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Post Intervention Cervical Cancer Screening Experiences Amongst Women In Ikwo Local Government Area Of Ebonyi State: A Phenomenological Study

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I. INTRODUCTION

Cervical cancer screening, also known as a smear test or a pap smear, is an effective method for detecting abnormal cells in the cervix. It involves checking for abnormal cells on the cervix that could lead to cancer, and is a crucial part of secondary prevention for cervical cancer. These tests look for precancerous changes before they become cancer, which can then be treated to prevent the disease (Agboeze *et al.*, 2022). Cervical cancer screening (CCS) is the process by which cells of the cervix is tested to find any abnormalities that could become cancer, or to detect early-stage cancer itself (Olubodun, 2023). Globally, cervical cancer is the fourth most frequent malignancy in women, with an estimated 604,000 new cases and 342,000 deaths in 2020 (WHO, 2025). It is the second most common cancer in women in the South-East Asia Region (SEAR) and becoming a major cause of cancer deaths among women in low and middle-income countries (Parikh *et al.*, 2023).

In Nigeria, cervical cancer screening faces challenges despite its benefits, with low uptake due to factors like poor knowledge and attitude, socio-cultural barriers, and inadequate healthcare access, leading to high incidence and mortality rates (Manikandan *et al.*, 2019). Some women may have misconceptions or fears about screening procedures or the possibility of a positive diagnosis. All these lead to poor uptake of CCS (WHO, 2024). Over the years, awareness and uptake of cervical cancer screening services have remained poor in developing countries. WHO (2020) showed that a small percentage of women in Nigeria have undergone cervical cancer screening, which may be the reason while Nigeria recorded 12,000 new cases and 8,000 deaths from cervical cancer.

Nigeria has not had a great deal of success in implementing effective cervical cancer screening till date, and screening for cervical cancer is an opportunistic procedure which is dependent on the woman's initiative and/or that of her health care provider (Mafiana *et al.*, 2022). There is currently no mass screening program for the detection of cervical cancer in Nigeria, services are only available in teaching hospitals and are not adequately utilized (Anoruo *et al.*, 2022).

In Ebonyi State, cervical cancer screening uptake is relatively low, with studies showing that while a significant portion of women are aware of cervical cancer and its screening, only a small percentage have actually undergone screening (Agboeze *et al.*, 2022). Common barriers to cervical cancer screening include not knowing the centers where such services are obtainable, unnecessary fear of discovering cancer, cost of screening, socio-cultural factors, poor knowledge and attitude towards cervical cancer screening (Agboeze *et al.*, 2022).

Supportive education for cervical cancer screening is a formal programmed framework which aims to help detect precancerous changes and empower women with knowledge, positive attitude and resources to make informed decisions about their health, promoting early detection and prevention through appropriate and accessible information (Mengyue *et*

al., 2023). The goal is to equip women with the knowledge and skills to actively participate in their healthcare promotion, rather than passively receiving information (Zomordi *et al.*, 2022).

AIM OF THE STUDY

This study assessed post intervention cervical cancer screening experiences amongst women in Ikwo Local Government Area of Ebonyi Stete.

OBJECTIVE

- ✓ Explore the experiences of women who did CCS after the nurse-led supportive education intervention.

II. METHODS

DESIGN

The qualitative approach adopted a phenomenological design using an in-depth interview guide to explore the subjective experiences of women who went for CCS after the education intervention.

SAMPLE SIZE

The sample size for the qualitative component of the study was 30 respondents from the intervention group who went for CCS after the educational intervention (SENIP).

SAMPLING TECHNIQUE

The study employed a purposive sampling to select 30 respondents from the intervention group, who went for CCS after SENIP.

Inclusion criteria:

The following criteria formed the basis for inclusion in this study

- ✓ Women who received educational intervention during the study.
- ✓ Women who went for CCS after the intervention.

Exclusion criteria:

- ✓ Women who did not receive educational intervention during the study.
- ✓ Women who received educational intervention, but did not go for CCS after the intervention.

INSTRUMENT FOR DATA COLLECTION

A semi-structured questionnaire designed by the researcher and an interview guide were used for data collection for this study. The questionnaire has only one section which contains information about participants' socio-demographic characteristics, screened personnel and number of times screened. The interview guide has three sections which collected data on participants' pre- screening, intra-screening and post-screening experiences respectively.

