

**CERVICAL CANCER SCREENING: KNOWLEDGE AND
PERCEPTIONS OF WOMEN OF REPRODUCTIVE AGE
ATTENDING MNAZI MMOJA HOSPITAL, ILALA MUNICIPAL,
DAR ES SALAAM**

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MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

Department of Community Health Nursing



**CERVICAL CANCER SCREENING: KNOWLEDGE AND PERCEPTIONS
AMONG WOMEN OF REPRODUCTIVE AGE ATTENDING MNAZI MMOJA
HOSPITAL, ILALA MUNICIPAL, DAR ES SALAAM**

By

Njenga, Joyce Tryphone

**“A dissertation Submitted in (Partial) Fulfillment of the Requirements for the
Degree of Master of Science (Midwifery and Women’s Health) of
Muhimbili University of Health and Allied Sciences”
November, 2017**

CERTIFICATION

The undersigned certifies that she has read and hereby recommend for acceptance by the Muhimbili University of Health and Allied Sciences a dissertation titled:” *Cervical Cancer Screening: Knowledge and Perceptions among Women of Reproductive Age attending Mnazi Mmoja Hospital, Ilala Municipal, Dar es Salaam*” in (partial) fulfillment of the requirement for the degree of Master of Science (Midwifery and Women’s Health) of Muhimbili University of Health and Allied Sciences.

.....

Dr. Lilian T. Mselle (RN, RM, PhD)

Supervisor

Date.....

DECLARATION AND COPYRIGHT

I, **Joyce Njenga**, declare that this **dissertation** is my own original work, and that it has not been presented and will not be presented to my other University for a similar or any other degree award.

Signature.....

Date.....

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The author would like to thank the researcher assistants who aided in data collection. Thanks are especially due to all women who participated in this study and for the support which they gave during data collection.

DEDICATION

To my lovely sons,

Herfrid Mrope, Denis Bahali, and Tryphone Bahali for their tolerance all the time I was doing this work.

I love you so much.

ABSTRACT

Background: Cervical cancer is the third common cancer among women worldwide, about 500,000 new cases are identified for the first time to have cervical cancer and 250,000 deaths occur every year. Aim is to describe the knowledge and perceptions of cervical cancer screening among women of reproductive age attending Mnazi Mmoja Hospital in Ilala Municipal, Dar-es –Salaam.

Materials and Methods: A cross sectional descriptive research used to collect data at Mnazi Mmoja Hospital in Ilala Municipal. Participants were 184 women of reproductive age (15-49 years) attended reproductive and child health care clinics. A structured questionnaire was used to gather information and data were analyzed by using Statistical Package for Social Sciences (SPSS) version 20 software package. Chi-square test was used to find out the significance differences between variables and p- value of less than 0.05 was considered significant in this analysis.

Results: Most of respondents were aware about cervical cancer 152 (82.6%) and screening 149 (81%). Majority of women (54.3%) did not know the standard time for frequencies of cervical cancer screening that is every three years for the VIA test negative women and every year for women diagnosed to have precancerous lesion. Further, more than half (54.3%) claimed that cervical cancer screening (CCS) is performed after every six months. The association between demographic characteristics and knowledge of CCS, age of respondents (p- value 0.041) and marital status (p- value 0.004) found to be statistically significant association ($p < 0.05$). Also association between demographic characteristics and perceptions of CCS, only marital status (p- value 0.021) and level of education (p- value 0.002) showed statistically significant ($p < 0.05$).

Conclusion: The findings revealed limited knowledge, on how often VIA test is needed to be done for screening of cervical cancer and about when the interval cancer screening is being done. Lack of awareness of the services provision and shortage of medical advices were the barriers reported for poor uptake of VIA test among the respondents.

Recommendations:

Extensive health education programs to the public should be done to improve public knowledge with an emphasis that VIA test is the best standard for prevention of cervical cancer.

Further research study should be conducted using mixed methods to explore the hindrance of women to perform cervical cancer screening to prevent the condition.

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LIST OF ABBREVIATIONS

CCS	Cervical Cancer Screening
CI	Confidence Interval
CTC	Care and Treatment Clinic
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
IARC	International Agency for Research on the Cancer.
LEEP	Loop electrosurgical excision procedure
MMH	Mnazi Mmoja Hospital
MoHCDEC	Ministry of Health, Community, Development, Gender, Elderly and Children
MUHAS	Muhimbili University of Health and Allied Sciences
Pap smear	Papanicolau smear test
PRRR	Pink Ribbon Red Ribbon
RCH	Reproductive and Child Health
SPSS	Statistical Package for Social Sciences
VIA	Visual Inspection with Acetic acid
WHO	World Health Organization

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OPERATIONAL DEFINITIONS

Awareness: Is the ability to directly know and perceive, to feel or to be cognizant of events. More broadly, it is the state or quality of being conscious of something.

Cervical cancer screening: is the method used to detect abnormal cells on the cervix. This method is done for the purpose of reducing the number of women who develop cervical cancer and reduce the number of women who die from that condition. When screening is done early the number of deaths will be reduced and health of women will also be increased.

Cervical cancer: Is a disease in which malignant (cancer) cells form in the cervix. Cervical cancer usually develops slowly over time. Before cancer appear in the cervix, the cells of the cervix go through changes known as dysplasia in which cells that are not normal begin to appear in the cervical tissue. Later cancer cells start to grow and spread more deeply into the cervix and to surrounding areas.

Knowledge: Is a familiarity, awareness, or understanding of someone or something, such as facts, information, descriptions or skills, which is acquired through experience or education by perceiving, discovering or learning. Also knowledge can be referred to a theoretical or practical understanding of a subject, which can be implicit (as with practical skill or expertise) or explicit (as with the theoretical understanding of a subject).

Perception: These refer to the women's understanding of severity of cervical cancer screening and how the women view themselves to be at risk of developing the disease.

Screening: Is looking for cancer before a person has any symptoms of the disease. This can help find cancer at an early stage when abnormal tissues or cancer is found early, as it will be easier to treat. By the time symptoms appear, cancer may have begun to spread.

CHAPTER ONE

1.1. Background

Worldwide cervical cancer is an important problem causing morbidity and mortality among women of reproductive age. Early screening may reduce the incidence of the problem as most of women have less awareness about cervical cancer screening (Bayu, Berhe, Mulat, & Alemu, 2016),cervical cancer is caused by persistent infection with certain types of Human Papilloma Virus (HPV 16 and HPV 18) (Gebreegziabher, Asefa, & Berhe, 2016). Cervical cancer starts in a woman's cervix. It begins when healthy cells on the surface of the cervix change and grow out of control. It is easily prevented if identified early and treatment done before the woman start to show symptoms of the disease (Mupepi, Sampelle, & Johnson, 2011).

Cervical cancer in the beginning or in early stages presents with no signs or symptoms of the disease, but as the time goes the woman may experience blood spots or light bleeding between or following periods, longer and heavier menstrual bleeding than usual, bleeding after sexual intercourse, pain during sexual intercourse and bleeding after menopause (Abiodun, Fatungase, & Awosile, 2013). Most women do not have any signs or symptoms of a precancerous until the cancer has spread to other tissues and organs.

The risk factors of cervical cancer are smoking, having multiple sexual partners, early sexual intercourse and immune compromised women (John, 2011).Visual Inspection with Acetic acid (VIA) is harmless, correct and reasonable for scaling up cervical cancer screening. VIA is carried out by health care giver who is competent and use VIA solution to apply to the cervix for about 1 to 2 minutes to get result (Kahesa, Kjaer, Ngoma, et al., 2012). Cervical cancer screening is important for early diagnosis and treatment of cervical cancer to reduce the number of morbidity and mortality rate in the country. Pap smear test was found to be unpractical due to shortage of trained personnel specialized on the test and also issues with insufficient health system (Kahesa, Kjaer, Mwaiselage, et al., 2012). The screening can be done by doctors, nurses, midwives and paramedical staff who undergone VIA test training.

In high income countries cervical cancer mortality rate decreased due to Pap smear testing programs done for the purpose of identifying any abnormalities of the cervix. The seriousness of the disease has been reduced in high income countries after utilizing cervical cancer screening with Pap smear test and by putting some strategies as a means of eradicating such as effective cervical cancer screening, proper treatment of identified lesions and accurate follow up after suspected to have cancer lesions (Kahesa, Kjaer, Mwaiselage, et al., 2012)

In Africa approximately 40% of newly cervical cancer cases happen in East Africa (Reiter, &McRee, 2015). The numbers of women who are at risk of developing cervical cancer aged 15 years and above is estimated to be 250 million, (Chosamata, Hong, & Tiraphat, 2015). African countries have limited comprehensive cervical cancer screening and treatment even though efforts have been made teaching about cervical cancer avoidance (Barnett, McRee, Reiter, Paskett, & Katz, 2015). A study done in Malawi on Determinants of cervical cancer screening utilization among women aged 30-45 years in Blantyre District, established that the prevalence of cervical cancer screening was 12.3%, lack of knowledge (34%) was found to be the explanation of not going for screening and lack of interest is 39.7% which seen is the other reason of not screened (Chosamata, et.al., 2015).

In Tanzania VIA method is provided for free to promote the health of women and when diagnosed early it provides great chance for successful treatment. About 500,000 women who were targeted for screening, only 4% of them had been screened for cervical cancer (Kahesa, Kjaer, Mwaiselage, et al., 2012). A study performed by Mahesa, (2012) on Cervical Cancer in Urban Tanzania Risk Factors and Factors Influencing Attendance, revealed that most women who attend cervical cancer screening found to be difficult because it needs a long journey to reach the big health facility which provides the service. Others said that even in case you want to go there you should have to know somebody whom will go to help in order to obtain good service.

1.2. Problem statement

Worldwide cervical cancer is the third most common gynecological problem which estimated about 500,000 new cases are diagnosed with cervical cancer and 250,000 women are estimated to lose their lives every year due to cervical cancer (Bayu et al., 2016). Globally more than 85% of cervical cancers cases occur in African countries (Kahesa et al., 2012). The Visual Inspection with Acetic acid (VIA) that is used for cervical cancer screening is harmless, correct and achievable for scaling up cervical cancer screening and treatment (McCree et al., 2015).

Studies in Africa Region indicate that majority (90.5%) of respondents lack of awareness about cervical cancer screening (Abiodun et al., 2013). Many had poor knowledge on etiology and management (Mukakalisa, 2013) as well as low level of knowledge of Nurses who provides service. Further, factors that constraints women from attending cervical cancer screening such as fear of injury from inexperienced Nurses (20.1%), fear of being stigmatized (86%) (Anyebe, Opaluwa, Muktar, & Philip, 2014) and afraid of experiencing pain (24.7%) (Oche, Kaoje, Gana, & Ango, 2013) were reported.

The Papanicolaou smear (Pap smear), Visual Inspection with acetic Acid (VIA) and testing for Human Papilloma Virus (HPV) are the tests used to screen women for cervical precancerous or cancer. Cervical cancer screening tests can find cervical cancer and precancerous in the early stages when it can be treated and thus may reduce the number of deaths from cervical cancer. Knowledge on cervical cancer screening about awareness and perception of women of reproductive age is very important as it helps in early detection and treatment of the disease. In our country the numbers of women attend for cervical cancer screening service is still low, therefore it is important to educate women and promote awareness on cervical cancer screening as well as to look at their perception about cervical cancer screening.

In Tanzania the population is approximately 40 million people, 11.4 million women within the reproductive age are at risk of developing cervical cancer. Pink Ribbon Red Ribbon (PRRR) in collaboration with Tanzania had targeted (438,601) in prevention of cervical cancer to women of 30-49 years old. From January,2014 to June, 2016 were able to screen 78,616 women of reproductive age, whereas 3,637 women identified to have Visual inspection with Acetic acid positive, 2,450 treated with cryotherapy and 163 treated with Loop electrosurgical excision procedure (LEEP).

