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Knowledge, Attitude, and Practice of Pap Smear Screening among Women of Reproductive age in Selected Communities within Alimosho Local Government Area, Igando.

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Abstract
In Nigeria, the lack of regular cervical cancer screening services and the low uptake of Pap smear screening continue to hinder effective cervical cancer prevention. While visual inspection with acetic acid and cryotherapy have proven to be viable and effective methods for low-resource settings like Nigeria, the adoption of Pap smear screening remains low in many developing and underdeveloped countries.
This study aimed to evaluate women's knowledge, attitudes, and practices regarding Pap smear screening. A cross-sectional descriptive survey design was employed, conducted in Igando and Ijegun communities, within the Alimosho Local Government Area of Lagos, Nigeria.
A convenience sampling technique was used to select participants, and a total of 145 questionnaires were analyzed using the Statistical Package for Social Sciences (SPSS) version 26.0 for descriptive analysis. The findings indicated that the majority of respondents were aged between 32 and 38 years (41.4%), with a mean age of 30.3 ± 7.4 years. Most respondents (37.9%) were married. Regarding education, 24.1% had never attended school, 9.0% had only primary education, 29.0% had completed secondary education, and 37.9% had attained tertiary education.
The study revealed that knowledge about Pap smear screening among women was inadequate, which may contribute to the low screening rates and negative attitudes toward the practice.
Based on these findings, it is recommended that increased health education campaigns be implemented to raise awareness about Pap smear screening in both rural and urban communities.
Keywords: Attitude, Knowledge, Pap smear, Practices, Screening.

CHAPTER ONE
Introduction
1.1 Background to The Study
Cervical cancer is a malignancy that affects the cervix, a part of the female reproductive system, and is one of the most common cancers among women of reproductive age worldwide. It is the second most prevalent type of carcinoma affecting women globally (World Health Organization, 2016), accounting for approximately 12% of all cancers. Global statistics estimate around 466,000 new cases of cervical cancer annually (Bruni et al., 2016). The World Health Organization (2016) has classified cervical cancer as the second most common cancer among women, with 80% of annual cervical cancer-related deaths occurring in

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middle- and low-income countries. Epidemiological studies by Ferlay et al. (2015) have established a strong link between cervical cancer and human papillomavirus (HPV), even after adjusting for other risk factors. Among the various HPV subtypes, HPV 16 and HPV 18 are the most prevalent and are responsible for the majority of cervical cancer cases worldwide. Cervical cancer disproportionately affects women in less developed countries, with age-standardized incidence rates (ASIRs) ranging between 25 and 43 cases per 100,000 women (Bruni et al., 2016). The disparity in prevalence between developing and developed nations has been largely attributed to a lack of awareness about cervical cancer (Wright et al., 2014). The introduction of the conventional Papanicolaou (Pap) smear test and early detection programs has significantly reduced cervical cancer mortality rates in developed countries by up to 70% (Sait, 2019). However, studies in developing countries indicate that major barriers to Pap smear screening include inadequate knowledge about the disease, its symptoms, the importance of early detection, and misconceptions regarding preventive measures (Nwankwo et al., 2015). Pap smear screening remains an effective public health strategy for reducing the incidence and mortality of cervical cancer (Pierson et al., 2013). However, in most developing countries, including Nigeria, screening is primarily conducted on an opportunistic basis, meaning that women are tested only when they visit healthcare facilities for other medical reasons. Since the cost of screening is typically borne by individuals, this approach is less effective as it fails to reach a significant portion of the at-risk population (Toye et al., 2017).In regions with limited access to screening tests, studies have shown extremely low rates of Pap smear screening. Research indicates that approximately 50%-90% of women who develop cervical cancer or die from the disease have never undergone screening. Even more concerning is the fact that a significant proportion of these women were unaware of cervical cancer and its preventive measures (Bakari et al., 2015). The high prevalence of the disease has been attributed to a lack of knowledge and negative attitudes among women, such as fear of cervical cancer screening and limited access to screening, prevention, and treatment services (Gatumo et al., 2018). The success of early detection and treatment in preventing cervical cancer largely depends on women's awareness, attitudes, and practices regarding screening, prevention, and treatment programs (World Health Organization, 2019).Women in developed countries generally possess better knowledge and more positive attitudes toward cervical cancer screening and prevention compared to those in developing countries (Makurirofa et al., 2019). However, Jassim et al. (2018) argued that knowledge alone about prevention, screening, and treatment does not necessarily translate into positive health-seeking behavior.

