

American Journal of Health, Medicine and Nursing Practice (AJHMN)



**Influence of Perception on Utilization of Cervical Cancer Screening Services
among Women Aged 30-49 Years in Kitui West Sub-County, Kenya**

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Influence of Perception on Utilization of Cervical Cancer Screening Services among Women Aged 30-49 Years in Kitui West Sub-County, Kenya

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Article history

Submitted 26.07.2026 Revised Version Received 24.08.2026 Accepted 28.09.2026

Abstract

Purpose: The purpose of this study was to find out the influence of perception on utilization of cervical cancer screening services among women aged 30-49 years in Kitui west-sub-county, Kenya.

Methodology: A cross-sectional descriptive study design was used. The study population was women aged 30-49 years of age. A multi-stage cluster sampling technique, simple random sampling and systemic sampling was used to obtain 270 respondents from the study population. Data was collected using interviewer administered questionnaire to women aged 30-49 years in Kitui west sub-County. The study used quantitative research methods to obtain data from selected respondents. Quantitative data was collected using closed and open-ended questionnaires. All interviews were done after obtaining approval from relevant bodies and consent from study respondents. Data from the respondents was analyzed using statistical package of social sciences (SPSS) in conjunction with Microsoft excel. The study used chi-square test calculated at 95% interval and a margin of 0.05% error to determine the relationship between dependent and independent study variables.

Findings: The study achieved a high response rate of 90.9% (270 out of 297 questionnaires). Perception significantly influenced utilization of cervical cancer screening services, with significant associations found for perceiving screening as necessary ($\chi^2 = 3.221$, $df = 1$, $p = 0.011$), as painful ($p = 0.022$), and as a procedure for commercial sex workers ($\chi^2 = 5.224$, $df = 1$, $p = 0.026$). However, perceptions that screening is embarrassing ($p = 0.073$) or only for sexually active women ($p = 0.140$) showed no significant association with utilization.

Implications to Theory, Practice, and Policy: Based on the findings of this study, the study recommended that health messages on cervical cancer should demystify the wrong perception among the community members about cervical cancer to enhance utilization of screening services.

Keywords: *Cervical Cancer, Screening, Perception, Utilization, Structural Barriers, Susceptibility*

JEL Codes: *I12, I18, I11, D91*

INTRODUCTION

Cervical cancer remains a major public health concern, particularly in low- and middle-income countries (Moucheraud et al., 2025). Although effective screening services exist that can detect precancerous lesions early and prevent progression to invasive cancer, utilization of these services continues to be low in many settings (Bruni et al., 2022; WHO, 2020). Beyond issues of access and availability, psychological and cognitive factors play a critical role in determining whether women seek screening. One such factor is perception. Perception refers to the way individuals interpret and make sense of health-related information, risks, and services. In the context of cervical cancer screening, perception encompasses women's beliefs about their personal susceptibility to the disease, the seriousness of cervical cancer, the benefits of screening, and the barriers associated with undergoing the procedure (Moucheraud et al., 2025). These perceptions form part of the broader cognitive processes that influence health behaviour, as conceptualised in models such as the Health Belief Model. Even when screening services are available, free, or physically accessible, women's perceptions can either facilitate or inhibit utilization (Moucheraud et al., 2025).

Globally, research has increasingly recognised the importance of perceptual factors in cancer screening behaviour. Studies across different regions have shown that perception influences the decision to participate in screening programmes, yet the depth of investigation into this relationship varies (Bruni et al., 2022). In high-income countries with organised screening programmes, attention has often focused on perceived benefits and barriers as predictors of uptake. In low- and middle-income countries, where screening coverage remains substantially lower, the role of perception has received comparatively less systematic attention (Yang et al., 2023). In sub-Saharan Africa, where the burden of cervical cancer is among the highest in the world, several studies have examined knowledge, awareness, and general attitudes toward screening (Mantula et al., 2024). However, fewer studies have specifically investigated the influence of perception on actual utilization of screening services. Available evidence indicates that perceptual factors are important, yet they are often examined only as secondary components within broader studies on barriers or determinants of uptake rather than as a primary focus (Mantula et al., 2024; Yang et al., 2023).