There is a particular need of performing this study at Mnazi Mmoja Hospital (MMH), Reproductive and Child Health (RCH) clinic where service is provided. Majority of women participating cervical cancer screening at MMH are HIV positive. The data of 2015 showed that most of the women (791) screened were HIV Positive .This is according to data obtained from register book. Although most of these studies look on factors and determinants of cervical cancer screening, there is no published evidence in Tanzania on knowledge and perception of cervical cancer screening. Therefore, this study strives to determine knowledge and perceptions of cervical cancer screening among women of reproductive age attending Mnazi Mmoja Reproductive and Child Health Clinic.

1.3. Rationale of the study

The study will help to identify knowledge and perceptions of women of reproductive age about cervical cancer screening. Also the study addressed the preventive nature of the cancer of the cervix when women regularly screen for cervical cancer for early diagnosis and treatment. Currently data on cervical cancer screening are limited in Tanzania. And a better understanding of the cervical cancer screening services to women of reproductive age is important in designing, studying and implementing effective cervical cancer screening intervention in Tanzania. Also, it will bring up to date knowledge gaps and practices to hospital managements, policy makers, the Ministry of Health, Community, Development, Gender, Elderly and Children (MoHCDEC) and other stakeholders on cervical cancer screening knowledge and perceptions of women of reproductive age attending Mnazi Mmoja Reproductive Child Health Clinic.

1.4. Research questions

- 1) What is the level of knowledge about cervical cancer screening services among women of reproductive age?
- 2) What perceptions are common about cervical cancer screening services among women of reproductive age?
- 3) What is the association between women's demographic characteristics and knowledge of women of reproductive age about cervical cancer screening?
- 4) What is the association between women's demographic characteristics and perceptions of women of reproductive age about cervical cancer screening?

1.5. Objectives

1.5.1. Broad objective

To describe knowledge and perceptions of cervical cancer screening among women of reproductive age attending Mnazi Mmoja Hospital in Ilala Municipal, Dar-es-Salaam.

1.5.2. Specific objectives

1. To determine the level of knowledge among women of reproductive age on cervical cancer screening attending Mnazi Mmoja Hospital in Ilala Municipal, Dar-es-Salaam.
2. To determine the common perceptions of cervical cancer screening among women of reproductive age attending Mnazi Mmoja Hospital in Ilala Municipal, Dar-es-Salaam.
3. To assess the association between women's demographic characteristics and knowledge of cervical cancer screening among women of reproductive age attending Mnazi Mmoja hospital, Ilala Municipal, Dar-es –Salaam.
4. To determine the association between women's demographic characteristics and perceptions of cervical cancer screening among women of reproductive age attending Mnazi Mmoja hospital, Ilala Municipal, Dar-es –Salaam.

1. 6. Conceptual framework

The Health Belief Model (HBM) is a psychological health behavior change model developed to explain and predict health related behavior. This model adapted from Ndikom, C. and Ofi, B. (2012). The model has three components which are: individual perception, modifying factors and variables affecting likelihood of action.

Individual perception: is the process by which individuals organize and interpret their sensory impressions in order to give meaning to their environment. It is important because people's behavior is based on their perception of what reality is and not on reality itself.

Modifying variables: These are variables that are changeable. The individual characteristics including demographic, psychosocial and structural variables can affect perceptions (i.e. perceived seriousness, benefits and barriers) of health related behaviors. Demographics variables include age, educational level, marital status and occupation. Psychosocial variables include personality, social class and peer group. Structural variables include knowledge about a given disease. The HBM suggests that modifying variables affect health related behavior indirectly by affecting perceived seriousness, benefits and barriers.

Likelihood of action: This is a state or facts of being likely. These include perceived barriers and perceived benefits; The HBM was spelled out in terms of three constructs representing the perceived severity, perceived benefits and perceived barriers.

Perceived benefits: refer to an individual's assessment of the value or efficacy of engaging in a health promoting behavior to decrease the risk of disease. For example individuals who believe that cervical cancer screening test can reduce the risk of getting cervical cancer are more likely to engage in screening than the one who will not do screening to prevent the occurrence of the cervical cancer.

Perceived seriousness of the disease: refers to the subjective assessment of the severity of health related problem and its potential consequences. The individual who perceive a given health problems as serious are more likely to engage in behaviors to prevent the health problem from occurring or reduce its severity.

Perceived barriers: refer to an individual’s assessment of the obstacles to behavior change. An individuals who perceive lack of access to affordable health care service and the perception that cervical cancer screening will cause significant pain may act as barriers of not perform cervical cancer screening.

The HBM has been used to develop effective intervention to change health related behaviors by targeting various aspect of the model’s key construct. The interventions based on the HBM will encourage individuals to engage in cervical cancer screening.

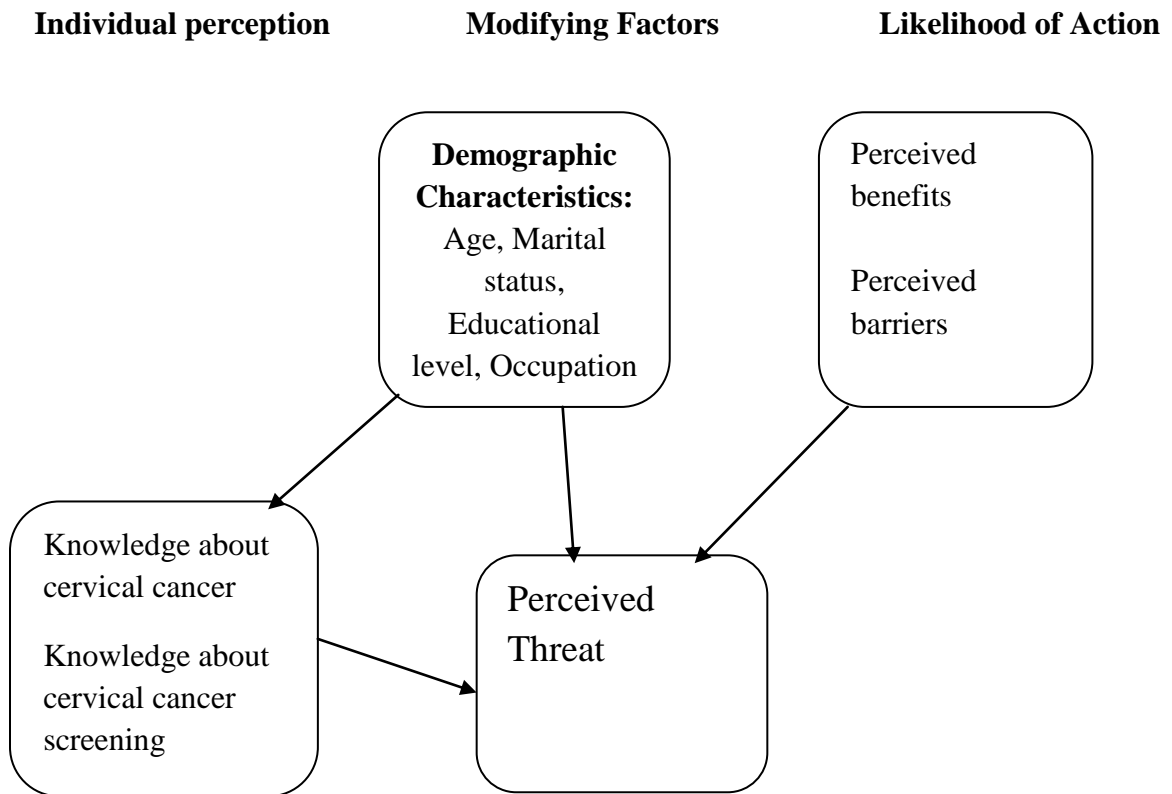


Figure 1: The Health Belief Model adapted from Ndikom, C. and Ofi, B. (2012).

CHAPTER TWO

2.0. LITERATURE REVIEW

2.1. Overview

Cervical cancer is the common cancer which always causes death among women in African Regions (Omotara, Yahya, Amodu, & Bimba, 2013). It is a malignant neoplasm of the uterine cervix which is preventable through appropriate screening, treatment and follow up (Hoque, Ghuman, Coopoomay, & Hal, 2014) It may present with vaginal bleeding but symptoms may be absent until the cancer reach in advanced stages. It rarely affects women under the age of 20 years and approximately 20% of diagnoses are made in women older than 65 years. The uppermost burden of the cervical cancer happens in developing countries, where there is lack of effective screening programs. The consequence is that, cervical cancer is discovered when the disease reached in bad situation. All women have a right to accessible, affordable and effective services for prevention of the cervical cancer (Abiodun et al., 2013).

2.2. Socio-demographic characteristics

Study done by Kahesa, Kjaer, Mwaiselage, et al., (2012) on Determinants of acceptance of cervical screening in Dar-es-salaam, Tanzania. 21%-23% of women attended for cervical cancer screening after home visits or awareness campaigns were the age of 45-59 years, and 44% women accepted cervical cancer screening after home visits and had given birth of twice or once. Study done by Kahesa, Kjaer, Ngoma, et al., (2012) on the factors associated with the uptake of cervical cancer screening among women in Portland, Jamaica, revealed that 78% of women had never had a Pap smear.

Study done by Kileo, Michael, Neke, & Moshiro, (2015) on the Utilization of cervical cancer screening services and its associated factors among primary school teachers in Ilala Municipality, Dar es Salaam, revealed that most of participants screened were married (80.9%) ,the age group of 30-39 years old were about 42% and their education level were primary school.

2.3. Knowledge about cervical cancer and screening

Study done by Aswathy, Quereshi, Kurian, & Leelamoni, (2012) on cervical cancer screening: Current knowledge and practice among women in a rural population of Kerala, India, revealed that 92.8 % of the respondents had poor knowledge on different features such as symptoms of the cervical cancer, possible causes of CC and they failed to know the screening test used to test cervical cancer. Also study done by Shah, Vyas, Singh, & Shrivastava, (2012) on awareness and knowledge of CC and its prevention among the nursing staff of a tertiary health Institute in Ahamedabad, Gujarat, India identified that 88.4% of respondents had knowledge of Pap test but only 5% of them had done Pap test. Study done by Mukakalisa, (2013) on cervical cancer in low and middle Countries: Effective screening and preventive strategies identified that there were poor knowledge on etiology and management, no qualified personnel as well as no efficient screening service.

However study done in Dar-es-salaam on Risk factors for VIA positivity and Determinants of Screening Attendances, revealed women with poor education, married at small age were further prone to be Visual Inspection with acetic Acid (VIA) test positive, and HIV positive women, more often play part in cervical cancer screening compared to HIV negative women were few exposed for screening (Kahesa, Kjaer, Mwaiselage, et al., 2012)

2.4. Cervical cancer screening service

Study done by Curmi, Peters, & Salamonson, (2014) on Attitude and practices of cervical cancer screening, Australia, showed that several participants identified people who diagnosed to have cervical cancer, also they said the reason which makes them to participate in the screening service is because of their fellows who know that have the problem. Otherwise the study performed by Dhendup, & Tshering, (2014) on cervical cancer Knowledge and Screening behaviors among female university graduate of year 2012 attending National graduate orientation program, Bhutan, revealed that approximately 6% of respondents had Pap smear test screening one time, while the rest of the respondents 94% had never been done the test for cervical cancer.

2.5. Awareness of cervical cancer screening

Study done by Ndikom, & Ofi, (2012) on awareness, perception and factors affecting utilization of cervical cancer screening services among women in Ibadan, Nigeria, said that “They did not know about cervical cancer screening, but regularly heard on the radio announced that women should go for screening.”

Still study done by Abiodun, et.al., (2013) on assessment of women’s awareness and knowledge about cervical cancer and screening and the barriers to cervical screening in Ogun State, Nigeria, the data identified that, 90.5% of the women had lack of awareness as the obstacle to application of cervical cancer screening and only 1.4% of the women have done cervical cancer screening. While Azam, (2016), identified low level of awareness and inadequate attention to women’s health care are the factors which increase the number of the disease. Study done on knowledge and practice of cervical cancer screening amongst Nurses in Ahmadu Ballo University Teaching Hospital Zaria, explained that level of Nurses who are ready to teach women who require the screening service was low (Anyebe et al., 2014).