VALIDITY OF THE INSTRUMENT

The instruments were validated by employing the strategy of triangulation, which involved the use of several (three) moderators for the interview, and data verification techniques, such as recording of interviews, taking field notes, and collecting data from participants with various characteristics.

RELIABILITY OF THE INSTRUMENT

The reliability of the interview guide and semi-structured questionnaire was pilot-tested with two women from the intervention group who had cervical cancer screening test. The interview took place at Ikwo local government area event hall. The pilot interviews were audio-recorded. The trustworthiness of this study was established through the application of these four criteria; credibility, dependability, conformability and transferability.

CREDIBILITY: To ensure credibility, peer debriefing of the study was done with a research expert, to review the data and provide feedback on where to improve on. Triangulation was done using data verification techniques, such as recording of interviews, taking field notes, and collecting data from participants with various characteristics. The study also employed member checking with all the participants by the researcher, by paraphrasing and summarizing the participants' answers, to ensure good interpretation of the information.

DEPENDABILITY: Similarly, the researcher used the same interview guide with similar questions for all the participants. All the recordings were transcribed, while checking them for consistency, and all the transcripts were sent to the supervisor for accuracy check. There was also coding of data and development of themes and subthemes. The themes and subthemes were checked for validity by the researcher and the supervisor.

CONFORMABILITY: Conformability of the study was ensured through independent revision of the raw data and analysis of the transcribed documents and results by the supervisor and a peer with research experience. Member checking was also done to confirm the accuracy of information.

TRANSFERABILITY: To enhance transferability, the researcher provided a thorough, detailed description of the background information of the participants, research context and technique used to select participants. A detailed description of the results with supporting direct quotations from the participants were also provided. Besides these, the researcher ensured data saturation before stopping to conduct further interviews.

The transcription of the pilot interview was sent to the researcher's supervisor for revision, and corrections were made, making the instrument valid for subsequent collection of data.

PROCEDURE FOR DATA COLLECTION

A semi- structured questionnaire was administered to respondents to collect socio-demographic data, gender of the screened personnel and number of times they have been screened. Also, a digital voice recorder was used to collect

data on their experiences before, during and after the CCS post intervention. All these were to ensure that all responses were captured. The interview for each respondent did not take more than 10minutes. The interview was conducted through scheduled group meetings at the local government area event hall, then home visitations for those who could not attend the meetings. The meetings were easily arranged because the respondents' phone numbers were collected during the intervention study for easy communication and follow-up.

STATISTICAL ANALYSIS

Thematic content analysis was adapted for the study. It was used to find out the views, opinions, experiences, and values through the interview-guided transcript. The researcher was acquainted with the data by transcribing the audio recorder verbatim. In the second step, coding categories were determined based on the systematic structure to make replication easy and improve reliability. The data were analyzed in thematic content, and within and across codes were performed to identify recurring themes while collating all identical ones and sorting diverse codes to form potential themes. Also the code of content was determined by assigning a label to the text that has been analyzed, and the text can be a word or phrase. This helps in generation of themes and sub-themes.

III. RESULTS

Socio-demographic Characteristics of the respondents

Table 1 presented the socio-demographic features of the respondents to this study. A total of 30 respondents.

Variable	Frequency	Percentage
Age (Years)*		
18- 24	7	23.3
25-34	5	16.7
35-44	8	26.7
45-54	6	20
≥55	4	13.3
Marital Status		
Single	7	23.3
Married	18	60
Widowed/Divorced	5	16.7
Religion		
Christianity	30	100
Highest Level of Education		
Tertiary	6	20
Secondary	12	40
Primary	8	26.7
No Formal Education	4	13.3
Occupation		
Housewife	3	10
Student/Apprentice	2	6.7
Trader	18	60
Civil Servant	5	16.7
Unemployed	2	6.7
Monthly Income (Naira)		
<50,000	6	20
50,000-100,000	12	40
100,000-200,000	10	33.3
>200,000	2	6.7
Screened Personnel		
Male doctors	12	40
Female doctors	8	26.7
Midwives (female)	10	33.3
Number of times screened		
First timers	27	90
Second timers	3	10
More than two timers	0	0
Total	**30**	**100**

***u= 37.58 SD= 12.03**

Table 1: Socio-demographic Characteristics of the respondents (N=30)

The target populations of participants for the study were women who underwent CCS after the educational intervention (SENIP). The mean age of the participants was 37.58±12.03. Majority 18 (60%) of the participants were married. The highest proportion 12 (40%) had secondary education as their highest level of education. Most of the participants 18 (60%) were traders, and majority 18 (60%) of them earned between 50,000 to 100,000 naira monthly. Among the health professionals who conducted the screening, male doctors had the highest proportion of 12 (40%). Also, 27 (90%) of the screened participants were first-timers, while 3 (10%) were second-timers.

