

## Motivational factors for cervical screening participation among women living in an urban slum settlement in Nigeria (Qualitative Report on Community Intervention Programme)


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ARTICLE INFO	ABSTRACT
<p><b>Keywords:</b> <i>Screening Response, Affordability, Screening, Screening cost</i></p> <p><i>Received: 09, Feb. 2026</i> <i>Revised: 28, Feb. 2026</i> <i>Accepted: 03, Mar. 2026</i></p> <p>©2026 Author(s): This is an open-access article distributed under the terms of the <a href="https://creativecommons.org/licenses/by/4.0/">Creative Commons Attribution 4.0 International</a></p> 	<p><i>Cervical cancer screening is a known and effective method of early detection, treatment, and reducing the burden of the disease. However, there is a very low screening coverage in Nigeria, especially amongst the women living in the economically disadvantaged slum populations in the city. This study investigated the level of cervical cancer awareness and explored the reaction of women to a free-of-charge screening service in Makoko, an urban slum which is located in Lagos, Nigeria. The community-based two-day screening outreach initiative on cervical cancer was held at the local market square and did not consist of any registration or service fee. In-depth interview participants were recruited using a convenience sampling technique with a semi-structured interview guide. Thematic analysis was performed to reveal the influential factors that mattered in participation. Findings revealed that thin awareness about cervical cancer and high financial barriers were the key barriers to screening among many. Women stated that free services, provided in a community setting, are a powerful incentive to attend. The paper emphasizes the urgency of enhancing grassroots awareness and introducing affordable and accessible screening models to increase the level at which urban communities, which are underserved, would be protected against cervical cancer.</i></p>

### INTRODUCTION

Oncological mortality in women in the developing world is still largely due to cervical cancer (Sarah-Maria et al., 2022). The highest incidence across the globe is registered in Sub-Saharan Africa with an incidence of 50.9 cases per 100,000 women and in Tanzania with the highest mortality attributable to cervical cancer (Denny et al., 2013). Although screening modalities including visual inspection using acetic acid (VIA), Pap smear, and HPV tests have been proven to be effective in incidence and mortality reduction, their utilization in urban informal settlements is not optimal (Rana et al., 2025). Socioeconomic vulnerability, a lack of healthcare services and awareness about cervical cancer prevention significantly affect women living in these slum settlements. The identification of the motivational determinants that prompt screening attendance in these communities is critical towards the design of effective community-level programs in terms of overall public health.

The incidence rate is alarming despite the fact that cancer incidence are poorly documented. Mortality rate in the developed world is very minimal. While Africa has a survival rate of 21% as at 2002 United States of America has 70% and Western Europe has 66%. Most women who develop cervical cancer in Nigeria, die eventually of the diseases. (Airede et al., 2008). Screening is the systematic application of a test in an asymptomatic population. Cancers of cervix, breast and prostate are potentially curable if detected early, and adequately treated. Screening has been recommended as the easiest way of detecting, treating and reducing the burden of cervical cancer. Women are the target population for cervical cancer screening and treatment. It is established fact that well-organized and

structured cervical screening programme that is widespread and of good quality has the capacity to reduce cervical cancer incidence, prevalence and mortality (De-Martel et al, 2017).

The main academic factors that motivate people to participate in cervical screening include knowledge and awareness about cervical cancer and the advantages that screening offers. Empirical studies in resource-restricted environments have shown that a lack of awareness of the risk factors of cervical cancer and the purpose of screening serves as a discouraging factor to female involvement, including researchers like Olubodun et al. (2022). On the other hand, women who understand the benefits of early detection and prevention have an increased desire to use screening services. In a qualitative study conducted in Lagos, Nigeria, urban slums, it was found that screening initiatives would achieve the desirable level of acceptance when preceded by health education that would raise awareness about the disease and its risks (Olubodun et al., 2022). The given observation corroborates broader evidence that shows that education on cervical cancer is an efficient way to increase uptake because women develop a sense of personal vulnerability and understand the importance of early detection (Rana et al., 2025).