Also study performed by Farooqui, Hassali, Knight, Shafie, Farooqui, Saleem,& Aljadhey, (2013) on Malaysia about Cancer Patient’s Perception of cancer screening, said that when asked about cervical cancer screening they said that don’t know anything about cancer, though others said they heard only on breast cancer only. Additionally study performed at Nigeria on Cervical Cancer and Cervical Screening: current knowledge, attitude and practices of female health workers in Sokoto, identified that most of the participants were aware of the available of services in their area (79.6%) and few of them had undertaken the cervical cancer screening. Also 24.7% of women were afraid of experiencing pain, (Oche et.al., 2013).

Study done in China on awareness and perspective on cervical cancer and practices said that low level of awareness, deficiency of actual screening programs and inadequate attention to women’s health care are the causal factors of higher occurrence of cervical cancer (Azam, 2016).

Study done by Mahesa, (2012) on Cervical Cancer in Urban Tanzania Risk Factors and Factors Influencing Attendance, said that lack of knowledge and awareness of cervical cancer was their problem because they understand about breast cancer but have never heard about cervical cancer.

2.6. Perceived barriers for cervical cancer screening

Study done by Kahesa et al., (2012) on determinants of acceptance of cervical cancer screening revealed that, 57% said that an obstacle not able to reach health facility for service was one of the issues, while 31% of women showed that were unwilling to go for any test in absenteeism of disease. Also 12%-13% of women stated that shortage of medical advice and fear of being diagnosed to have cervical cancer was the obstacles.

Moreover, study done on Knowledge and Practice of cervical cancer screening, some of respondents who were not been screened (Anyebe et al., 2014), and reported to have numerous issues such as, fear of being stigmatized (86%), fear of injury from inexperienced Nurses (20.1%), and inadequacy of awareness of the service (23.7%), said those were their perception of not engaging on cervical cancer screening.

Likewise study on Cancer Patient's Perceptions of Cancer Screening Malaysia, identified that poor information on cancer screening are the chief obstacle, as the respondent said didn't hear anything about cervical cancer before, otherwise information heard after identified to have cervical cancer (Farooqui et al., 2013). Though study done by Ebu, Mupepi, Siakwa, & Sampselle, (2015), about Knowledge, Practice and Barriers towards Cervical Cancer Screening in Elmina, Southern Ghana, recognized the deficiency of screening sites, screening sites are far away from their homes and health education program not provided to the site was the barrier to cervical cancer screening service.

Also study done by John, (2011), on the Knowledge, Attitude, Practice and Perceived Barriers towards screening for premalignant cervical lesions among women aged 18 years and above in Songea Urban, Ruvuma Region, have seen the obstacles experienced were shame, discomfort, troublesome of the procedure and sometimes feeling of emotional anxiety or discomfort.

Additionally, study done by Ndikom, et.al., (2012) on awareness, perception and factors affecting utilization of cervical cancer screening services among women in Ibadan, Nigeria, showed that absence of screening services in the most of health facilities were the major obstacle to them not going for cervical cancer screening. As well another study done by Akbari, Shakibazadeh, & Pourreza, (2010) on Barriers and Facilitating factors for cervical cancer screening in Iran, showed that nearly all women perceived that the responsible one who prevent the women from being screened is God's will and destiny.

2.7. Perceived benefits of cervical cancer screening

The study done by Farooqui et al., (2013) on cancer Patient's Perception of Cancer Screening in Malaysia, one of the respondent said that "I think screening will be better so as to understand the cervical cancer". On other hand study done by (Di et al., 2015) about Knowledge of Cervical Cancer Screening among Women across Different Socio-Economic Regions of China, greatest of respondents thought that cervical cancer screening might allow early discovery of the precancerous lesions or cancer (61.7%) and early treatment of precancerous lesions or cancer (59.1%). Only (33.1%) respondents believed cervical cancer screening might enable early identification of cervical precancerous lesions or cancer.

2.8. Perceived severity of the disease

Study done by John, (2011) on the Knowledge, Attitude, Practice and Perceived Barriers towards screening for premalignant cervical lesions among women aged 18 years and above in Songea Urban, Ruvuma Region, participants said that to have cervical cancer is not the big issue to them, that is why the number of participation for screening were reduced. Study done by Akbari.et al., (2010) on Barriers and Facilitating factors for cervical cancer screening, participants thought that eating a well- balanced diet, live free from disease and without anything which disturb mind can avoid to have the disease. But other participants thought that cervical cancer is not a disease which can be avoided.

In Tanzania study done by Kahesa, Kjaer, Mwaiselage, et al., (2012), on the determinants of acceptance of cervical cancer screening in Dar-es-Salaam, results showed that after completion of five years of testing, VIA testing was confirmed to be the best test for cervical cancer screening . The program introduced in 2002 with support from World Health Organization (WHO) and International Agency for Research on Cancer (IARC). Unfortunately, this study also showed that only 4% of the target population had been screened. The same study about 80% of the respondents had been reported to Ocean Road Cancer Institute located in Dar-es-Salaam, when the cervical cancer was already in advanced stages (Kahesa.et al., 2012).

CHAPTER THREE

3.0. METHODOLOGY

3.1. Introduction

This chapter describes the methodology that was used in the study. Methodology is the systematic, theoretical analysis of the methods applied to a field of study. It involves the theoretical analysis of the body of methods and principles associated with a branch of knowledge.

3.2. Study design

Study design is a model or an action plan upon which the entire study is built; states the manner in which the study is conducted and provides the road map of a study in terms of the sample, data collection instruments and analysis procedure (Abiodun, O. A., Fatungase, O. K., & Olu-Abiodun, O. O., 2014). A quantitative, cross-sectional descriptive research design was used to obtain information from women of reproductive age (15-49years). The study questionnaire consisted of socio demographic characteristics, level of knowledge, common perceptions, associations between social demographic characteristics and knowledge as well as to assess the associations between demographic characteristics and perceptions among women of reproductive age. This design was chosen based on limited time that was available for data collection. Before the questionnaires were administered, the researcher gave brief information about the aim and objectives of the study. Voluntarily nature of participation and issues of confidentiality before the written consent was obtained. Participants who were below 18 years, the consent were received from their parents or guardians. The researcher and researcher assistants stayed with the respondents while they complete the questionnaires to clarify and answer questions.

3.3. Study area

The study was conducted in Mnazi Mmoja Hospital at the Reproductive and Child Health clinic (RCH), Ilala Municipal, Dar-es-salaam. It was purposively selected Mnazi Mmoja Hospital, at Ilala Municipal because is located at the city center receiving women from different parts of the city and most likely with different socio economic status. Dar-es-salaam is the largest city in Tanzania with population 4,364,541 (census of 2012) as well as a regionally important economic center.

It consists of five Districts Northern Kinondoni, Central Ilala, Ubungo, Southern Temeke and Kigamboni. Ilala has population of 1,220,611 according to census of 2012 and area Km²-210. Ilala is the administrative District of Dar-es-salaam where almost all government offices and ministries are housed. It is commonly referred to as “Downtown Dar”, where much of the commerce, banking and National offices are located. Ilala has twenty two wards namely Buguruni, Chanika, Gerezani, Ilala, Jangwani, Kariakoo, Kinyerezi, Kipawa, Kitunda, Kisutu, Kivukoni, Kiwalani, Mchafukoge, Mchikichini, Msongola, Pugu, Segerea, Tabata, Ukonga, Upanga East, Upanga West, and Vingunguti.

3.4. Study population

The study population included all women of reproductive age from 15-49 years old who attended at RCH clinic for routine postnatal checkup, family planning services, women who brought their children for vaccinations and women who came for Care and Treatment Clinic (CTC) as well as all out patients who attended MMH with exception of those attended due to cervical cancer screening. I decided to select these (15-49 years) groups because they are at risk of developing cervical cancer and that groups represent Dar es Salaam since Mnazi Mmoja RCH clinic receives a big number of women from different places within the city.

3.5. Sample size determination

The adjusted sample size was estimated to be 184 women of reproductive age. However sample size was calculated using the Cochran’s formula (1975) with a 95% level of confidence (CI) using margin of error 5%.

Calculation based on the Formula $n = \frac{Z^2 P (100 - p)}{\epsilon^2}$

$$\epsilon^2$$

Where;

n = Minimum required sample size.

Z = Standard normal deviate at 95% confidence interval.

ε = Margin of error on estimate 5%

P = Proportion of cervical cancer screening (12.3%) on determinants of cervical cancer screening utilization among women aged 30-45years in Blantyre District.

Therefore: $n = \frac{Z^2 P (100 - P)}{\epsilon^2}$

$$\epsilon^2$$

$$n = \frac{1.96^2 * 12.3 (100 - 12.3)}{25}$$

$$n = \frac{3.8416 * 12.3 * 87.7}{25} = 165.75$$

$$25$$

$$25$$

n = 166 (The minimum required sample size)

The Adjusted rate = 10% .Therefore to get adjusted sample size = $\frac{N * 10\%}{100 - 10}$

$$100 - 10$$

$$\frac{166 * 10}{90} = 18.4 \quad (18.4 + 166 = 184.4)$$

$$90$$

166 + 10% of non respondent 166 + 18.4 = 184.4; by considering non response effect that were encountered during the study,10% of sample size calculated above were being included.

Therefore the adjusted sample size was **184**.

3.6. Sampling procedure

Respondents were selected using simple random sampling whereby the lottery sampling method was used. Respondents who met the inclusion criteria were asked to pick a piece of paper from the box. The researcher prepared pieces of papers which written either “Yes” or “No”. Respondents who picked the paper with “Yes” were included in the study whereas those picked “No” were not included in the study. Before they were asked to pick a piece of paper, respondents signed a consent form after they were explained about the aim of the study, voluntary nature for their participation and the data collection procedure.

3.7. Inclusion criteria

Women of reproductive age (15-49years), who were available during data collection period that are able to understand and speak Kiswahili because it is our National language and those who had no history of cervical cancer screening.

3.8. Exclusion criteria

Women who were sick and came for medical advice and treatment as well as those women who are mentally ill excluded from the study.

3.9. Validity and Reliability

Validity is the degree to which an apparatus determine what is planned to measure. Reliability is the degree to which an assessment tool produces stable and consistent results. Questions tried to be short, clear, readable and understandable to respondents. The questionnaire was pretested initially at Buguruni Health Centre subsequent amendments were made before the final study undertaken. These data were not included in the final analysis of the study.

3.10. Study variables

3.10.1. Dependent Variables

The dependent variables were knowledge about cervical cancer screening, and perceptions of cervical cancer screening among women of reproductive age.

3.10.2. Independent Variables

The independent variables were socio-demographic characteristics (age, marital status, level of education and occupation).

3. 11. Data collection tool and procedure

The Kiswahili questionnaire had 22 structured questions which covered seven {7} sections. Section A covered respondent's demographic characteristics, section B, covered knowledge about cervical cancer and screening, section C covered awareness about cervical cancer and screening, section D covered perception about cervical cancer and screening, section E covered perceived benefits of cervical cancer screening, section F covered perceived barriers of cervical cancer screening, and section G covered perceived threat of the disease.

The data were collected using structured questionnaire which was designed in English and translated into Kiswahili language (Appendix A). Some of questionnaires adopted from Wright, Aiyedehin, Akinyinka, & Ilozumba, (2014) and some prepared by the researcher. The translated Kiswahili questionnaire was used to collect data because Kiswahili is the National language and spoken by all participants. The respondents who were not able to read and write got assistance from the researcher or researcher assistant. The questions included socio- demographic characteristics, knowledge about cervical cancer and screening, and perceptions about cervical cancer and screening among women of reproductive age.

