

Cervical cancer occurs when abnormal cells on the cervix grow uncontrollably resulting in a cauliflower appearance that bleeds easily upon contact. Cervical cancer is the second most common cancer among Kenyan women and in terms of deaths, it is top most. Cervical cancer is preventable, and curable if detected in its early stages. National figures indicate that the uptake of cervical cancer screening services still remain low despite efforts made by the government to incorporate screening programs in the regular patient care through the nationwide cervical cancer prevention strategy that is focusing on primary avoidance, screening and early detection and treatment. In Bondo Sub County, limited available data indicates that at least three cases of cervical cancer are confirmed every month against the backdrop of low regular screening. This has resulted to cases of high morbidity and mortality since most cases are diagnosed late where the study sought to investigate the determinants of uptake of cervical cancer screening services among women of reproductive age in Bondo Sub County, in Siaya County. The specific objectives were to; determine demographic factors influencing cervical cancer screening services uptake, to identify educational factors influencing cervical cancer screening, and to establish health related factors influencing cervical cancer screening services uptake in the study area. The study adopted a cross sectional descriptive survey with a population comprising of women of reproductive age and purposive sampling used to select 406 women of reproductive age and purposive sampling used to select 6 medical/clinical officers in the sampled health facilities. Data was collected using semi-structured questionnaires and key informant interview guides. A pre-test of study was conducted to determine reliability and validity of research instruments. The quantitative data was analyzed using descriptive statistics such as frequency and percentages while inferential statistics included chi-square and logistic regression at 0.05 significance, (95.0% confidence level) with aid of SPSS version 22. The findings were presented in form of tables and charts. The level of screening in the study area was low at 16% (see table 4.1). Demographic factors such as age, level of education, marital status, occupation and parity significantly influenced screening for cervical cancer. Knowledge on causes, signs and preventability were also factors influencing cervical cancer screening. Other determinants included perception on age of child bearing, number of sexual partners. There were perceived barriers such as pain and embarrassment. In regard to health-related factors, gender of healthcare providers, costs of accessing services, and explanation on cervical cancer by the health care provider uptake of screening services. The study therefore, recommended promotion of knowledge and awareness of cervical cancer and screening services at all levels, taking cervical cancer screening services close to women especially in the rural areas via regular mobile cervical cancer screening service provision through the collaboration of National, Siaya County governments as well as development partners so as increase and update the knowledge and skills of healthcare providers in relation to cervical cancer screening and uptake.

ABSTRACT