ORGANIZATION OF THEMES AND SUB-THEMES

Three major themes were generated from the data. The major themes were grouped into subthemes with there supporting codes and a total of six (6) sub-themes were collated. To maintain anonymity, pseudonyms were used for each selected quote. The details have been presented in table 2.

Themes	Sub-themes	Supporting codes
Pre-screening experiences	1. Waiting time for the screening	Duration of screening
	2. Insufficiency of screening materials	Test kits
Intra-screening experiences	1. Physical discomfort associated with screening	Women's comfort
	2. Indifferent to male doctors conducting CCS	Choice of screeners

Post-screening experiences	1. Waiting time for the screening result	Result delay or promptness
	2. Intention to undergo re-testing	Re- doing test

Table 2: Organizational Themes, Sub-themes and supporting codes

THEME ONE: PRE-SCREENING EXPERIENCES

SUB-THEME 1: WAITING TIME FOR THE SCREENING

Question: How long did it take you to do the screening?

Delays in accessing healthcare services have always been a challenge in most health facilities, especially in secondary and tertiary health facilities, and this can discourage patients or clients from accessing healthcare. Majority of the respondents 20 (66.7%) reported that they waited for long before doing the screening. These were the comments from respondents concerning delays or waiting for long before being screened;

''I waited for long time before I was called for the screening''. (R1, 46years).

''I stayed for several hours before being screened''. (R2, 37years).

''Hey; I stayed over 7 hours before doing the screening''. (R3, 30years).

''The process was so fast for me'',(R4, 31years).

''I went early to the hospital, but stayed for long before the screening'',(R5, 33years).

''I waited for long before doing the screening''. (R6, 27years).

''I stayed for several hours before the screening''. (R7, 51years),

''I stayed for long before the screening''. (R8, 53years).

''I stayed for several hours before being called for the screening''. (R9,59years).

''Luckily I did not waste time in doing the screening''. (R10, 58years).

''I wasted time in doing the screening''. (R11, 56years).

''The screening was fast for me''. (R12, 59years).

''I went early to hospital, but stayed for long before being called for the screening''. (R13, 23years)

''The process was so fast''. (R14, 42years).

''I waited for long before I was screened''. (R15 ,47years).

''I spent not more than one hour for the entire screening process''. (R16, 35years).

''I stayed for several hours before doing the screening''. (R17, 40years).

''I stayed for long before being screened''. (R18, 20years).

''I waited for long before I was screened''. (R19, 19years).

''I did not waste time in doing the screening''. (R20 , 24years).

''I waited for long before being screened''. (R21, 24years)

''I stayed for long before being screened''. (R22, 22years).

''I wasted time in doing the screening''. (R23, 21years).

''I did the screening fast''. (R24, 34years).

''I did not waste time in doing the screening''. (R25, 51years).

''The screening was fast for me''. (R26, 41years).

''I spent long time waiting for the screening''. (R27, 44years).

''I stayed for long before being screened''. (R28, 36years).

''I did not waste time in doing the screening''. (R29, 45years).

''I stayed for long before I was screened''. (R30, 39years).

SUB-THEME 2: INSUFFICIENCY OF SCREENING MATERIALS

Question: Were there sufficient screening materials for the screening?

Insufficiency of screening materials was one of the awful or negative experiences encountered by the participants during the screening. Some of the women were asked to come back for the screening because of unavailability of screening materials. Majority 19 (63.3%) of the participants narrated their level of disappointment concerning this;

''I was told to come back for the screening because of lack of screening materials''. (R1, 46years).

''My screening was rescheduled for the next week due to lack of screening materials''. (R2, 37years).

''I was told to come back for the screening on a specified date due to lack of screening materials''. (R3, 30years).

''Screening materials were available''. (R4, 31years).

''I was delayed because of shortage of test kits''. (R5, 33years).