The data were collected for one month. After health education distribution of questionnaire to eligible respondents follow and the official hours was used to collect data that is from morning 7:30 am up to 3:30 pm. Time for completing to fill the questionnaire was about 10 minutes. The researcher and researcher assistants make sure each participant is given a written consent form to read before filling the questionnaire then asked to sign and for those who do not able to read and write a thumb stamp was used.

3.12. Training and Involvement of research assistants

Two diploma graduate research assistants from Reproductive and Child Health (RCH) clinic were trained for two days for the purpose of assisting researcher in data collection. They were trained about the research, objectives, and how to get consent from respondents. Before the questionnaire provided to the respondents, the researcher assistant(s) explain the respondent what research is about, purpose of the study, benefits, risks and the rights to withdrawals. The research assistants stayed with the respondents during data collection to clarify and answer questions. The questionnaires collected by the researcher or researcher assistants right after the respondents accomplish answering the questionnaires. All questionnaires kept in a locked cupboard in order to maintain confidentiality.

3.13. Data management

Data management is the process by which the required data is acquired, validated, stored, protected, processed, and by which its accessibility, reliability and timeliness is ensured to satisfy the needs of the data users. The data was collected using well-structured questionnaires. Data collected was cross checked during data collection procedure to ensure completeness and accuracy. When complete all questionnaires were kept in a safe place ready for the data entry and to safeguard client's confidential details.

3.14. Data analysis

All questionnaires were checked for completeness before analysis. The data collected were entered, coded, cleaned and analyzed by researcher using Statistical Package for Social Sciences (SPSS) version 20. All categorical data presented in percentage (%). The results presented as tables and figures. The Chi-square tests were made for analysis to determine the correlation between dependent variables and independent variables with statistically significant of P-value less than 0.05.

3.15. Ethical considerations

The study was explained to all respondents, no names were used for identification. Participant's rights were observed and addressed promptly. Ethical clearance was obtained from Institutional Review Board of Muhimbili University of Health and Allied Sciences (MUHAS) and application for permission to conduct the study was requested from authority of the Medical Officer, Ilala Municipal, Dar es Salaam and Medical Officer Incharge Mnazi Mmoja Hospital, Dar es Salaam.

A written informed consent to participate in the study was obtained after they were given information about the research objectives. In addition, the consent form with information on storing of documents, confidentiality, right to withdraw from the study, data handling, contact information and consent to participate on the study. Also participants were given clarification that to participate in the study is voluntarily and have the right to withdraw at any time whenever they don't feel or like to continue with the study. Completed questionnaire was kept in a locked cupboard where the researcher is the one who is responsible to access that. Confidentiality during the data collection was ensured and the data entered files on the computer were kept in two locations that are in researcher's email and on the flash disc. This information was not accessed by anyone else than the researcher's permission, so a password created to computer for safety of the data.

3.16. Dissemination Plan for results

Findings from this study was disseminated to Muhimbili University of Health and Allied Sciences at the Directorate of Post graduate Studies, Director of Research and Publications and copies was submitted to the office of Dean School of Nursing, Director of MUHAS library, Executive Director Ilala Municipal Council, Dar-es-salaam, Medical Officer Incharge Mnazi Mmoja Hospital and RCH In charge at Mnazi Mmoja Hospitals as Partial fulfillment for the award of Degree of Master in Midwifery and Women's Health. Also it is submitted for publications as an original research papers in peer-reviewed academic journal.

CHAPTER FOUR

DATA PRESENTATION AND RESULTS

4.1. Introduction

This chapter presents results of the data collected from 184 women attended at Mnazi Mmoja Reproductive and Child Health (RCH) clinic, Ilala Municipal, Dar es Salaam which describe the knowledge and perceptions of women on cervical cancer screening. The results of the analyses are presented according to study objectives and illustrated in tables and figures. A total of 184 women of reproductive age participated in this study, socio demographic characteristics, knowledge and their perceptions on cervical cancer screening were determined.

4.2. Socio- demographic characteristics

The study shows that, majority (58.7%) of respondents were married aged between the 15 and 43 years (median age 28 years) and more than half (56.5%) were Muslim (Table 1).

Table: 1. Distribution of respondents by socio demographic characteristics (n=184)

	Characteristics	Number (n)	Percentage (%)
Age category (years)	Below 20	18	9.8
	20 - 30	108	58.7
	Above 31	58	31.5
Religion	Christian	73	39.7
	Muslim	104	56.5
	Pagan	6	3.3
	Others	1	0.5
Marital status	Married	108	58.7
	Single	35	19.0
	Divorced	3	1.6
	Cohabiting	33	17.9
	Separated	5	2.7
Level of education	None/Illiterate	8	4.3
	Primary education	66	35.9
	Secondary education	88	47.8
	Certificate	13	7.1
	Collage	9	4.9
Occupation	Housewife	53	28.8
	Peasant	13	7.1
	Business/ self employed	92	50
	Employed	26	14.1

4.3. The level of knowledge among women of reproductive age on cervical cancer screening

The knowledge of cervical cancer and screening is moderately. About two third of women (68.5%) knew that if changes to the cervix are found early from screening, they are easily curable and 62.5% knew that screening can recognize any abnormal changes to the cervix (Table 2).

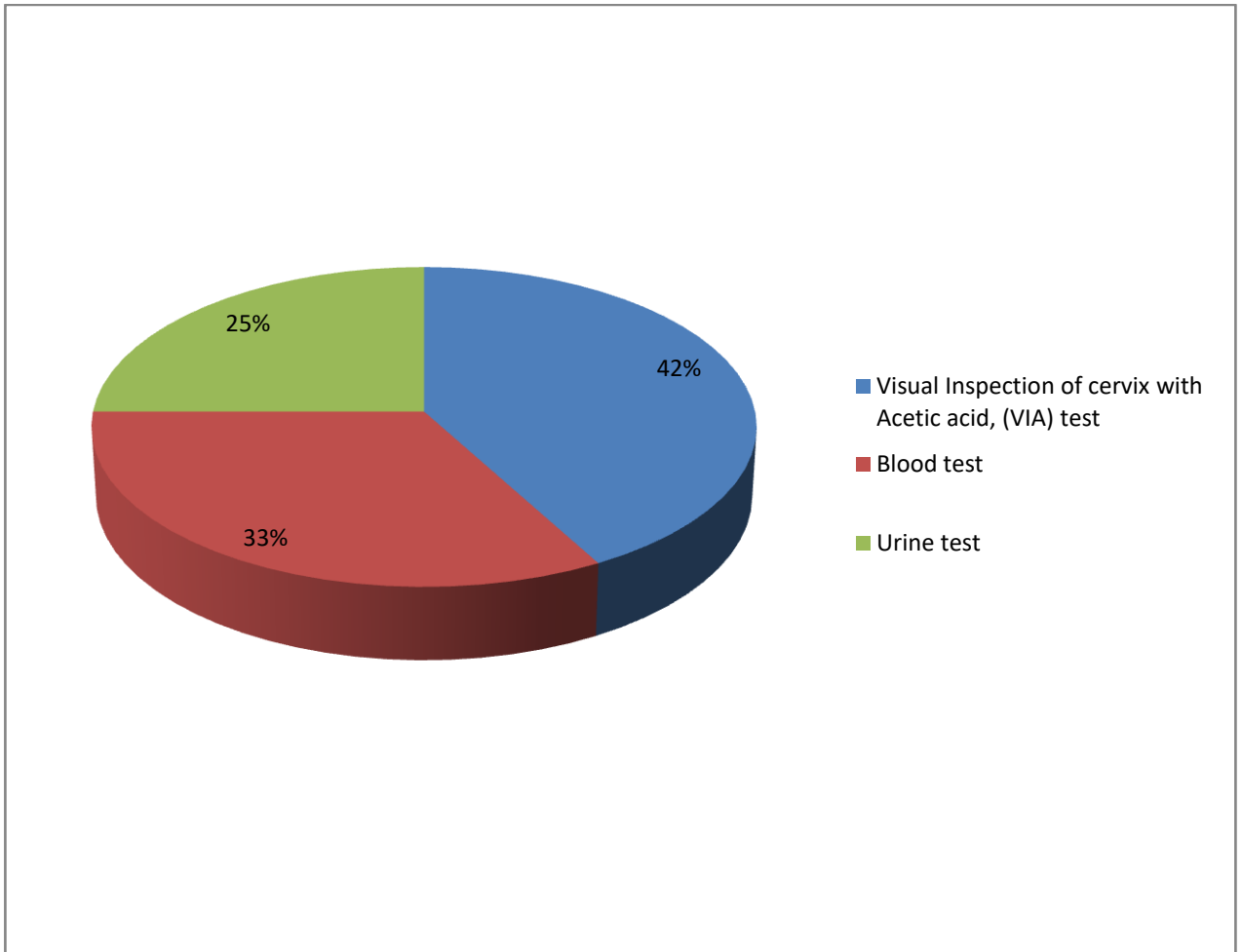
Table 2. Knowledge of cervical cancer and screening

Variable	Yes	No	I don't know
Cervical cancer screening is capable of discovering changes in the cervix before they become cancer?	115(62.5%)	18(9.8%)	51(27.7%)
If changes to the cervix are found early from screening, are they easily curable?	126(68.5%)	18(9.8%)	40(21.7%)

4.3.1. Knowledge on basic test used for cervical cancer screening

Some of respondents 78 (42%) knew that Visual Inspection with Acetic acid (VIA) test was the basic test which used for cervical cancer screening (Figure 2).

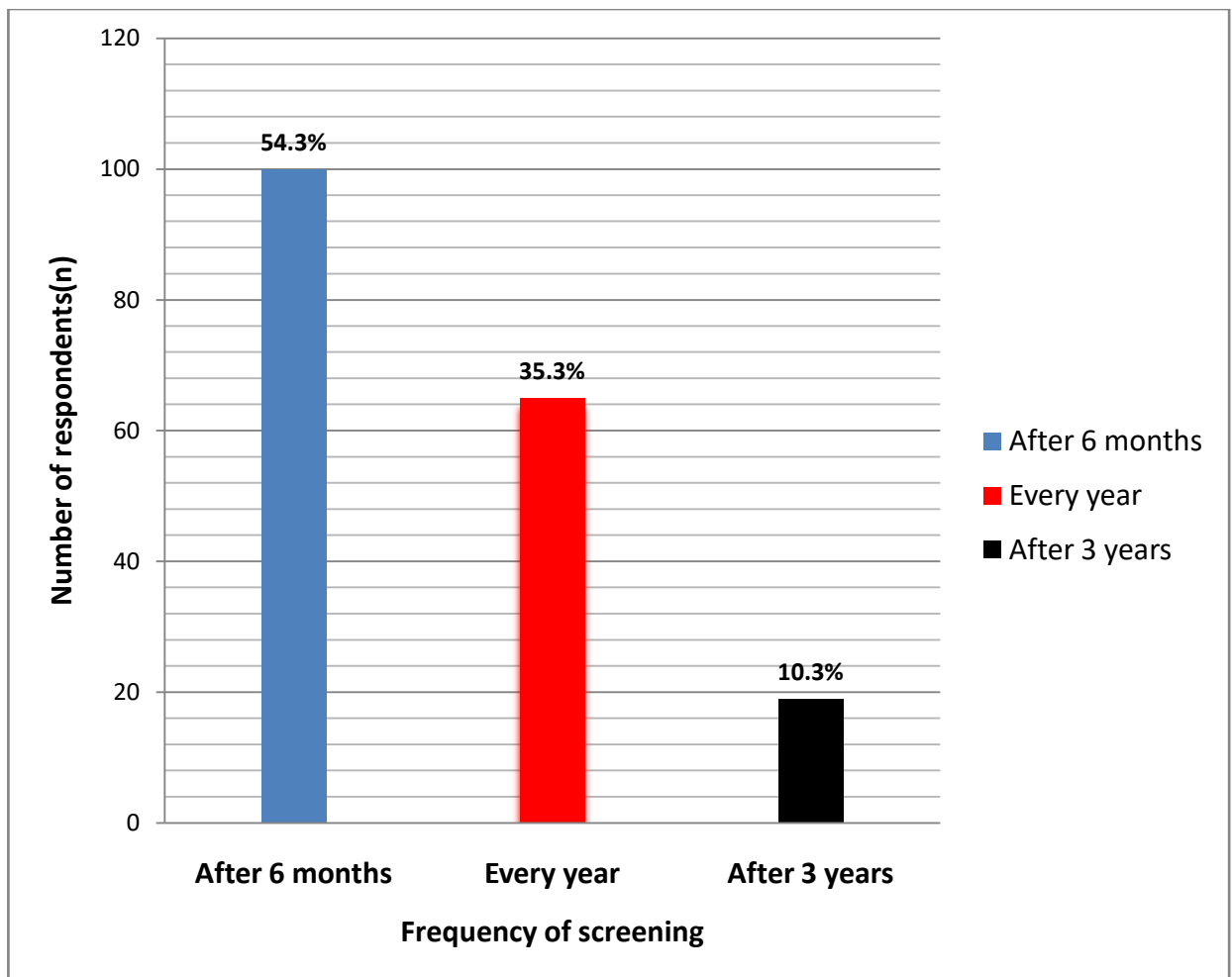
Figure 2. Knowledge on basic test conducted to screen for cervical cancer



4.3.2. Mother's knowledge on frequency of cervical cancer screening

Majority (54.3%) of women did not know the standard time for frequencies of cervical cancer screening that is every three years for the VIA test negative women and every year for women diagnosed to have precancerous lesion. They claimed that cervical cancer screening is performed after every six months (Figure 3).

