation on the study

The participation in the study is entirely voluntary. Should one feel like withdrawing anytime after accepting and signing an informed consent form that will be issued prior to participation as an agreement to take part, they are free to withdraw from the research, and they should not feel like they disappointed the investigator as the investigator fully values everyone's decisions.

### Benefits and potential risks

The study will empower young women on their health related issues. Young women will acquire knowledge on what cervical cancer is, its' signs and symptoms, risk factors, and importance of utilizing cervical cancer screening services in preventing cervical cancer. Participants are not promised any funds in return of their participation but their empowerment is guaranteed. Please be assured that participation in the study will not pose you to any risk. The investigator has seen to it that potential risks are completely eradicated from the study but in case the respondent feels unsafe, their decision to withdraw is highly valued.

### Confidentiality

The identity of the respondents will only be known by the researcher as well as information that the participants disclosed. Only the result's analysis will be shared with the National University of Lesotho's research team.

## Appendix D: INTERVIEW GUIDE

### SEMI- STRUCTURED INTERVIEW

#### A. BIO-GRAPHICAL DATA OF THE PARTICIPANT

1. Initials: .....
2. Date of birth: .....
3. Place of birth: .....
4. Sex: .....
5. Physical address: .....
6. Marital status: A. Married [ ] B. Single [ ] C. Divorced [ ] D. Widowed [ ]
7. Educational level: A. None [ ] B. Primary [ ] C. Secondary [ ] D. Tertiary [ ]
8. Parity: .....
9. Occupation: A. Not employed [ ] B. Self employed [ ] C. Part- time [ ] D. Full- time [ ]

#### B. KNOWLEDGE ASSESSMENT

10. What do you know about cervical cancer?
11. Is cervical cancer contagious?
12. What according to your knowledge puts a woman at risk of cervical cancer?
13. What are the signs and symptoms of cervical cancer?
14. Is cervical cancer preventable?
15. Is there any importance of screening for cervical cancer?

#### C. SCREENING SERVICES UTILIZATION

16. What have you heard about CC screening services?
17. Who are expected to screen?
18. In your hospital, what do they offer as CC screening services?
19. What mode of transportation do you normally use to attend the health services?
20. When last did you screen for CC? How was the experience?
21. Are you willing to follow the cervical cancer screening guidelines and follow-up? Why?
22. What do you wish to change with regard to the way the CC screening services are offered?
23. In the last years, what has prohibited you from screening for cervical cancer?
24. How easy is it to discuss cervical cancer screening experience with your children and other women?

25. How can you advice other women out there to utilize the CC screening services?

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