'I was told to come back for the screening another time due to insufficient screening materials'',(R6, 27years).

''There was lack of screening kits''. (R7, 51years).

''There was shortage of screening materials'', R8, 53years).

''My screening was rescheduled due to lack of screening kits''. (R9, 59years).

''My screening was rescheduled for lack of screening materials, I managed to go back''. (R10, 58years).

''Screening materials were not lacking''. (R11, 56years).

''Screening materials were available''. (R12, 59years).

''I was told the screening were not enough''. (R13, 23years).

''There was no shortage of screening materials'. (R14, 42years).

''Luckily, there was no shortage of screening materials''. (R15, 47years).

''There was no shortage of screening materials kits''. (R16, 35years).

''My screening was rescheduled due to lack of screening kits''. (R17, 40years).

''I was told to come back for the screening on a specific date due to lack of test kits'' . (R18, 20years).

''I was told to come back for the screening after two weeks due to lack of test kits''. (R19, 19years).

''There was no shortage of test kits''. (R20, 24years).
''There was shortage of screening materials''. (R21, 24years).
.''There was shortage of test kits'', (R22, 22years).
.''I was asked to come back the next week due to shortage of test kits''. (R23, 21years).
''There was no shortage of test kits''. (R24, 34years).
''There was no lack of screening materials''. (R25, 51years).
''There was no lack of test kits''. (R26, 41years).
''I was told to come the next week due to lack of screening kits''. (R27, 44years).
''There was no shortage of test kits''. (R28, 36years).
.''There was lack of test kits''. (R29, 45years).
''There was insufficiency of screening kits''. (R30, 39years).

THEME TWO: INTRA-SCREENING EXPERIENCE

SUB-THEME 1: PHYSICAL DISCOMFORT ASSOCIATED WITH SCREENING

Question: Did you experience any discomfort during the screening process?

The physical discomforts associated with the screening according to the participants include excessive sweating during the screening; also fast heart beats and frequent urination before the screening. Also, some participants expressed that the speculum inserted caused them bleeding, pain and pressure in the lower abdomen during the procedure. Almost all the participants 26 (86.7%) had physical discomfort during the screening. Their experiences include;

''During the screening, my heart was beating fast''. (R1, 46years).
''As I was about to go in for the screening, I started sweating profusely''. (R2, 37ears).
''I experienced some pains when the speculum was inserted into my vagina''. (R3, 30years).
.''I experienced some pains in my lower abdomen during the screening''. (R4, 31years).
''I had mild vaginal bleeding during the screening'', (R5, 33years).
''Immediately it was my turn, I became very nervous''. (R6, 27years).
''I had mild vaginal bleeding''. (R7, 51years).
.''I experienced some pains during the screening''. (R8, 53years).
''I experienced mild lower abdominal pain''. (R9,59years).
''I had mild vaginal pain''. (R10, 58years).
''I had no pain or complain during the screening''. (R11, 56years).
''As I was about to be screened, my heart started beating fast''. (R12, 59years).
''I had mild vaginal bleeding''. (R13, 23years).
''I was okay during the screening''. (R14, 42years).
''I was okay during the screening''. (R15, 47years).
''I experienced pains in my lower abdomen''. (R16, 35years).
''I experienced some pressure when the speculum was inserted into my vagina''. (R17, 40years).
''I became very nervous during the screening''. (R18, 20years).
''I had mild vaginal bleeding''. (R19, 19years).
''I had mild vaginal pain''. (R20,24years).
.''I was afraid and sweated profusely during the screening''. (R21, 24years).
''I had lower abdominal discomfort during the screening''. (R22, 22years).
''I had mild vaginal pain''. (R23,21years).
''I had mild vaginal bleeding''. (R24, 34years).
''I was not so much disturbed because I was determined to do the test''. (R25, 51years).
''I was okay during the screening''. (R26,41years).
''I had vaginal pain''. (R27, 44years)
''I had lower abdominal pain''. (R28, 26years).
''I had a mild vaginal bleeding''. (R29, 45years).
''I had vaginal discomfort''. (R30, 39years).

SUB-THEME 2: INDIFFERENT TO MALE DOCTORS CONDUCTING CERVICAL CANCER SCREENING

Question: Were you comfortable with the gender of the screener?