Figure 3. Mother's knowledge on frequency of cervical cancer screening



4.3.3. Knowledge of awareness about cervical cancer and screening

The majority (82.6%) of respondents heard that there is cervical cancer and 81% heard about cervical cancer screening (Table 3).

Table 3. Awareness about cervical cancer and screening

Variable	Awareness about cervical cancer and screening		
	Yes	No	I don't know
Have you ever heard about cervical cancer?	152(82.6%)	14(7.6%)	18(9.8%)
Have you ever heard about cervical cancer screening?	149(81%)	20(10.9%)	15(8.1%)
Is screening of cervical cancer helpful for the health of woman?	160(87%)	11(6%)	13(7.1%)

4.4. Perceptions of cervical cancer screening

Majority (69%) of respondents perceived that cervical cancer screening is necessary for the women of reproductive age. Half (50%) of the respondents believed that women of child bearing age were prone cervical cancer (Table 4).

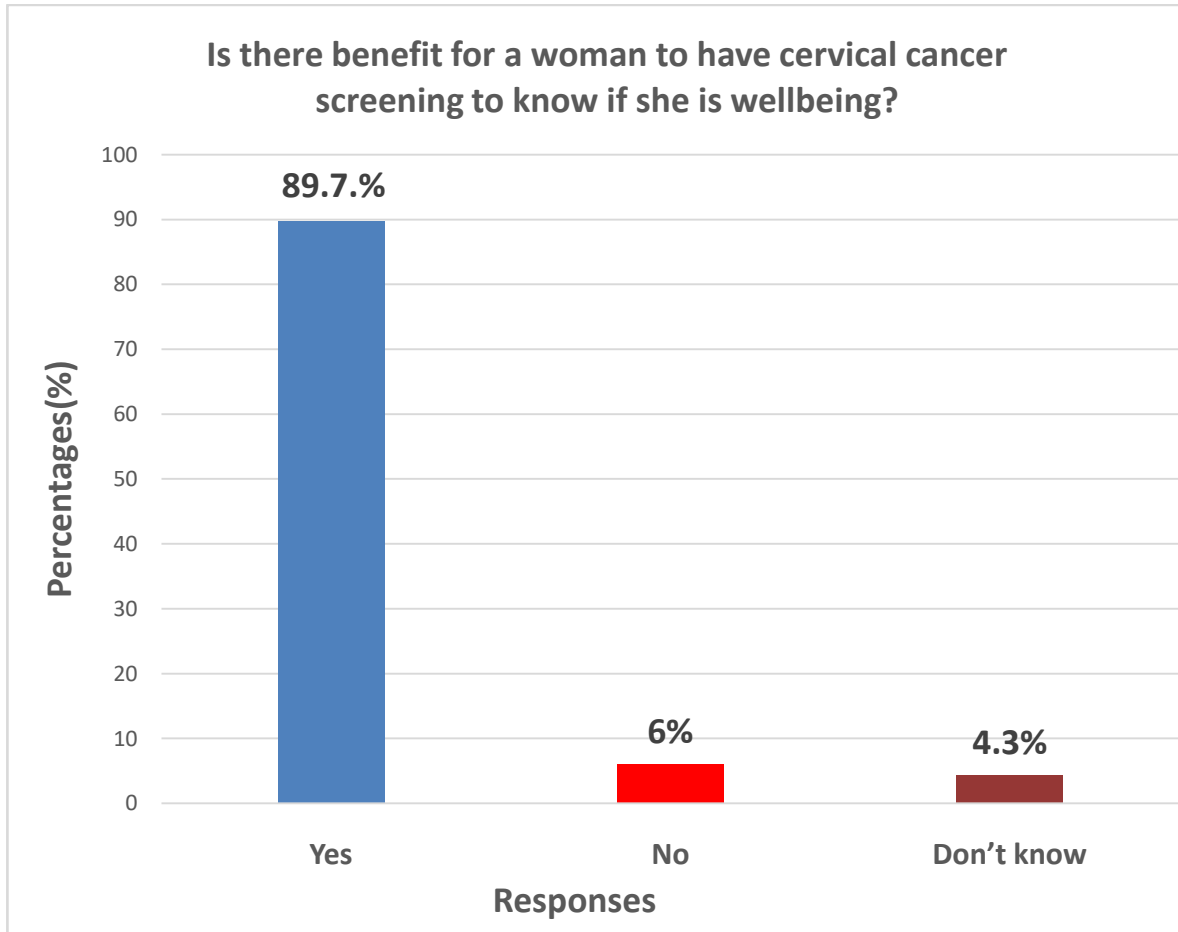
Table 4. Perception about cervical cancer and screening

Variable	Women's perceptions		
	Yes	No	I don't know
Are all woman of child bearing age is prone to develop cervical cancer?	92(50%)	43(23.4%)	49(26.6%)
Is screening for cervical cancer necessary for women of reproductive age?	127(69%)	26(14.1%)	31(16.9%)
Is cervical cancer screening regularly performed for women who are HIV positive?	32(17.4%)	109(59.2%)	43(23.4%)

4.4.1. Perceived benefit of cervical cancer screening

Majority of respondents 165 (89.7%) thought that cervical cancer screening is beneficial to a woman of reproductive age (Figure 4).

Figure 4. Perceived benefit of cervical cancer screening



4.4.2. Perceived barriers about cervical cancer screening

Most of the respondents 151 (82.1%) perceived that, to perform cervical cancer screening is not embarrassing and 106 (57.6%) did not know if screening takes time (Table 5).

Table 5. Perceived barrier about cervical cancer screening

Variable	Women's perceptions		
	Yes	No	I don't know
Is it embarrassing to do cervical cancer screening?	24(13%)	151(82.1%)	9(4.9%)
Is cervical cancer screening procedure painful?	25(13.6%)	58(31.5%)	101(54.9%)
Does cervical cancer screening take much of time to do?	13(7.1%)	65(35.3%)	106(57.6%)

4.4.3. Perceived threat of the disease

Majority of women 156 (84.8%) believed that cervical cancer was dangerous to health of an individual (Table 6).

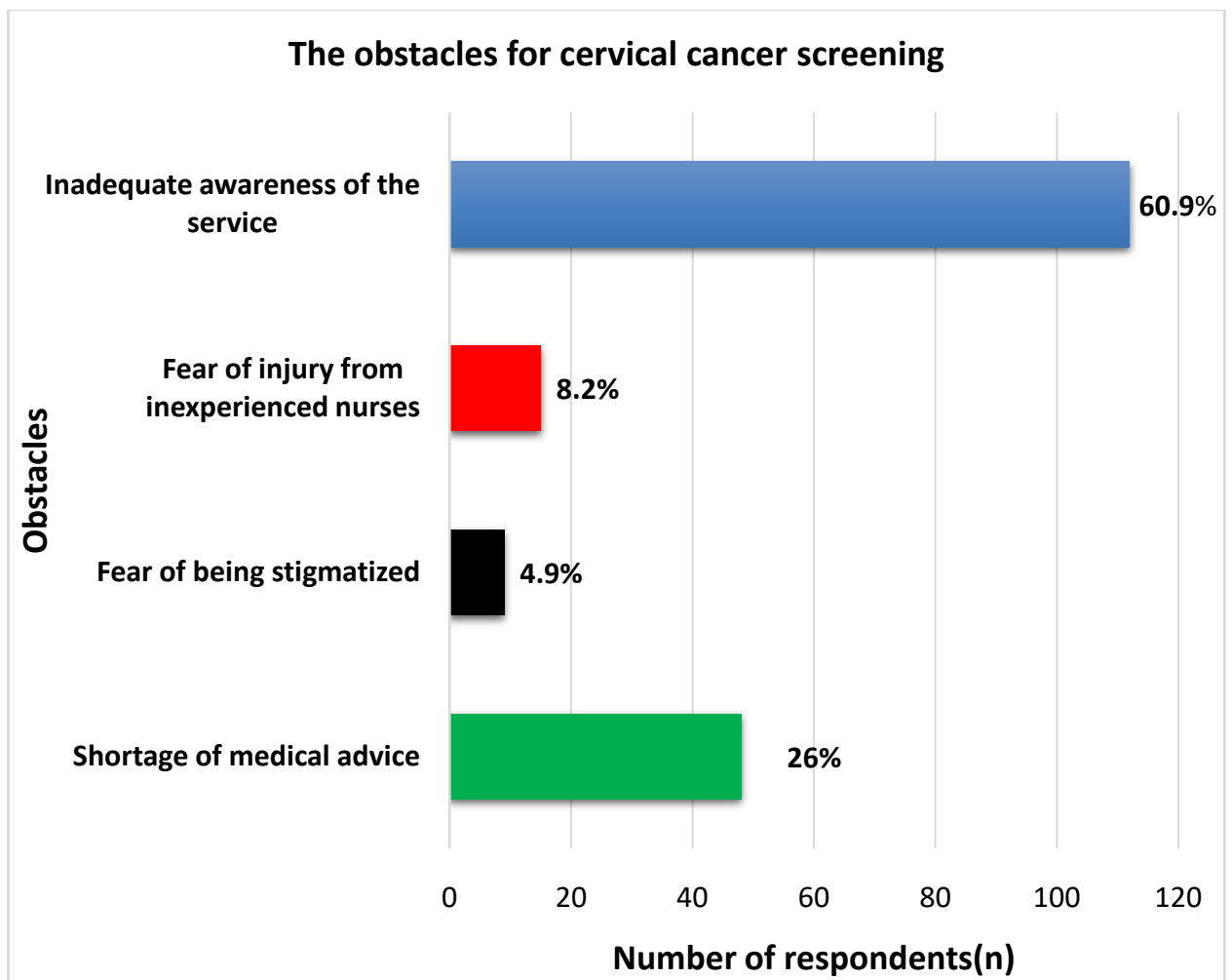
Table 6. Perceived threat of the disease

Variable	Women's perceptions		
	Yes	No	I don't know
Is cervical cancer dangerous to health of an individual?	156(84.8%)	20(10.9%)	8(4.3%)
Is cervical cancer a killer disease whenever diagnosed in advanced stage?	126(68.5%)	15(8.1%)	43(23.4%)

4.4.4. Obstacles of not attending cervical cancer screening

Majority of respondents 112 (60.9%) believed that inadequate awareness of the service is the major obstacle for not attended for cervical cancer screening (Figure 5).