One screening after age 35 lowers the death rate by about 70, which rises to about 85 when done every two years (Sarah-Maria et al., 2022). The lack of viable screening programs that can identify pre-cancerous diseases and provide a remedy before they advance to malignancy is one of the key factors that have contributed to the significantly increased occurrence of cervical cancer in developing countries (Alliance for Cervical Cancer Prevention, 2010). In low-income countries, the incidence rates are estimated to increase by almost 27 percent, compared to a relatively small 1 percent growth in high-income countries (Globocan, 2018). Healthcare provider recommendations are another important driving cause; it is shown that women are more likely to attend a screening when a health professional recommends them to do so (Rana et al., 2025). This kind of support can be used to oppose myths and instill a sense of confidence in the health system. Provider engagement is particularly effective in underserved urban locales where institutional distrust and false information are common.

Social support networks also are critical. The impact of family members, friends, and peer groups has been deemed as an important facilitator of cervical screening participation (Higgason et al, 2023). Women in many of the urban slum settings rely on social networks to get information about health and make decisions. Motivation may be reinforced by positive reinforcement through the support of peers or community leaders who may promote screening and make it a normalized practice. Clearly, developed countries, which have standardized screening procedures, realize greater screening coverage compared to developing countries (Kim, 2008). In Nigeria, the small percentage of the female population has undergone screening. Insufficient data on motivations against receiving cervical cancer screening has not been fully documented, and limited work exists on the community-based research.

The current research is informed by the existing equity disparity in the prevention of cervical cancer in women living in urban slum settlements in Nigeria, where structural deprivation and lack of access to preventive services are play-contributing factors to the low rate of screening participation. Despite the country being expected to increase its rate of achieving the goal of 70 percent screening coverage (Wilailak et al, 2025) goal set by the World Health Organization on cervical cancer eradication, practical experience in slums indicates that screening uptake can be very low without specific actions. An example is a quasi-experimental study in an urban slum in Lagos on the uptake of Pap smear baselines among women with a social marketing intervention reported that the near-zero baseline of the uptake rate increased significantly when intervention barriers were overcome, implying that motivation and demand can be affected by barrier removal (Olubodun et al., 2022).

However, motivation is not confined to the first attendance; it also involves the desire to go through with the screening pathway. Public sector screening implementation in Nigeria showed that there was high attrition after testing, with only an average of one-fifth of women referred once a

positive result on HPV tests had been received successfully getting triaged, showing the lack of subsequent follow-up, as well as permanent involvement (Lawson et al., 2023). Moreover, qualitative research in slums in Lagos reports false beliefs, fear, and service related issues, but also shows that women are able to develop useful recommendations that can be used to develop an acceptable screening program (Olubodun et al., 2022). Therefore, the study of the motivating variables within urban slums is an essential step in developing community-based interventions that would contribute to increasing more than just awareness but also screening initiation and completion.

### **Purpose of study**

This study aimed at assess awareness and to explore motivational factors for screening women participation in screening. The specific objectives are:

1. To understand women awareness level of cervical cancer
2. To understand the motivational factor for screening by community women

### **Research questions**

1. What is the level of awareness of cervical cancer among women?
2. What are the motivational factor for screening participation by women?

## **METHODOLOGY**

The current study is a qualitative study that was conducted in Makoko, a slum town in Lagos, Nigeria, which is a slum around the Lagos Lagoon. Poor housing, limited access to healthcare facilities, and high levels of economic deprivation characterize the community. The majority of socioeconomic groups include the low earners whose livelihoods largely rely on fishing and fish trading. Both genders engage in fishery related activities, which often require long working time and daily earnings to survive. Such socioeconomic conditions define health-seeking behaviour, especially in relation to preventive services like cervical cancer screening.

A two-day free cervical cancer screening outreach programme was held in the community market square which is a central and easily accessible location. Advocacy visits to the community leaders and representatives of market women were conducted before the implementation to obtain consent and facilitate cooperation. This was an essential stakeholder engagement that was crucial in mobilizing the community and building trust. A 21-day sensitisation process was then implemented in the community to inform women on cervical cancer, the benefits of early detection, eligibility, and the screening programme. The outreach was attended by a hundred women. In-depth interviews were used to sample the participants via convenience sampling. Eligible participants were sexually active women aged 14 to 70 years and non-pregnant women and those who were not sexually active were excluded. The semi-structured interview guide was chosen to collect data on awareness rates, attitude towards cervical cancer, and how free screening affected the participation.