It is a regular observation that patients prefer to see a particular gender in the hospital, especially when their privacy will be invaded. In such situations, patients prefer healthcare professionals of same gender. In this study, most of the participants (40%) reported that they were screened by male doctors, and were not bothered about that. These are their comments;

''I was not bothered when I know I will be screened by a male doctor''. (R1, 46years).
''I was okay when I was asked to meet a male doctor for the screening''. (R2, 37years)
''The male doctor that screened me was very caring and gentle''. (R3, 30years).
''I was screened by a midwife''. (R4, 31years)
''I was screened by a female doctor''. (R5, 33years).
''I was screened by a female doctor''. (R6, 27years).
''I was screened by a midwife''. (R7, 51years).
''I was not bothered to meet a male doctor for the screening''. (R8, 53years).
'The midwife I met was caring as she screened me''. (R9, 59years).
''I was okay to be screened by a female doctor''. (R10, 58years).
''As I met the male doctor in the screening room, my mind was at rest''. (R11, 56years).
''I was not bothered to be screened by a male doctor''. (R12, 59years).
''It was a male doctor that screened me. I was not bothered''. (R13, 23years).
''It was a female doctor that screened me''. (R14, 42years).
''My mind was at rest when I met the male doctor that screened me''. (R15, 47years).

''The male doctor that screened me was very gentle''. (R16,35years).
''The midwife that screened was very caring''. (R17, 40years).
''It was a midwife that screened me''. (R18, 20years).
''It was a female doctor that screened me''. (R19, 19years).
''It was a female doctor that screened me''. (R20, 24years).
''I was screened by a midwife''. (R21,24years).
''I was screened by a midwife''. (R22, 22years).
''I was screened by a midwife''. (R23, 21years).
''I was not bothered to be screened by a male doctor''. (R24, 34years).
''The male doctor that screened me was very caring''. (R25, 51years).
.''I was screened by a female doctor''. (R26, 41years).
''I was screened by a midwife''. (R27, 44years).
''I was screened by a midwife''. (R28, 36years).
''I was not bothered to meet a male doctor for screening''. (R29, 45years).
''I was screened by a female doctor''. (R30, 39years).

THEME 3: POST-SCREENING EXPERIENCES

SUB-THEME 1: WAITING TIME FOR SCREENING RESULTS

Question: How long did it take for your screening result to come out?

CCS results usually take time to come out. Some participants were hoping that the result would come out early because the screening did not take time;

Few participants commented that they became more nervous and stressed out waiting for the result;

''The result took time to come out''. (R1, 46years).
''It took time for the result to be ready''. (R2, 37years).
''It was very stressful waiting for long to get the result''. (R3, 30years).
.''It took almost 1 month for the result to be ready''. (R4, 31years).
''It took time for the result to be ready''. (R5, 33years).
''It was frustrating. The result took time''. (R6.27years).
''It took time for the result to be ready''. (R7, 51years).
''It was very stressful waiting for long to get the result''. (R8, 53years).
''The result stayed for long''. (R9, 59years).
''It took about one month for the result to be out''. (R10. 58years).
''It took time for the result to be ready''. (R11, 56years).
''I was told to come for the result in two weeks, but it took up to one month''. (R12, 59years).
.''The result wasted time''. (R13, 23years).
''The result stayed about one month before coming out''. (R14, 42years).
''Luckily, the result did not waste time''. (R15, 47years).
''The result came out after two weeks''. (R16, 35years).
''It took time for the result to be ready''. (R17, 40years).
.''The result did not waste time''. (R18, 20years).
''The result wasted time''. (R19, 19years).
.''The result wasted time''. (R20, 24years).
''The result wasted time''. (R21, 24years).
''The result took time and was frustrating''. (R22, 22years).
''The result wasted time''. (R23, 21years).
''The result did not waste time''. (R24, 34years).
''The results came out in two weeks''. (R25, 51years).
''The result wasted time''. (R26, 41years).
''The result wasted time''. (R27, 44years).
''The result came out after one month''. (R28, 36years).
''The result came out early''. (R29, 45years).
''The result wasted time''. (R30, 39years).

SUB-THEME 2: INTENTION TO UNDERGO RETESTING

Question: Will you go for another test if requested?