In Kenya, national data continue to show relatively low utilization of cervical cancer screening services. The 2022 Kenya Demographic and Health Survey and subsequent analyses indicate that only about 16–17% of women have ever been screened (Gebreegziabher et al., 2024; Kenya National Bureau of Statistics, 2023). While a growing body of research has explored socio-demographic factors, knowledge levels, and structural barriers associated with this low uptake, studies that specifically examine how perception influences utilization remain limited (Moucheraud et al., 2025). Recent evidence from Kenyan settings demonstrates that even when screening services are available, perceptual factors such as fear of the procedure or diagnosis, perceived discomfort, stigma, and low perceived susceptibility continue to deter women from seeking screening (Moucheraud et al., 2025; Mantula et al., 2024). This limited attention to the influence of perception on utilization constitutes an important research gap. Without a clearer understanding of how perception shapes women's decisions to seek or avoid screening, interventions risk addressing only structural or informational barriers while overlooking critical cognitive and perceptual determinants of behaviour (Moucheraud et al., 2025; Mantula et al.,

2024). The present study therefore seeks to address this gap by examining the influence of perception on the utilization of cervical cancer screening services.

Statement of the Problem

Despite the availability of cervical cancer screening services in Kenya, utilization remains low, with only about 16–17% of women ever having been screened nationally (Gebreegziabher et al., 2024; Kenya National Bureau of Statistics, 2023). The situation is equally concerning at the local level. In Kitui West Sub-County, a study by Mabaluka (2024) on women aged 30–49 years found that only 35% had ever been screened for cervical cancer, while 65% had never undergone screening (Mbaluka et al., 2019). The study further showed that screening coverage in Kitui has historically been very low, with District Health Information System (DHIS) records showing that only 1.25% of women aged 25–49 years were screened in 2017.

This persistently low uptake, even where services are free or accessible, suggests that structural barriers alone do not fully explain the problem. Perception has been identified as an important factor that can influence whether women seek screening. However, limited studies have specifically examined the influence of perception on the utilization of cervical cancer screening services. Most existing research in Kenya and sub-Saharan Africa has focused on knowledge, awareness, socio-demographic factors, or general barriers to screening (Mantula et al., 2024; Moucheraud et al., 2025). While some studies include perception-related variables, they rarely treat perception as a central factor influencing actual utilization. In addition, previous research has documented low screening rates and examined knowledge levels, yet little is known about how women's perceptions shape their screening behaviour in settings such as Kitui West. This gap limits the design of effective, targeted interventions. Without clear evidence on the influence of perception on utilization, efforts to increase screening uptake may continue to overlook critical cognitive and perceptual determinants of behaviour. The present study therefore seeks to investigate the influence of perception on the utilization of cervical cancer screening services in Kitui West Sub-County, Kenya.

Hypothesis

There is no relationship between perception on cervical cancer screening services and utilization of cervical cancer screening services among women aged 30-49 years in Kitui Western Sub-County.

Literature Review

Perceived Susceptibility and Barriers of Cervical Cancer Screening Utilization

Moucheraud et al. (2025) examined the association between Health Belief Model constructs and cervical cancer screening history using data from a national mobile-phone survey in Kenya ($n = 736$) and a household survey in Malawi ($n = 261$). The study found that perceived severity measured as knowing someone who had or had died from cervical cancer was positively associated with ever-screening (adjusted risk ratios of 1.34 and 1.30 in Kenya). Perceived susceptibility (awareness of risk factors) was also linked to screening in Kenya. A major strength of the study is its multi-country design and explicit use of the Health Belief Model. However, the Kenyan sample was drawn from a mobile-phone survey, which may over-represent women with higher socio-economic status and better access to technology, limiting generalizability to rural settings such as

Kitui West. The present study builds on these findings by focusing specifically on perception as a central explanatory factor within a defined local context.

Hussein et al. (2024) used a convergent parallel mixed-methods design in Addis Ababa to explore barriers to cervical cancer screening. Qualitative findings highlighted fear of the procedure, embarrassment, provider gender, lack of partner support, and inadequate public awareness as major barriers. Quantitative results showed that women aged 40 years and above were significantly more likely to utilise screening services (AOR = 13.85). The mixed-methods approach strengthened the credibility of the findings. However, the study was conducted in an urban setting with relatively better service availability, and the quantitative sample ($n = 80$) was small. Mantula et al. (2024), in a systematic review of 24 studies from 11 African countries, similarly identified poor access, lack of awareness, and socio-cultural influences as primary barriers, while service providers cited shortages of skills, equipment and staff. Although comprehensive, the review included studies published only up to May 2019 and did not isolate perception as an independent construct. The current study addresses these limitations by examining perceptual barriers in a rural Kenyan sub-county where structural constraints and cognitive factors interact.