Attitude plays a crucial role in shaping actions related to health-seeking behaviors. This suggests that despite the availability of information on cervical cancer and its preventive measures, only a small percentage of women undergo Pap smear testing in their lifetime. Attitude, therefore, is a key determinant of women's willingness to seek cervical cancer screening.Several factors influence women's knowledge, attitudes, and practices regarding Pap smear screening, including cultural diversity, socioeconomic conditions, healthcare accessibility, cultural beliefs, fear, embarrassment, and low economic status (Lim & Ojo, 2017). However, previous research indicates that the primary barriers

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to Pap smear screening are socio-demographic factors, sources of awareness, and misconceptions about the screening method, as well as cervical cancer prevention and treatment.Numerous studies have examined the knowledge, attitudes, practices, and barriers to Pap smear screening in Nigeria. However, despite the availability of various screening methods for early detection, including Pap smear, the incidence rate of cervical cancer has remained unchanged. This study aims to evaluate the knowledge, attitudes, practices, and challenges affecting Pap smear screening among women of reproductive age. The goal is to identify practical solutions that can enhance the uptake of Pap smear screening and improve cervical cancer prevention efforts among this population.

1.2 Statement of Problem

Cervical cancer is the second most prevalent cancer among women worldwide, accounting for 90% of deaths in low- and middle-income countries (Neha et al., 2021). According to the World Health Organization (2020), there were 604,000 new cases of cervical cancer, resulting in 342,000 deaths, with Africa contributing approximately 20% of these fatalities. While cervical cancer rates are decreasing in developed nations, they continue to pose a significant challenge in developing countries, where the risk of developing cervical cancer is 35% higher than in developed regions (Kumar & Tanya, 2019). In Nigeria, cervical cancer remains the most prevalent malignancy affecting the female reproductive system. Incidence rates of 66.2%, 63.1%, 63.7%, and 62.3% have been reported in Zaria, Ilorin, Benin, and Port Harcourt, respectively. Given Nigeria's population of 32 million women, it is estimated that approximately 8,000 new cases of invasive cervical cancer require treatment annually. However, the magnitude of this public health issue has been overshadowed by competing health concerns such as HIV/AIDS, tuberculosis, and malaria, leading to inadequate prioritization and intervention efforts (Louie et al., 2019). The primary approach to cervical cancer screening in Nigeria has been opportunistic screening, where only women visiting healthcare facilities for other medical reasons are tested, making it the responsibility of healthcare providers to identify eligible individuals. Despite the high mortality rate of cervical cancer and efforts to raise awareness, very few women undergo Pap smear screening in their lifetime. Many women lack knowledge about the importance, procedure, and recommended frequency of screening. Additionally, a significant number are unaware of the link between cervical cancer and HPV infection, which is the leading cause of the disease. Negative perceptions about Pap smear screening, including fears of pain, discomfort, or the belief that screening is unnecessary in the absence of symptoms, further discourage participation. Consequently, inadequate screening practices among women of reproductive age remain a critical challenge in cervical cancer prevention.Early detection of cancer offers significant health benefits, yet many women who have access to Pap smear screening do not utilize the service.

This could be attributed to sociocultural barriers such as low socioeconomic status, racial disparities, lack of health insurance, limited access to healthcare, and inadequate education. Additional factors include a lack of awareness about the early signs and symptoms of cervical cancer, misconceptions, inappropriate beliefs, and a perceived low risk of developing the disease (Gharoro & Ikeanyi, 2016). In Nigeria, the level of awareness and utilization of cervical cytology services remains uncertain due to the absence of a reliable population-based

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cancer registry or preventive program database, with only a few region-specific studies conducted in the country.

The researcher observed that despite ongoing awareness campaigns on cervical cancer through health education, the uptake of Pap smear screening among women of reproductive age remains low. This study aims to assess women's knowledge, attitudes, and practices regarding Pap smear screening as a preventive measure for cervical cancer. Additionally, it seeks to propose recommendations to enhance knowledge, encourage a positive attitude, and promote the practice of regular Pap smear screening.

1.3 Objectives of The Study

The main objective of this study is to assess the knowledge, attitude and determine the practice of Pap smear screening among women of reproductive age in selected communities within Alimosho local government area, Igando, Lagos.