This is a follow-up test that is usually done to determine if a person's condition has improved or as a confirmation of a result. Participants or clients with initial negative testing who need retesting may not feel comfortable going for retesting due to fear that the results might change. Majority 23 (76.7%) of the participants agreed to go for retesting, while few 7 (23.3%) of the participants declined to go for retesting due to financial constraint and the stress involved;

''I will do it again if the doctor says so''. (R1, 46years).
''If retesting will make the doctor come to a conclusion, why not''. (R2, 37years)
''Honestly, I would not like to pass through this stress again''. (R3, 30years).
''I will do retesting if the doctor deems it necessary''. (R4, 31years).
''I will do the test again if necessary''. (R5, 33years).
''I do not have money to do another retesting''.(R6, 27years).
''I will do it again if is necessary for my well-being''. (R7, 51years).
''It does not matter to do it again''. (R8, 53years).
''I will do it again if necessary''. (R9, 59years).
''I will do it again if requested''. (R10, 58years).
''I will not like to pass through this stress again''. (R11, 56years).
''I will do it again if needed''. (R12, 59years).
''I will do it again if doctor said so''(R13, 23years).
''I can do it again for my well-being''. (R14, 42years).
''I will do it again if the doctor''. (R15, 47years).
''I will do it again if necessary''. (R16, 35years).
''I would not like to pass through this stress again''. (R17, 40years).
''I do not have another money to do re-testing''. (R18, 20years).
''I will do it again if necessary for my well-being''.(R19, 19years).
''I will do it again if need be''. (R20, 24years).
''I will repeat the test if the doctor concludes so''. (R21, 24years).
''I will do the test again if the doctor demands it''. (R22, 22years).

''I will not want to pass through the stress again''. (R23, 21years).
''I do not have money to repeat the test''. (R 24, 34years).
''I will repeat the test if necessary'' (R25, 51years).
''I will repeat the test for my well-being''. (R26, 41years).
''I will repeat the test when necessary''. (R27, 44years).
''I will do it again''. (R28, 36years).
''I will do it again'' (R29, 45years).
''I will do it again for my well-being''. (R30, 39years)

IV. DISCUSSION

EXPERIENCES OF WOMEN ABOUT CCS POST-INTERVENTION

PRE-SCREENING EXPERIENCES

Waiting Time For Screening

The result of the study revealed that majority 20 (66.7%) of the participants encountered waste of time trying to do the screening due to hospital protocols, and unavailability of screening materials. This means that time-wasting in the hospitals from any of the aforementioned factors can discourage women from adequate utilization of CCS. Hence, there should be establishment of more screening centers, especially in the rural areas to encourage utilization of CSS services. Also, the existing centers should be upgraded with adequate structures, screening materials and personnel. The findings of the study is in consonance with that conducted by Vega *et al.* (2022) on barriers and facilitators to cervical cancer screening among under-screened women in Cuenca, Ecuador; a qualitative and phenomenological study. The women identified barriers mainly at organizational level, such as long waiting times, lack of access to health centers, and inadequate patient-physician communication. In conclusion, the women considered access to health services the main barrier to screening, while the health professionals identified a lack of investment in screening programs and cultural patterns at the community level as major obstacles.

Insufficiency Of Screening Materials

Most 19 (63.3%) of the participants in this study responded that they spent extra non-budgeted money for the screening due to lack or insufficiency of screening materials, which made them to travel to and fro again in order to do the test. This shows that insufficiency of screening materials can discourage women from utilizing CSS, and beyond educational intervention, allocation of adequate resources is required for provision of enough screening materials at all times, as a way of eliminating barriers to uptake of CCS. The finding is similar to that conducted by Salehiniya *et al.* (2021) on factors related to cervical cancer screening among Asian women. The investigation revealed several factors hindering the utilization of CCS in Asian women, including socio-demographic factors, awareness, attitudes and beliefs, perceived risk, psychological factors, self-efficacy, previous experiences, time, household, culture, fatalism, social support, access, cost, safety, insurance and health system-related factors such as insufficiency or lack of screening materials. The authors concluded that several barriers hinder the efficacy of a screening program and they suggested that its success requires the use of educational interventions, professional and inter-professional cooperation, allocation of sufficient resources, and policymakers focusing on the elimination of barriers

