

## ABSTRACT

Cervical cancer is a deadly disease once it reaches the invasive stages. In every 2 minutes, one woman dies of cervical cancer globally. Unscreened women are at risk of developing cervical cancer, which can easily be prevented and controlled through screening, early detection and treatment of precancerous lesions. In Kenya, cervical cancer is the second most common cause of cancer related deaths. Over 400 WRA attending BCRH are diagnosed with suggestive precancerous lesions and about 250 die due to the disease annually. Women of reproductive age (WRA) attending Bungoma County Referral Hospital (BCRH) present with late stage of cancer, which often results in poor prognosis. The study mainly aimed at investigating factors influencing the uptake of cervical cancer screening services (CCSS) in WRA attending BCRH, Western Kenya. It specifically sought to; determine the socio-demographic characteristics that influence the uptake of cervical cancer-screening services amongst WRA and determine knowledge on risk factors for cervical cancer and its influence on the uptake of cervical cancer screening services amongst WRA. A cross-sectional study design was used to recruit a total of 348 WRA attending MCH/FP clinic. Data for objective one was analysed by Chi-square and Mann Whitney U tests. Data for objective two was analysed by Chi-square. Results with p-value of  $\leq 0.05$  were considered significant. The study revealed that, over 70% of the respondent had never undergone cervical cancer screening services. Socio-demographic characteristics that were significantly associated with the uptake of screening services were; - age ( $\chi^2=11.953$ ,  $p=0.008$ ), occupation ( $\chi^2=7.392$ ,  $p=0.025$ ), number of pregnancies ( $Z=2.101$ ,  $p=0.036$ ) and being into extra marital relationship ( $\chi^2=8.271$ ,  $p=0.016$ ). The percentage of those screened for cervical cancer increased with age. There was higher percentage of the self-employed who had been screened for cervical cancer compared to those employed and none employed. Those screened had higher number of pregnancies compared to those not screened. Other socio-demographic characteristics, educational level ( $\chi^2=3.498$ ,  $P=0.321$ ), religion ( $\chi^2=1.685$ ,  $p=0.194$ ) and ethnicity ( $\chi^2=5.479$ ,  $p=0.140$ ) were not significantly associated with the uptake of cervical cancer screening services. Uptake of CCSs increased with the age and parity, which could be due to more frequencies and conducts that these mothers have to health facility and health care workers respectively as opposed to the young mothers with fewer children. Over half (55.5%) of the respondents demonstrated good knowledge on risk factors for cervical cancer, though this was not significantly associated with uptake of screening services ( $\chi^2=4.835$ ,  $p=0.089$ ), which could be due to other underlying factors not addressed in this study. The findings of this study may enable the screening managers to strengthen screening services, build womens confidence and provide practical evidence in improving uptake of cervical cancer screening services, hence the health of WRA in Bungoma and beyond. The study therefore recommends that;-health care workers should put importance of regular health education and counselling of women about cervical cancer, its prevention and availability of screening tests, special health education messages to young women with fewer children, those not in employment and other factors that may prevent women from engaging in cervical cancer screening services.