Figure 5. The obstacles for not attended the woman to health facility for cervical cancer screening.



4.5. Association between women's demographic characteristics and knowledge of cervical cancer screening

Mothers aged above 31 years (51.7%) showed moderate knowledge of cervical cancer screening. Women who were cohabiting (45.5%) and those with none/Illiterate level of education (50%) also showed to have moderate knowledge. By occupation, women who are peasant (53.8%) had moderate knowledge of cervical cancer screening. In all socio-demographics characteristics, higher knowledge was associated with the age of respondents above 31 years old (p- value 0.041) and marital status or cohabiting women (p- value0.004) found to be statistically significant ($p < 0.05$) (Table 7).

Table 7. Association between women’s demographic characteristics and knowledge of cervical cancer screening.

Variable	Category	High Knowledge N (%)	Low Knowledge N (%)	p-value
Age (years)	Below 20	8(44.4)	10(55.6)	0.041
	20 - 30	40(37)	68(63)	
	Above 31	30(51.7)	28(48.3)	
Religion	Christian	34(46.6)	39(53.4)	0.367
	Muslim	41(39.4)	64(60.6)	
	Pagan	3(50)	3(50)	
	Others	0(0)	0(0)	
Marital status	Married	47(43.5)	61(56.5)	0.004
	Single	14(40)	21(60)	
	Divorced	1(33.3)	2(66.7)	
	Cohabiting	15(45.5)	18(54.5)	
	Separated	1(20)	4(80)	
Level of education	None/Illiterate	4(50)	4(50)	0.782
	Primary education	30(45.5)	36(54.5)	
	Secondary education	37(42)	51(58)	
	Certificate/ Diploma	5(38.5)	8(61.5)	
	College	2(22.2)	7(77.8)	
Occupation	Housewife	24(45.3)	28(54.7)	0.936
	Peasant	7(53.8)	6(46.2)	
	Business/Self employed	35(38)	58(62)	
	Employed	12(46.2)	14(53.8)	

4.6. Association between women's demographic characteristics and perception of cervical cancer screening.

Most respondents (69.4%) at the age between 21 and 30 years had positive perception about cervical cancer screening. Pagan women (83.3%) seemed to have positive perception. For marital status, women who were single (77.1%) witnessed to have positive perception toward screening. Mothers with college level of education (88.9%) and peasant mothers (79.6%) had demonstrated positive perception. Only marital status (p- value 0.021) and level of education (p- value0.002) showed statistically significant association ($p < 0.05$) (Table 8).

Table 8. Association between women’s demographic characteristics and perception of cervical cancer screening.

Variable	Category	Positive Perception N (%)	Negative Perception N (%)	p-value
Age (years)	Below 20	12(66.7)	6(33.3)	0.057
	20 - 30	75(69.4)	33(30.6)	
	Above 31	40(69.0)	18(31.0)	
Religion	Christian	54(74.0)	19(26.0)	1.611
	Muslim	67(64.4)	37(35.6)	
	Pagan	5(83.3)	1(16.7)	
	Others	1(100)	0(0)	
Marital status	Married	73(67.6)	35(31.4)	0.021
	Single	23(65.7)	12(34.3)	
	Divorced	2(66.7)	1(33.3)	
	Cohabiting	24(72.7)	9(27.3)	
	Separated	4(80)	1(20.0)	
Level of education	None/Illiterate	4(50)	4(50)	0.002
	Primary education	42(63.6)	24(36.4)	
	Secondary education	62(70.5)	26(29.5)	
	Certificate/ Diploma	11(84.6)	2(15.4)	
	College	8(88.9)	1(11.1)	
Occupation	Housewife	34(64.2)	19(35.8)	0.056
	Peasant	10(79.6)	3(20.4)	
	Business/Self employed	65(70.7)	27(29.3)	
	Employed	18(69.2)	8(30.8)	

4.7. Summary of the results

The findings from the study showed that majority of the respondents had moderate knowledge of cervical cancer screening, some has knowledge on Visual Inspection with Acetic acid (VIA), majority of women did not know the standard time which a woman need to come back for screening, although most of them heard about cervical cancer and screening. Majority of the respondents said that there is benefit to them to perform cervical cancer screening, and other respondents believed that cervical cancer is dangerous to their health. The major obstacle noted was lack of awareness about cancer screening.

CHAPTER FIVE

DISCUSSION AND RECOMMENDATIONS

5.1. Introduction

This chapter discusses findings of the study, the extent to which they may be generalizable, the limitations of the study and recommendations are consequently suggested. The discussion is presented in four sections according to the objectives of this study, which is socio-demographic characteristics, level of knowledge, common perceptions of women on cervical cancer screening, association between demographic characteristics and level of knowledge together with perceptions of women of reproductive age on cervical cancer screening.

5.2. Socio-demographic characteristics

In this study the median age is 28 years which is similar to study conducted in Mekelle Town, Northern Ethiopia, by Gebreegziabher et al., (2016) median age was 28 years. Most of respondents in this study were Muslim, married women, had been self employed and engaged in business activities. This is due to most of Muslim are married and may be this is the place of outing and refreshing. Also to self employed group, these women are easily get new information from different areas as they are free to go out of their houses. Study done in a Teaching Hospital, India by Goyal, A., Vaishnav, G., Shrivastava, A., Verma, R., & Modi, A., (2013) the majority of respondent (88%) were married. Further study done in Nigeria by Abiodun, O. A., Fatungase, O. K., & Olu-Abiodun, O. O. (2014) revealed that most of respondents (69.9%) were Christian and 84.1% of them were married. Study done in Estonia by Kivistik, Lang, Baili, Anttila, & Veerus, (2011) 74.3% were married, 76.9% were employed, 10.4% were housewives. In contrast, study done in South East Nigeria by Mbachu, Dim, & Ezeoke, (2017) showed that, 96.8% were employed and 17.5% were self-employed.

5.3. Knowledge of cervical cancer and screening

In this study, women of reproductive age attended to RCH clinic at Mnazi Mmoja in Ilala Municipal, Dar es Salaam demonstrate high knowledge of cervical cancer and screening. This may be attributed due to the fact that most of the respondents in this study, were married women and self-employed. The similar observation seen in the study done in Northern Ethiopia by Bayu et al., (2016), which showed that 85.8% of women at reproductive had heard about cervical cancer and its screening. Same findings in Masaka Uganda about 85.8% also had heard about cervical cancer (Twinomujuni, Nuwaha, & Babirye, 2015).

Study done in Chennai Corporation, India by Anantharaman, (2013) revealed that most of respondents (58.9%) had adequate knowledge of cervical cancer screening. Another study in Northwest, Ethiopia also revealed that 78.7% of respondents had heard about cervical cancer (Getahun, Mazengia, Abuhay, & Birhanu, 2013). Also results quiet differ a bit to that observed in a study done in Mangalore City, India, by Hn & Tanya, (2014) which showed that, the majority of women had poor knowledge about cervical cancer (81.9%) and screening (85.5%), and study done in Ogun State, Nigeria by Abiodun, Fatungase, & Awosile, (2013) 95% of women had very poor knowledge of cervical cancer and screening.

The knowledge of cervical cancer and screening is quiet high. Most women answered correctly that cervical cancer screening is capable of discovering changes in the cervix before they become cancer. This could be due to receiving some information which is being provided from Television and Radios. Similar to study done in Chennai Corporation, India by Anantharaman, (2013) the female health care (81.3%) believed that cervical cancer can be diagnosed before the disease start. Study in China by Di et al., (2015) estimated that most of women (61.7%) were believed that cervical cancer screening might assist to discover the disease early.

In contrast, in Nigeria, knowledge of women on cervical cancer and screening was deprived, 4.0% knew that screening would detect early disease and 4.2% of women knew that disease can be cured if detected early (Abiodun, Fatungase, & Awosile, 2013).

5.3.1. Knowledge of women on basic test used for cervical cancer screening

The study findings indicate that majority of women knew that Visual Inspection with Acetic acid (VIA) test was the basic test used for cervical cancer screening. This information may be provided during antenatal and postnatal visits. In Malawi study done by Maseko, Chirwa, & Muula, (2014) observed that their respondents knew about VIA screening test. Similar to study done in Chennai Corporation, India by Anantharaman, (2013) the female health care (95.3%) believed that cervical cancer can be diagnosed doing a Pap smear and VIA. Likewise in a Teaching Hospital, India by Goyal, A., et. Al., (2013) majority of respondents (74%) declared that a Pap smear was the best useful tool which used to screen cervical cancer. There are no clear reasons documented from other studies why they get used Pap smear instead of VIA test which is said to be harmless, accurate and reasonable for scaling up cervical cancer screening. In Korean elderly women aged 65 and above showed that their investigation done by using a Pap smear (Ko, Park, & Lee, 2012).

Additionally in this study few of respondents thought that cervical cancer screening performed by blood test. Similar findings to study done by Owoeye, & Ibrahim, (2013) on knowledge and attitude towards cervical cancer screening among female students and staff in a tertiary Institution in the Niger Delta, few of them 8.5% staff and 16.3% students wrongly believed that blood test is used for cervical cancer screening.

5.3.2. Mother's knowledge on frequency of the cervical cancer screening

This study showed that, there was in adequate knowledge on awareness about how often does cervical cancer screening needed to be performed. The results explained that most of respondents knew that cervical cancer screening should be performed after every six months. Though in reality for a health individual had VIA negative should be repeated after three years and the women had signs and symptoms of precancerous cancer need to repeat after one year. This finding was different to that observed in a study done in Teaching Hospital, India by Goyal, A., et. Al., (2013) showed that 67.5% of the women thought that screening must be done after every year and (14%) few of them thought that can be performed after every three years.

5.3.3. Knowledge of awareness about cervical cancer and screening

The results from this study show that awareness about cervical cancer and screening is well known because at Mnazi Mmoja RCH clinic education about cervical cancer screening is provided on daily bases. All health care providers are trained to provide the cervical cancer screening. But study conducted in Nigeria by Wright, Aiyedehin, Akinyinka, & Ilozumba, (2014) showed low results (37.2%) of women who had awareness about cervical cancer. The knowledge on cervical cancer and screening are high compared to study performed in Karnataka, India by Bathija, Mallesh, & Gajula, (2016) about 7.5% of respondents had heard regarding cervical cancer which shows that awareness of cervical cancer and screening was very poor. Additionally study done in Ogun State, Nigeria showed low number of percentage of the respondent's awareness about cervical cancer (6.5%) and screening (6.5%) (Abiodun et al., 2013).

5.4. Perception about cervical cancer and screening

Majority of respondents in this study perceived that to perform cervical cancer screening is necessary for the women of reproductive age. In contrast to study done by Urasa & Darj, (2011) about knowledge of cervical cancer and screening practices of Nurses at Regional Hospital in Tanzania, revealed that 13.1% among the respondents did not see the rationale of doing cervical cancer screening, 54.7% of the respondents did not understand where to go for the screening and 7.3% fear of receiving bad outcome. As well study done in Northern Ethiopia, majority of respondents (97%) agreed that precancerous cervical screening is beneficial for their wellbeing (Bayu.,et al., 2016).And study done by Owoeye I., et al., (2013) on knowledge and attitude towards cervical cancer screening among female students and staff in a tertiary Institution in the Niger Delta, thought early discovery of cervical cancer is fine for management outcome.

5.4.1. Perceived benefits of cervical cancer screening

This study shows that, most of the respondents agreed that cervical cancer screening is essential for the individual's health.

This is to the fact that because they were aware of cervical cancer and screening procedure so as enabled them to be more knowledgeable (John, 2011) in Songea, Tanzania was reported that 79% of the respondents approved cervical cancer screening is vital. what is more in China by Leung & Leung, (2010) number of participants did not have perfect knowledge on cervical cancer screening but results demonstrated that participants were conscious of importance of having regular screening and a healthy lifestyle. And study in Jamaica by Ncube, Bey, Knight, Bessler, & Jolly, (2015) 95% of respondents accepted that Pap smear test is essential.