Perceived Benefits and Utilization of Cervical Cance Screening

Moucheraud et al. (2025) reported that the strongest predictor of screening was cues to action—specifically, having discussed cervical cancer with a health worker (adjusted risk ratio 1.88 in Kenya and 1.89 in Malawi). Self-efficacy and trust in prevention information (perceived benefits) also showed associations with screening. These results underscore the importance of interpersonal communication and confidence in one's ability to act. A limitation is that the study relied on self-reported screening history, which may be subject to social-desirability bias. The present study extends this work by investigating how perceived benefits and cues to action operate alongside other perceptual constructs in influencing actual utilization in Kitui West.

Mbaluka (2020) investigated determinants of cervical cancer screening among women aged 30–49 years in Kitui West Sub-County using a cross-sectional design ($n = 270$). The study found that only 35% of participants had ever been screened. Perception was significantly associated with utilization: women who perceived screening as necessary ($p = 0.011$), not painful ($p = 0.022$), or not restricted to commercial sex workers ($p = 0.026$) were more likely to have been screened. Awareness alone showed no significant relationship with uptake ($p = 0.054$). Although the study provides valuable local evidence, it treated perception as one of several independent variables rather than as the primary focus, and the cross-sectional design limits causal inference. The current study builds directly on these findings by positioning perception as the central independent variable and examining its influence on utilization more systematically within the same geographic setting.

Summary of Gaps

The above studies consistently demonstrate that perceptual factors including susceptibility, severity, barriers, benefits, and cues to action influence cervical cancer screening uptake. However, most of these studies either examined perceptual constructs as secondary variables within broader analyses of knowledge, socio-demographic factors. In addition, others focused on general barriers (Hussein et al., 2024; Mantula et al., 2024; Moucheraud et al., 2025). Although Mbaluka (2020) provided local evidence from Kitui West showing that perception is associated with screening behaviour, the study did not treat perception as the primary explanatory factor. The present study

addressed this gap by focusing specifically on the influence of perception on the utilization of cervical cancer screening services in Kitui West Sub-County.

Methodology

The research applied descriptive cross-sectional study design. Descriptive designs are used when collecting information about peoples' attitudes, opinions, habits, education or social issues. Kitui County was purposively selected given that it was the pilot county in Kenya on HPV vaccination on girls aged 9-13 year. Kitui west sub-county was also purposively selected since it was the first among the first sub-county to receive health education on the exercise (MOH, 2013). Kitui west was also among the leading sub-county with high number of mortalities related to cervical cancer according to records in the palliative care Centre at the County Referral Hospital (MOH, 2015). The target population was women aged 30-49 years. The study population consisted of all sampled women aged 30-49 years in Kitui west Sub-county of Kitui County in the villages which were selected. Those who met the inclusive criteria were selected.

Kitui County was purposively selected given that it has been the pilot area in the country for HPV vaccination which started 2013. Kitui west sub-county was then purposively selected due to the leading numbers of cervical cancer mortality recorded at the palliative care center in Kitui County (MOH, 2015). Multi-stage cluster sampling was used. Kitui west Sub- County is made up 4 wards. Simple random sampling was used to select Matinyani and Kauwi wards from the four wards in Sub County. The sub locations in Matinyani and Kauwi wards were classified as clusters where simple random sampling of clusters was employed to select the three clusters (sub locations) from each ward. Simple random sampling was then used to select villages, where by three villages were selected from each sub location to make a total of eighteen villages. Systematic random sampling of households was used to recruit participants.

The sample size was calculated using fisher et al as quoted by Mugeda and Mugeda (2003) to make 297 respondents. Data was obtained using semi- structured interviewer guided questionnaire with open and closed ended questions. The questionnaire was pretested at Kwa-Mutonga ward where 27 women aged between 30-49yrs were interviewed which have the same population characteristic as the selected. Unclear questions which were observed were rephrased or removed in line with the study objectives.

Data checking, cleaning and editing of questionnaires was done concurrently during data collection to make sure data was complete and consistent. The data was then be coded and labeled before analysis in order to conduct content analysis and draw conclusions. Descriptive statistics utilized percentages, frequencies, tables, charts and graphs to look at relationships between variables. This included measures of central tendency, measures of variability and frequency distribution. Data was compiled and analyzed using the SPSS software version 20 with the help of Microsoft excels programmes for the range of scores from indicators of close ended questions (Muijis, 2004). Inferential statistics utilized sampled data to make generalization, estimates and decisions about the population (Mac Clave et al 2000) the study used chi-square to test association between variables with a p value of < 0.005 having a statistical association between variable.