INTRA-SCREENING EXPERIENCE

Indifferent To Male Doctors Conducting CCS

The study revealed that majority of the screeners were male doctors and majority of the participants were screened by these male doctors. But that notwithstanding, majority of the participants reported that the gender of the screeners did not matter to them. Majority of the women reported that the male doctors were very caring and comported themselves well, making the participants relaxed. This shows that attitude of health professionals can positively affect the level of participation of women in CCS. It also shows the importance of health education, such as Supportive Education Nursing Intervention package (SENIP), in positively affecting women's attitude as regards indifference to male doctors conducting CCS. The finding is in contrast with the descriptive study of Johnny and Edward (2023) on knowledge, barriers and uptake towards CCS among female health workers in Upper East Region of Ghana. The study observed poor knowledge and low screening uptake among female nurses and midwives. The study evidently put forward barriers that resulted to the current situation, which included inadequate knowledge, high screening costs, discomfort and pain associated with screening, and the gender of the screener. The findings of the study is also in contrast with that conducted by Vega *et al* (2022) on barriers and facilitators to cervical cancer screening among under-screened women in Cuenca, Ecuador; a qualitative and phenomenological study. The women identified barriers mainly at organizational level, such as long waiting times, lack of access to health centers, and inadequate patient-physician communication. In conclusion, the women considered access to health services the main barrier to screening, while the health professionals identified a lack of investment in screening programs and cultural patterns at the community level as major obstacles. The contrast between this study and those by Johnny and Edward (2023) and Vega *et al.* (2022) could be because the women in this study were given health education in form of SENIP before going for CCS, so they were not interested in the screeners, but their well-being.

Physical Discomfort Associated With Screening

Some participants experienced fear and anxiety during the screening with associated symptoms such as excessive sweating, palpitations and frequent urination. Some other participants experienced vaginal bleeding, lower abdominal and vaginal pain on insertion of the speculum. These experiences show that the psychological and physical effects of the screening should not be neglected. Hence, there should be pre-counseling or health education, such as SENIP, before

the screening, and monitoring of vital signs for those who experience fear, anxiety and other symptoms. The finding is in consonance with the descriptive study of Johnny and Edward (2023) on knowledge, barriers and uptake towards CCS among female health workers in Upper East Region of Ghana. The study observed poor knowledge and low screening uptake among female nurses and midwives. The study evidently put forward barriers that resulted to the current situation, which included inadequate knowledge, high screening costs, discomfort and pain associated with screening, and the gender of the screener.

POST-SCREENING EXPERIENCE

Waiting Time For The Screening Result

Findings from the study revealed that most participants expected to get their results in time or on the appointed day as scheduled, but were disappointed when the results were delayed. This made the participants worried. This shows that prolonged waiting time for screening result can subsequently affect women's attitude and level of utilization of CCS. The findings of the study is in consonance with that conducted by Vega *et al* (2022) on barriers and facilitators to cervical cancer screening among under-screened women in Cuenca, Ecuador; a qualitative and phenomenological study. The women identified barriers mainly at organizational level, such as long waiting times, lack of access to health centers, and inadequate patient-physician communication. In conclusion, the women considered access to health services the main barrier to screening, while the health professionals identified a lack of investment in screening programs and cultural patterns at the community level as major obstacles.

Intention To Undergo Retesting

This is a follow-up test that is usually done to determine if a person's condition has improved or as a confirmation of a result. Participants or clients with initial negative testing who need retesting may not feel comfortable going for retesting due to fear that the results might change. Findings from this study revealed that majority 23 (76.7%) of the participants agreed to go for retesting, while few 7 (23.3%) of the participants declined to go for retesting due to financial constraint and the stress involved in the screening process. This portrays the need for continuous health education and proper counseling before and after the screening.

V. LIMITATION

The study had this major limitation

- ✓ Lack of cervical cancer screening centers in the communities, which seemed to discourage some of the participants from translating the acquired knowledge into practice, that is, prompt screening

RELEVANCE TO CLINICAL PRACTICE

The results of this study will be useful for other researchers working around women experiences during CCS. In addition, it will be useful in formulating policies to help ease anxieties and challenges faced prior to, during and after screening, in order to increase CCS uptake.

VI. CONCLUSION

There are some experiences that may either motivate or discourage women from subsequent screening, such as delay in attending to clients, lack of screening materials, physical discomforts during and after the screening, and attitude of the health professionals. Being aware of such experiences could help the nurses address them in order to increase the interest of the women in CCS. This will also help other women to know what to expect during and after the screening to help reduce their anxieties prior to screening.

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