5.4.2. Perceived barriers of cervical cancer screening

In this study most of respondents perceived that, cervical cancer screening is not embarrassing, did not know if it is painful procedure and didn't understand if cervical cancer screening takes much of time to carry out. This could be due to lack of proper information about screening and it shows that everyone had its own perceptions as they are not more knowledgeable about cervical cancer and screening. Study done in Songea by John, (2011) showed that the major barriers were inadequate knowledge about cervical cancer and screening, fear of pain and shyness. Though findings in Jamaica by Interis, Anakwenze, Aung, & Jolly, (2015) 97% of the respondents thought that to seek for screening could take a lot of time and 33.1% thought cervical cancer screening is painful procedure.

5.4.3. Perceived threat of disease

What was evident from this study is that, the majority of the respondents believed that cervical cancer can be dangerous to health of an individual and killer disease whenever diagnosed in advanced stage. This might be due to some information which they receive from different social media and through health education given to RCH clinic. Similar to study done in Northern Ethiopia by Bayu et al., (2016) 96.5% of the respondents agreed that cervical cancer can be severe and may be harmful to their health. Additional in South East Nigeria by Mbachu et al., (2017) for the most part (77.4%) of the respondents perceived that cervical cancer is seriousness disease than other cancers.

5.4.4. Obstacles for not attending cervical cancer screening

One of the important findings from this study is that, respondents believed inadequate awareness of the service is the major obstacle of not going for cervical cancer screening. This could be majority of women don't know the exact purpose of the screening hence seen that, health talk is limited to most of respondents. Study done in Dar es Salaam by Kahesa, Kjaer, Mwaiselage, et al., (2012) 57% of the participants stated that hard to attain health service, 12% of them said lack of medical advice is obstacle for not attending for cervical cancer screening.

Also study in Ogun State, Nigeria by Abiodun et al., (2013) showed that, majority of women (95.5%), were not conscious on the service offered and poor standard service provided (0.5%). Mupepi et al., (2011) in Zimbabwe approved barriers were lack of health professional advice and encouragement to women to access cervical cancer screening, lack of knowledge about cervical cancer screening and test as well as others failed to attend for the service since it is provided far away. Furthermore study done in Chennai Corporation, India by Anantharaman, (2013) revealed that, the regular causes of the women not going for cervical cancer screening are fear of being diagnosed to have the problem (14.3%), and feeling of shyness to do screening (4.8%).

5.5. The association between women's demographic characteristics and knowledge of cervical cancer screening

Majority of the women aged above 31 years seemed to have high knowledge this is because at this age most of women have more than one child and they have received a lot of health talks about cervical cancer screening. Age of respondents and marital status found to be statistically significant association ($p < 0.05$). In contrast, study done in Ilala Municipality, Dar es Salaam by Kileo et al., (2015) showed that there was no association between marital status ($p = 0.606$) and education level ($p = 0.526$). The study also showed cohabiting; illiterate and peasant have high level of education.

This is because when they hear new information it is easily for them to respond positively for their benefits. Also study done in Zimbabwe by Mupepi et al., (2011) showed that the participant's occupations were significant factor, who worked as market vendors had 96% fewer opportunity of accessing cervical cancer screening compared to women's peasant ($p= 0.06$).

5.6. The association between women's demographic characteristics and perceptions of cervical cancer screening

Most of respondents their age ranged between 20 and 30 years had positive perception about cervical cancer screening. Women at the age of 31 years and above also showed to have positive perception. For marital status, women who were separated had witness to have positive perception toward screening. This could be due to the most of respondent's group has their own decision making. Study done in South East Nigeria by Mbachu et al., (2017) employment status and marital status were statistical significant associated with the cervical cancer screening practice ($p<0.05$).

Limitations of the study

Some of respondents did not decide by themselves to participate in the study as this took more time until respond it; especially women came with their husbands. But after a through explanations responded to participate. Permission was obtained from their husbands. Also in depth individual view was not captured since this study used quantitative approach so further study with mixed approach should be done in order to capture all view.

Conclusion

The findings from the study revealed limited knowledge, on how often VIA test are needed for screening of cervical cancer. Further, respondents had low knowledge about interval when the screening should be performed by women. Although majority of respondents were aware about cervical cancer and screening but did not go for screening because of their inadequate knowledge about cervical cancer screening and limited information from health care providers. One key point is the fact that improved communication with health care providers and development of access to health care services should increase the rate of cervical cancer screening.

Recommendations

For successful implementation of cervical cancer screening program health education to the public is needed to improve public knowledge emphasizing the importance of VIA test in the prevention of cervical cancer. Also community should be educated on the importance of early hospitalization whenever they have signs and symptoms of the disease so as to reduce the morbidity and mortality rate among women of reproductive age. Health care providers must provide education to every woman attending reproductive and child health care services for health seeking behavior. The police maker should formulate the local policies and strategies that will guide health care workers on increasing awareness about CCS.

National awareness campaign should be done to promote screening service all over the country.

Further research study should be conducted using mixed methods to explore the hindrance of women to perform cervical cancer screening to prevent the condition.

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APPENDICES

Appendix A 1: Questionnaire (English version)

Cervical cancer screening: knowledge and perceptions among women of reproductive age attending Mnazi Mmoja Hospital, Ilala Municipal, Dar es Salaam.

Serial No.....

Date.....

PART A: RESPONDENT’S DEMOGRAPHIC CHARACTERISTICS

Please answer all questions and put a tick (√) on the box provided for the best answer.

1) What is your age? (Age in years)

2) What is your religion?

a) Christian

b) Muslim

c) Pagan

d) Others

3) What is your marital status?

a) Married

b) Single

c) Divorced

d) Cohabiting

e) Widowed

f) Separated

4) What is your education level?

a) None/Illiterate

b) Primary education

c) Secondary education

d) Certificate

e) College

5) What is your occupation?

- a) Housewife
- b) Peasant
- c) Business / Self employed
- d) Employed

PART B: KNOWLEDGE ABOUT CERVICAL CANCER AND SCREENING

6) Cervical cancer screening is capable of discovering changes in the cervix before they become cancer?

- a) Yes
- b) No
- c) Don't know

7) If changes to the cervix are found early from screening, are they easily curable?

- a) Yes
- b) No
- c) Don't know

8) What basic test is conducted to screen for cervical cancer?

- a) Blood test
- b) Urine test
- c) Visual Inspection of cervix with Acetic acid, (VIA) test

9) How often do you think women should screen for cervical cancer?

- a) After 6 months
- b) Every year
- c) After 3 years

PART C: AWARENESS ABOUT CARVICAL CANCER AND SCREENING

10) Have you ever heard about cervical cancer?

- a) Yes
 - b) No
 - c) Don't know
- | |
|--|
| |
| |
| |

11) Have you ever heard about cervical cancer screening?

- a) Yes
 - b) No
 - c) Don't know
- | |
|--|
| |
| |
| |

12) Is screening of cervical cancer helpful for the health of woman?

- a) Yes
 - b) No
 - c) Don't know
- | |
|--|
| |
| |
| |

SECTON D: PERCEPTION ABOUT CERVICAL CANCER AND SCREENING

13) Are all woman of child bearing age is prone to develop cervical cancer?

- a) Yes
 - b) b) No
 - c) c) Don't know
- | |
|--|
| |
| |
| |

14) Is screening for cervical cancer benefit a women of reproductive age?

- a) Yes
 - b) No
 - c) Don't know
- | |
|--|
| |
| |
| |

15) Is cervical cancer screening regularly performed for women who are HIV positive?

- a) Yes
- b) No
- c) Don't know

PART E: PERCEIVED BENEFITS OF CERVICAL CANCER SCREENING

16) Is it essential for a woman to have cervical cancer screening to know if she is wellbeing?

- a) Yes
- b) No
- c) Don't know

PART F: PERCEIVED BARRIER ABOUT CERVICAL CANCER SCREENING

17) Is it embarrassing to do cervical cancer screening?

- a) Yes
- b) No
- c) Don't know

18) Is cervical cancer screening procedure painful?

- a) Yes
- b) No
- c) Don't know

19) Does cervical cancer screening take much of time to do?

- a) Yes
- b) No
- c) Don't know

20) The obstacles which tend the woman not to attend health facility for cervical cancer screening are:

- a) Shortage of medical advice
- b) Fear of being stigmatized
- c) Fear of injury from inexperienced nurses
- d) Inadequate awareness of the service

PART G: PERCEIVED THREAT OF THE DISEASE

21) Is cervical cancer dangerous to health of an individual?

- a) Yes
- b) No
- c) Don't know

22) Is cervical cancer a killer disease whenever diagnosed in advanced stage?

- a) Yes
- b) No
- c) Don't know

Kiambatanisho A 2: Maswali ya Kiswahili

Uchunguzi wa saratani ya shingo ya kizazi uelewa na ufahamu wa akina mama walio katika umri wa kuzaa Hospitali ya Mnazi Mmoja, Dar es Salaam.

Kumb.No.....

Tarehe.....

SEHEMU YA KWANZA: TAARIFA ZA MAMA

Tafadhali jibu maswali yote na jibu sahihi weka alama ya vema kwenye kisanduku husika

1) Una umri wa miaka mingapi?

2) Dini yako ni ipi?

a) Mkristu

b) Muislam

c) Mpagani

d) Dhehebu lingine

3) Je! Hali yako ya ndoa ikoje?

a) Umeolewa

b) Haujaolewa

c) Umeachika

d) Unaishi na mwanaume pamoja

e) Mjane

f) Umetengana

4) Je! Una kiwango gani cha elimu?

a) Sijasoma

b) Elimu ya shule ya msingi

c) Elimu ya sekondari

d) Ngazi ya cheti

e) Elimu ya juu

5) Je! Unafanya kazi gani?

a) Mama wa nyumbani

b) Mkulima

c) Mfanyabiashara / Nimejijili mwenyewe (mjasiliamali)

d) Nimeajiliwa

SEHEMU YA PILI: ELIMU KUHUSU SARATANI NA UCHUNGUZI WA SARATANI YA SHINGO YA KIZAZI

6) Je! Uchunguzi wa shingo ya kizazi kunasaidia kugundua mabadiliko ya kizazi kabla ya kuwa saratani?

a) Ndiyo

b) Hapana

c) Sifahamu

7) Je! Kama mabadiliko katika shingo ya kizazi yakigundulika mapema ni rahisi kupona?

a) Ndiyo

b) Hapana

c) Hapana

8) Je! Ni kipimo gani muhimu kinachotumika katika uchunguzi wa shingo ya kizazi?

a) Kupima damu

b) Kupima mkojo

c) Kupima kwa kutumia kupaka dawa katika shingo ya kizazi.

9) Je! Unafikiri ni wakati gani mama anahitaji kufanyiwa uchunguzi?

a) Baada ya miezi sita

b) Kila mwaka

c) Baada ya miaka mitatu

SEHEMU YA TATU: UFAHAMU KUHUSU SARATANI NA UCHUNGUZI WA SARATANI YA SHINGO YA KIZAZI

10) Je! Umeshawahi kusikia kuhusu saratani ya shingo ya kizazi?

- a) Ndiyo
- b) Hapana
- c) Sifahamu

11) Je! Umeshawahi kusikia kuhusu uchunguzi wa saratani ya shingo ya kizazi?

- a) Ndiyo
- b) Hapana
- c) Sifahamu

12) Je! Uchunguzi wa saratani ya shingo ya kizazi unasaidiakwaafya ya mama?

- a) Ndiyo
- b) Hapana
- c) Sifahamu

SEHEMU YA NNE: MTAZAMO KUHUSU SARATANI NA UCHUNGUZI WA SARATANI YA SHINGO YA KIZAZI

13) Je! Unafikiri kila mama aliye katika umri wa kuzaa yuko hatarini kupata saratani ya shingo ya kizazi?