Findings

Response Rate

Out of the 297 questionnaires 270 were deemed fit for analysis after scrutiny representing a response rate of 90.9%. This response rate was sufficient according to Mugenda and Mugenda who stated that a response rate of 70% and above is very good.

Socio-Demographic Information

The research findings revealed that the respondents were at least 30 years of age. Regarding the age of the respondents the results found out that, slightly below a third 81 (30%) of the respondents were aged between 30-34 years followed by 86 (25.2%) aged who were 35- 39 years. Proportions of participants in different age groups varied across the sample. The findings showed that most of the participants 173 (64%) were married while 54 (20%) of the respondents reported to be single.

Concerning the academic level of the respondents, slightly more than half 148 (54.8%) of the respondents had primary level as their highest academic level followed by 68 (25.2%) with secondary level of education. On the respondents' religion, it was established that majority 216 (80%) of the sampled participants were Christians while 32 (12 %) Muslims.

Regarding the respondents' occupational status, the results revealed that below half 123 (45.2%) of the respondents were unemployed followed by 87 (32.4%) of the respondents who reported to be self-employed. The results further showed that slightly below half 130 (48%) of the participants were earning between Kshs 5,000 – 9999 per month followed 86 (31.9%) who reported to be earning between less than Kshs 5,000 per month. The results were presented in the table 1 below:

Table 1: Socio-Demographic Characteristics of the Respondents (n=270)

Variables	Category	Frequency(n=270)	Percent
Age in years	30-34	81	30.0
	35-39	68	25.2
	40-44	67	24.8
	45- 49	54	20.0
Marital status	Married	173	64.0
	Single	54	20.0
	Separated	11	4.0
	Widowed	13	4.8
Education level	Divorced	19	7.2
	None	27	10.0
	Primary	148	54.8
	Secondary	68	25.2
Religion	College	27	10.0
	Christian	216	80.0
	Muslim	32	12.0
	Others	22	8.0
Occupation	Employed	60	22.4
	Self employed	87	32.4
	Unemployed	123	45.2
	<Kshs 5,000	86	31.9
Income	Kshs 5000-9999	130	48.1
	Kshs 10,000-19999	32	11.9
	≥Kshs 20,000	22	8.1

Perception on Screening of Cervical Cancer

The study sought to find out the perception of the respondents regarding cervical cancer screening services. The results found out that slightly more than half 142 (52.6%) of the respondents felt that cervical cancer screening was not necessary while 128 (47.4%) felt it was necessary. Concerning whether the respondents thought that cervical screening would be painful, majority 162 (60.0%) thought it would be painful while the rest 108 (40.0%) thought it would not be painful.

The results also showed that majority 178 (65.9%) of the respondents did not perceive screening to be an embarrassing procedure while 92 (34.1%) thought it is embarrassing procedure. Majority 191 (70.7%) of the respondents did not perceive screening to be for commercial sex workers while 79 (29.9%) felt it was a procedure for commercial sex workers. When the respondents were asked whether they perceived cervical screening was for only those who were sexually active, more than half 144 (53.3%) of the respondents agreed that it was indeed a procedure for the sexually active women while 126 (46.7%) felt it was not only for those who were sexually active. The results were as presented into the table 2 below

Table 2: Perception on Cervical Cancer

Perception	Respondent's response	Frequency	
			Percentage
Cervical cancer screening is necessary	Yes	128	47.4
	No	142	52.6
	Yes	108	40.0
Cervical cancer screening is painful	No	162	60.0
	Yes	92	34.1
Screening procedure is embarrassing	No	178	65.9
	Yes	79	29.9
It is for commercial sex worker	No	191	70.7
	Yes	126	46.7
Screening is only for only the sexually active women	No	144	53.3

Relationship between Perception and Utilization of Cervical Cancer Screening

The study sought to determine the influence of perception towards cervical cancer screening among the respondents. The study revealed that majority 65 (86.4%) of the respondents who had been screened perceived screening to be necessary. There was an association between perceiving cervical cancer screening to be necessary and utilization of cervical cancer screening services ($P=0.011$). The results also showed that majority 83 (87.4%) of the respondents who perceived screening not being painful had utilized cervical cancer screening services. There was a significant statistical association between perceiving screening to be painful and utilization of cervical screening services ($p=0.0221$).

Regarding the respondents' perception that screening would be embarrassing, most 119 (68.0%) of the respondents who had not utilized cervical screening services perceived it not being embarrassing procedure. There was however no association between perceiving screening to be embarrassing and utilizing cervical screening services ($p=0.073$). The results further showed that majority 88 (92.6%) of the respondents who had sought for cervical screening services did not perceive the procedure to be for only commercial sex workers. There was an association between

perceiving the procedure not being for commercial sex workers alone and utilization of cervical screening services ($p=0.026$).