Thematically, qualitative data were analysed using the framework put forward by Braun and Clarke (2006). The analytical aim was to discuss grassroots awareness and explain the impact of free screening services on the willingness of women to take part. Qualitative methods, as Kim et al. (2018) observe, provide a holistic understanding of health perceptions and experiences, which in turn allows health professionals to gain a deeper understanding of contextual factors that influence preventive health behaviours. The study strictly followed ethical principles, such as voluntary participation, confidentiality, and beneficence.

## **RESULTS**

The following variables were found by the study as the determinants of cervical screening attendance within an urban slum setting: inadequate awareness, financial constraints, and availability of services. The conclusion implies the urgency of implementing low-cost and community-based

screening frameworks as the part of the primary healthcare in Nigeria. Based on this project findings, three variables were found to be critical drivers of women enrolling into screening.

**Increased awareness:** Many women have poor awareness of cervical cancer and screening. Majority of respondents in the study referred to cervical cancer as breast cancer. Findings reveal that almost all women do not know about cervical cancer and HPV, many may never go for screening if not for the screening intervention brought to them, the participants were eager to get more information on cervical cancer about cervical cancer screening considering their poor Knowledge and lack of awareness. They feel that knowing more will further motivate their response to screening. Many do not know the symptoms of the diseases and believes that anytime that have any symptoms from their vaginal, they walk to patent stores and get antibiotics. According to Buchahan's study, the major factors identified by the women that influence screening utilization were ignorance, Illiteracy, (Buchanan et al, 2017). The poor knowledge of cervical cancer is major challenge to preventing the disease in the developing countries. Most women at grass root are illiterate community women, who can hardly access health information online or through books except through the effort of community health educators or other health professionals. Studies have proven that improved knowledge, increased awareness is associated with healthful lifestyle tendencies.

**Unaffordability of screening Cost:** According to this study, lack of financial capacity to afford screening, was stated by women as some barriers to cervical screening. Most participant stated that they were motivated to come and take park in the screening because it was free. This identified barrier of cost of screening service is consistent with a report from the Modibo et al., in their study in Nigeria (Modibo et al., 2018), Limmo and Beran's 2012 study in Tanzania that in areas where poverty prevails there is no probability of people participating or seeking medical help or screening for cervical cancer when it is not an emergency. Poverty along with other socio-cultural practices such as early marriage, high parity and to certain extent polygamy were identified as factors that increased the vulnerability of women to cervical cancer (Sarah-Maria et al, 2022). Many women who are housewives, rely on husbands or petty businesses to survive and sustain their families, will never see the need to go for screening because there is no extra or less money to fund their cervical screening. The cost of screening can explain why the Wright et al., study where respondents, of all study participant who had heard of cervical cancer, only a few 8.5% had done a Pap smear test and only 6.8% have had the human papilloma virus (HPV) vaccine, some stated that screening and its unavailability were their limitations or barriers to screening (Wright et al., 2014). Similarly, according to Buchanan study, screening barriers included lack of access, due to transportation, which could be no availability of means of transportation or screening service not located close, secondly inability to afford the cost of screening, was another variable stated by respondents (Buchanan et al, 2017). Contrariwise, findings from the developed countries is different. In the United Kingdom showed that over 80.5% of women in London had undergone Pap smear test every 3–5 years (Wright et al., 2014) and this can be attributed to protocols and structures put on ground to enable women access screening easily. Also, Financial constraint was still one of the identified factors that hinders women from going for screening (Buchanan et al, 2017) knowing well that screening is not free in Nigeria and most developing country. There is the need to critically strategies ways to make this service is affordable. Also, according to Lim and Ojo, financial empowerment is important for women because when women are financially empowered, they are better equipped to partake and afford screening, and addressing the cost aspect of screening (Lim and Ojo 2016).

**In Community-based screening services:** Also, the study reveal that women prefer screening services to be brought to their communities especially if it's located near their businesses like the market, or if it's a mobile screening service, such that their business of the day will not be

left unattended to, if they have to go a long distance obtain cervical screening service. This is supported by Degife's study which found that Mobile medical clinics have positively impacted cervical screening uptake internationally, and advocates that this strategy can be adopted domestically (Degife et al., 2025) to encourage women to partake in cervical cancer screening. This will help women to access the service easily and conveniently in their localities.