- a) Ndiyo
- b) Hapana
- c) Sifahamu

14) Je! Uchunguzi wa saratani ya shingo ya kizazi ni muhimu kwa mama aliye katika umri wa kuzaa?

- a) Ndiyo
- b) Hapana
- c) Sifahamu

15) Je! Uchunguzi wa saratani ya shingo ya kizazi kawaida hufanyika kwa akina mama wenye maambukizio ya virusi vya ukimwi?

- a) Ndiyo
- b) Hapana
- c) Sifahamu

SEHEMU YA TANO: FAIDA YA KUFANYIWA UCHUNGUZI WA SARATANI YA SHINGO YA KIZAZI

16) Je! Kuna umuhimu wowote wa kufanyiwa uchunguzi wa saratani ya shingo ya kizazi ili kufahamu afya yako?

- a) Ndiyo
- b) Hapana
- c) Sifahamu

SEHEMU YA SITTA: VIKWAZO KUHUSU UCHUNGUZI WA SARATANI YA SHINGO YA KIZAZI

17) Je! Kufanyiwa uchunguzi wa saratani ya shingo ya kizazi ni aibu?

- a) Ndiyo
- b) Hapana
- c) Sifahamu

18) Je! Uchunguzi wa saratani ya shingo ya kizazi unaleta maumivu?

a) Ndiyo

b) Hapana

c) Sifahamu

19) Je! Kufanyiwa uchunguzi wa saratani ya shingo ya kizazi kunachukua muda mrefu?

a) Ndiyo

b) Hapana

c) Sifahamu

20) Je! Vikwazo gani vinavyomfanya mama ashindwe kuhudhuria kliniki kwa ajili ya uchunguziwasaratani ya shingo ya kizazi.

a) Kukosa kupata ushauri na watoa huduma

b) Hofu ya kunyanyapaliwa

c) Hofu ya kupata majeraha kwa kutopata huduma vizuri na mtoa huduma

d) Kutokuwa na uelewa wa kutosha kuhusu huduma inayotolewa

SEHEMU YA SITA: MADHARA YA SARATANI YA SHINGO YA KIZAZI

21) Je! Saratani ya shingo ya kizazi ni hatari kwa afya ya binadamu?

a) Ndiyo

b) Hapana

c) Sifahamu

22) Je! Saratani ya shingo ya kizazi ni ugonjwa ambao unaua pale unapogundulika wakati umefika kwenye hali ya hatari?

a) Ndiyo

b) Hapana

c) Sifahamu

Appendix B 1: Approval Ethical clearance

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES**

P.O. Box 65001
DARES SALAAM
TANZANIA
Web: www.muhas.ac.tz



Tel: 0255-22-2150302/6 Ext. 1015
Direct Line: 0255-22-2151578
Tele Fax: 0255-22-2150465
E-mail: doas@muhas.ac.tz

Ref. No. MU/PGSSA/CG/Vol. IX

15th June, 2017

Mrs. Joyce Njanga
M/Sc. Midwifery and Women's Health
MUHAS.

**RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED:
"CERVICAL CANCER SCREENING KNOWLEDGE AND PERCEPTIONS
AMONG WOMEN OF REPRODUCTIVE AGE AT MNAZI MOJA HOSPITAL,
ILALA MUNICIPAL, DARES SALAAM"**

Reference is made to the above heading.

I am pleased to inform you that, the Chairman, Exco on behalf of the Senate, approved ethical clearance for the above-mentioned study. Hence you may proceed with the planned study.

The ethical clearance is valid for one year only, from 15th June, 2017 to 14th June, 2018. In case you do not complete data analysis and dissertation report writing by 14th June, 2018, you will have to apply for renewal of ethical clearance prior to the expiry date.



Prof. Andrea H. Pariba
DIRECTOR OF POSTGRADUATE STUDIES

cc: Director of Research and Publications
cc: Dean, School of Nursing

Appendix B 2: Introduction letter

MUCHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES

P.O. Box 6503
DAR ES SALAAM
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Tel (01) 265 22 20, 5030230 Ext. 1012
Direct. Line: +255 20 2151373
Telefax: +255 20 2151465
E-mail: dirps@muhs.ac.tz

Ref. No: **ED/MS/PG/ST/2017**

18th June, 2017

Executive Director
Hala Municipal Council
DAR ES SALAAM

Re: **INTRODUCTION LETTER**


The bearer of this letter Ms. Joyce Njunga is a student at Muchimbili University of Health and Allied Sciences (MUHAS) pursuing MSc Midwifery and Women's Health.

As part of her studies she intends to do a study titled: "*Cervical cancer screening knowledge and perceptions among women of Reproductive age at Mtwali Mwanja Hospital, Hala Municipal, Dar es Salaam*".

The research has been approved by the Chairman of University Senate.

Kindly provide her the necessary assistance to facilitate the conduct of her research.

We thank you for your cooperation.



Ms. A. Mushiye
For: **DIRECTOR, POSTGRADUATE STUDIES**

cc: Dean, School of Midwifery
cc: **Ms. Joyce Njunga**

Appendix C 1: Informed consent (English version)

CONSENT TO PARTICIPATE IN A STUDY TITLED CERVICAL CANCER SCREENING: KNOWLEDGE AND PERCEPTION AMONG WOMEN OF REPRODUCTIVE AGE AT MNAZI MMOJA HOSPITAL, ILALA MUNICIPAL, DAR ES SALAAM.

ID NO

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Greetings! My name is Joyce Tryphone Njenga. Currently, I am a student at Muhimbili University of Health & Allied Sciences pursuing MSc in Midwifery and Women's Health. I am conducting a research on the title **Cervical Cancer Screening: Knowledge and perception among women of reproductive age at Mnazi Mmoja Hospital.**

Purpose of the study

The study will help to identify awareness and perception of reproductive age women on cervical cancer screening in all preventive interventions. It also wants to address that cancer of the cervix is preventable by regular attending cancer screening clinic and curable when diagnosed and treated early.

Involved Participation

This study will involve women who will attend RCH Clinic for postnatal checkup and all who will come for routine health services. I ask your permission to participate in my study and you are free to decide either to participate in this study or not. If you are agreeing to participate in this study I will request you to read carefully the research questions then answer all questions.

Confidentiality

The information that you will provide in this study will be treated as strictly confidential and will be used for research purpose only and not for other reasons.

Your name will not be used for identification during data analysis and report development, instead of the number will be used.

Risks

The researcher expects no harm will happen to you when you participate in this study.

Benefits

There will be no direct financial benefits to you; however; participation in this research has the potential for improving your knowledge on cervical cancer screening through recommendations that will be made for the improvement.

Rights to Withdraw and Alternatives

To participate in the study is voluntary. You are free to choose whether to participate or not. Refusals to participate, or withdrawal from the study, will not entail punishment. However, we would like you to participate in this study since your views are extremely essential.

Whom to Contact

In case of any emergence concern you may contact the researcher through the following address: Joyce Tryphone Njenga, School of Nursing, MUHAS. P. O. BOX 65004,

Dar es Salaam. Email address: njengajoyce81@yahoo.com Mobile 0713-481781/ 0785-850553.

If you have a serious matter about this research related to violation of your rights, and you feel that the researcher has not been able to help you are free to contact Prof. Joyce Masalu, Directorate of Research and Publications Committee, MUHAS, P.O. Box 65001, Dar es Salaam, Telephone number 2150302-6.

Agreement of participation

I _____, Identification number _____,

Age _____ years old. I am willing to participate in this study

Informant’s Signature _____ Researcher’s Signature _____

Date _____ Date _____

Appendix C 2: Fomu ya kuomba ridhaa

KUSHIRIKI KWENYE UTAFITI WA AKINA MAMA WENYE UMRI WA KUZAA KUHUSU SARATANI YA SHINGO YA KIZAZI, UFAHAMU NA MTAZAMO WAKE KUHUSU UCHUNGUZI UGONJWA, MNAZI MMOJA HOSPITALI.

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Habari mimi ni naitwa Joyce Tryphone Njenga ni mwanafunzi wa shahada ya pili ya ukunga na afya ya akina mama katika Chuo cha Afya na Sayansi Shirikishi Muhimbili (MUHAS). Ninafanya **utafiti kuangalia mtazamo na ufahamu wa akina mama wenye umri wa kuzaa kuhusu uchunguzi wa saratani ya shingo ya kizazi (Cervical Cancer Screening: Knowledge and Perception among Women of Reproductive age at Mnazi Mmoja Hospital).**

Dhumuni la utafiti

Utafiti huu utasaidia kugundua ufahamu na mtazamo wa akina mama wenye umri wa kuzaa kuhusu uchunguzi wa shingo ya kizazi na njia za kukabiliana nazo katika kuzuia. Pia kwa kuwa na kawaida ya kuhudhuria clinic kwa kufanyiwa uchunguzi itapelekea kugundulika mapema kwa ugonjwa na itasaidia kutibiwa kwa wakati ili kupunguza tatizo hili la saratani ya shingo la kizazi.

Watu watakaoshiriki

Utafiti huu unawahusu akina mama wanaohudhuria clinic baada ya kujifungua kwa ajili ya uchunguzi wa kawaida na wale wote watakaokuja clinic kwa kupata ushauri wa mama na mtoto.

Usiri

Taarifa ambazo utazitoa katika utafiti huu zitahifadhiwa vizuri na hakuna mtu yeyote atakayeweza kuzitoa kwa mtu mwingine, usiri utazingatiwa. Hizi taarifa ni kwa matumizi ya ofisi tu na si vinginevyo. Jina lako halitaandikwa katika karatasi hizi, badala yake tutatumia namba tu wakati wote wa utafiti.

Madhara

Hakutakuwa na madhara yeyote yale kwa kushiriki kwako katika utafiti huu.

Faida

Hakuna faida yeyote utakayoipata kwa kushiriki kwako katika utafiti huu. Kushiriki kwako kutakuongeza elimu ya kuhusu umuhimu wa uchunguzi wa saratani ya shingo ya kizazi kupitia mapendekezo yaliyopatikana kwa ajili ya uboreshaji w ahuduma.

Haki ya kujitoa katika utafiti

Ushiriki katika utafiti huu ni hiari yako ya msingi ya kushiriki au kutoshiriki katika utafiti na pia unaweza ukajitoa muda wowote ule wakati wa zoezi la utafiti likiendelea. Hakuna mtu yeyote atakayeweza kukupatia adhabu kwa kutoshiriki kwako. Vinginevyo ningependa sana ushiriki wako katika utafiti huu ili nipate na mchango wako.

Watu wa kuwasiliananao

Kama kutakuwa na tatizo lolote lile unaweza kuwasiliana na Joyce T, Njenga kwa simu namba 0713-481781 / 0785-850553 Chuo Kikuu cha Afya ya Sayansi Shirikishi Muhimbili. P. O. BOX 65004, Dares Salaam. Barua pepe: njengajoyce81@yahoo.com.

Kama utakuwa na tatizo lolote linaloweza kuhatarisha usalama wako na umeona mtafiti hawezi kulitatua uwe huru kumtafuta Prof. Joyce Masalu, Kurugenzi ya Utafiti na Uchapishaji, MUHAS, P.O. Box 65001, Dar es Salaam, kwa simu namba 2150302-6.

Makubaliano ya Ushiriki

Namba ya ushiriki.....Umri.....

Mimi _____ nathibitisha kuelewa maelezo yaliyoandikwa

hapo juu na kuridhika na maelezo niliyopewa kwa maswali yangu yote. Nami, kwa hiari yangu mwenyewe, bila kushurutishwa na mtu, ninakubali kushiriki kwenye utafiti huu.

Sahihi ya Mshiriki.....Tarehe.....

Sahihi ya MtafitiMsaidizi.....Tarehe.....

Sahihi ya Mtafiti.....Tarehe.....