The study results showed that more than half 53 (55.8%) of the respondents who did not perceive procedure to be for only sexually active women had utilized cervical cancer screening services. However, there was no association between perceiving the procedure to be for sexually active women and utilization of cervical cancer screening services ($p=0.140$). The results were as shown in the table 3 below:

Table 3: Relationship between Perception and Utilization of Cervical Cancer Screening

Independent variable	Respondent's response	Dependent variable utilization of screening services (n=270)		Statistical inference
		Yes (95)	No (175)	
Perception on cervical cancer screening	Yes	65(86.4%)	63(36.0%)	$\chi^2 = 3.221$ $df = 1$ $p\text{-value} = 0.011$
	No	30(13.6%)	112(64.0%)	
Cervical cancer screening is necessary	Yes	12(12.6%)	96(54.9%)	$\chi^2 = 3.221$ $df = 1$ $p\text{-value} = 0.022$
	No	83(87.4%)	79(45.1%)	
Cervical cancer screening is painful	Yes	36(37.9%)	56(32.0%)	$\chi^2 = 3.887$ $df = 1$ $p\text{-value} = 0.073$
	No	59(62.1%)	119(68.0%)	
Screening procedure is embarrassing	Yes	7(7.4%)	72(41.1%)	$\chi^2 = 5.224$ $df = 1$ $p\text{-value} = 0.026$
	No	88(92.6%)	103(58.9%)	
It is for commercial sex worker	Yes	42(44.2%)	84(48.0%)	$\chi^2 = 3.111$ $df = 1$ $p\text{-value} = 0.140$
	No	53(55.8%)	91(52.0%)	
Screening is only for only the sexually active women				

Discussion of Findings

The study established that there is a significant relationship between perception and utilization of cervical cancer screening services among women aged 30–49 years. Specifically, an association was found between women perceiving cervical cancer screening as not necessary, as a painful procedure, and as a procedure mainly for commercial sex workers, and their utilization of screening services. These results indicate that negative or restrictive perceptions act as important barriers to screening uptake in the study population.

These findings are consistent with Moucheraud et al. (2025), who examined perceptual constructs drawn from the Health Belief Model in Kenya and Malawi. Perceived severity, perceived benefits, self-efficacy, and especially cues to action are significantly associated with ever having been screened. Women who had spoken about cervical cancer with health workers had nearly twice the likelihood of screening compared to those who had not. Therefore, cognitive and perceptual factors are stronger predictors of screening behaviour than many socio-demographic characteristics.

The results also align with the systematic review by Mantula et al. (2024), which identified perceptual and socio-cultural barriers including fear, stigma, low perceived personal need for screening, and lack of awareness as persistent factors limiting cervical cancer screening uptake across Africa. In this study whereby respondents noted that screening is unnecessary, painful, or intended mainly for commercial sex workers, reflect the broader socio-cultural and perceptual barriers highlighted in that review.

The findings also align with those of Mbaluka (2020), who found significant associations between perception of screening as necessary, perception of the procedure as painful, and the belief that screening was mainly for commercial sex workers, and actual utilization of services. Furthermore, Hussein et al. (2024) study identified fear of the procedure, embarrassment, and inadequate public awareness as major barriers. Although conducted in a different setting, these findings reinforce the role of negative perceptions and emotional responses in limiting screening utilization, supporting the patterns observed in the current study. Therefore, perception is a critical determinant of cervical cancer screening utilization.

Conclusion

The study concluded that perception has a significant influence on the utilization of cervical cancer screening services among women aged 30–49 years. Specifically, women who perceived screening as necessary, not painful, and not a procedure limited to commercial sex workers were more likely to utilize the services. Perceptions that screening is embarrassing or only for sexually active women did not significantly influence utilization. Thus, negative perceptions remain important barriers to screening uptake in the study population.

Recommendations

Based on the study findings, health messages on cervical cancer should be developed to specifically demystify the wrong perceptions identified among women aged 30–49 years. The messages should clearly address the beliefs that cervical cancer screening is not necessary, that the procedure is painful, and that it is mainly for commercial sex workers, as these perceptions were significantly associated with low utilization. Targeted community education through health workers, local media, and women's groups should emphasize that screening is safe, essential for all eligible women, and not limited to any particular group. Such focused messaging will help correct these specific misconceptions and improve screening uptake.

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