### Interview responses

The interview results identify key themes on awareness, cost and preparedness to screen cervical cancer in women living in the urban slum community.

**Cervical Cancer awareness:** As shown in Figure 1, women surrounded health personnel in large numbers during the outreach campaign showing interest and participation in the current screening exercise. Overall, in spite of this observable involvement, there was extremely low baseline awareness of cervical cancer among the population per the interview responses. One participant said, "As I dey so, I never hear about cervical cancer before. I know of breast cancer.". The difference between active participation in the outreach (Figure 1) and the lack of background knowledge is an essential gap: women were ready to take part in the outreach when the services were implemented in their localities, whereas many were unaware of cervical cancer before the intervention. Although breast cancer appeared more familiar to participants than cervical cancer, reflecting a critical awareness gap that may undermine preventive action. Health-seeking behavior is often shaped by prior knowledge and perceived risk; thus, limited awareness reduces the likelihood of routine screening. As Okosa (2022) emphasizes in examining public health legislation, good intentions are ineffective without adequate public understanding, while Udensi and Okosa (2025) highlight the importance of contextual interpretation in shaping informed responses. So, the picture in Figure 1 is not only an illustration of service delivery but is also used to emphasize the importance of community-based education as a way to stir up awareness and involvement.



**Figure 1. Women from an urban slum community gathered during a community-based cervical cancer screening outreach program**

**Cost as a Motivational Factor:** Figure 2 shows that women in the community attended the outreach screening program in large crowds and this shows a great interest and a shared participation. Through the interviews, it was found that cost was a significant driving force behind this turnout. Most respondents several times mentioned that they were happy that the screening was fully free and said, "We happy say na free, card (registration), test (screening), everything free" and "We are happy that this test is for us free of charge.". The repeated emphasis on cost reflects the severe economic constraints faced by women in urban slum communities, where unstable incomes and competing household responsibilities often push preventive healthcare to a lower priority. When services require payment, participation declines; however, removing registration and screening fees reduces structural

barriers and improves access. This aligns with Enemu and Muogbo's (2024) observation that socioeconomic limitations restrict service utilization, and Muogbo and Obiefoka's (2022) emphasis on economic empowerment as a determinant of participation in developmental initiatives. Women also suggested that market members and community members were more willing to attend since no money was needed, which showed that affordability has a direct effect on collective screening uptake.



**Figure 2. Women from the urban slum community seated during the free cervical cancer screening outreach**

**Readiness and Willingness for Future Screening:** Beyond financial considerations, participants expressed strong readiness and positive attitudes toward the screening. Statements such as “*We happy to do this test and we go do am again and again*” and “*We are grateful to the people who brought to test for us*” reflect satisfaction with the service and openness to repeat screening. This suggests that women's low screening uptake is not necessarily due to resistance, but rather to structural barriers such as cost and limited access. When these obstacles are removed, participation improves and women demonstrate willingness and appreciation for preventive services. This finding aligns with Li et al. (2025), who reported that reducing financial and service-delivery barriers significantly enhances women's acceptance and sustained participation in cervical cancer screening programs.

## CONCLUSION

The study present that women are more likely to participate in cervical cancer screening when services are free, accessible, and community-based. Addressing financial and structural barriers is critical to reducing cervical cancer burden in Nigeria. Women respond better to participate in screening when it is free compared to when it is to be paid for. Considering that sub-Saharan Africa carries the greatest burden of cervical cancer, ways to increase accessibility and use of preventive services are urgently required (Dzinamarira et al., 2022). Screening services which are available are not free, there is no structure in the health system that provide affordable and accessible screening for women, hence women find it difficult to go for cervical screening, rather would present themselves for screening if it is provided for free. This calls for considerations and government policies to make screening accessible and affordable and possibly free for people. The following recommendations are hereby suggested towards encouraging screening and reducing the burden and death due to cervical cancer:

- Health education through effective social marketing with emphasis placed on adoption of innovation of cervical screening.
- Policies supporting the provision of screening for free in primary health care facilities should be implemented, and these health care centers should be located inside the community close to the where the grass root women live.

- Primary care should be brought in into this routine cervical test
- Policy that also provides for vaccination for young and yet to be sexually active girls in schools in collaboration with the ministry of education
- Periodic nationwide free cervical screening by government is also recommended.

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