The specific objectives are to:

- Assess knowledge of Papsmear screening among women of reproductive age in Igando and Ijegun community, Lagos.
- Determine the attitude of women of reproductive age in Igando and Ijegun community towards Papsmear screening.
- Determine the practice of papsmear screening among women of reproductive age in Igando and Ijegun community, Lagos
- Identify the factors hindering the practice of Pap smear screening among women of reproductive age in Igando and Ijegun community, Lagos.

1.4 Research Questions

- What is the knowledge of women of reproductive age in Igando and Ijegun community towards Papsmear screening?
- What are the attitudes of women of reproductive age in Igando and Ijegun community towards Papsmear screening?
- What is the practice of Papsmear screening among women of reproductive age in Igando and Ijegun community?
- What are the factors hindering the practice of Papsmear screening among women of reproductive age in Igando and Ijegun community?

1.5 Hypothesis

- There is no significant relationship between the educational status of women of reproductive age in Igando and Ijegun community and their knowledge on Pap smear screening.
- There is no significant relationship between the attitude and practice of Papsmear screening among women of reproductive age in Igando and Ijegun community.
- There is no significant relationship between the practice and factors hindering the practice of Pap smear screening among women of reproductive age in Igando and Ijegun community.

1.6 Significance of The Study

The results of this study will enhance public knowledge, particularly among women of reproductive age, by increasing awareness through health education. It will promote greater awareness of Pap smear screening, encouraging more women to participate and adhere to regular screening protocols.Additionally, the study's findings will assist nurses in raising awareness about Pap smear screening and fostering a positive attitude among women of reproductive age. This, in turn, will contribute to the early

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detection of cervical cancer.Moreover, the study will provide valuable insights for non-governmental organizations (NGOs), hospitals, and policymakers in developing awareness programs aimed at the early detection and prevention of cervical cancer.Ultimately, this research will improve public understanding of effective approaches to cervical cancer prevention and early treatment, such as Pap smear screening, thereby helping to reduce morbidity and mortality rates.

1.7 Scope of Study

The study was conducted among women of reproductive age in Igando and Ijegun community, Alimosho local government area, Lagos state, using 145 participants in both communities.

1.8 Operational Definitions of Terms

- **Attitude:** this is the perceived belief that women of reproductive age in Igando and Ijegun have towards Pap smear screening.
- **Knowledge:** is the understanding the women of reproductive age have on Papsmear screening in Igando and Ijegun community.
- **Papanicolaou smear:** an invasive procedure in which a small brush is used to remove cells from the surface of the cervix so it can be checked under a microscope for potentially pre-cancerous and cancerous process of the cervix.
- **Practice:** is the use of Papsmear screening among women of reproductive age in Igando and Ijegun community.
- **Reproductive age:** women ranging from 18-45 years of age.

CHAPTER TWO

Literature Review

This chapter focuses on the related literature review on the knowledge of reproductive women towards Pap smear screening, their attitudes towards Pap smear screening, their practice of Pap smear screening and factors hindering them from Pap smear screening.

2.1 Conceptual Review

Cervical cancer is a malignant growth that occurs in the lower part of the uterus, just above the vagina, resulting from the abnormal proliferation of cervical cells. It is a preventable and treatable disease if detected early. The primary cause of cervical cancer is the human papillomavirus (HPV), which is transmitted through sexual contact. When an HPV infection remains untreated, it can gradually lead to cervical cancer over a period of 10 to 20 years (Daniel et al., 2017).Cervical cancer is more prevalent in developing countries due to limited access to prevention, screening, and treatment programs. The highest incidence of HPV infection is observed in women under the age of 25.The level of knowledge, attitudes, and practices among women of reproductive age plays a crucial role in determining the uptake of cervical cancer screening, prevention, and treatment services (WHO, 2018).

2.1.1 Knowledge of Pap Smear Screening

Awareness of cervical cancer prevention measures is a key factor influencing a woman's decision to undergo cervical screening. Many women in developing countries have limited knowledge, as well as less favorable attitudes and practices regarding Pap smear screening. Additionally, their experience with screening is often minimal. The primary reasons cited for the low uptake of Pap smear screening include the absence of symptoms, lack of awareness about the test, and the general unavailability of screening services (Sefonias et al., 2019).Understanding the risk factors associated with cervical cancer is crucial for encouraging early screening. However, research indicates that some women are unaware of key risk factors such as human

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papillomavirus (HPV), multiple sexual partners, and smoking (Paskett et al., 2018). A study conducted by Lim and Ojo (2017) found that a significant number of women lacked knowledge about cervical cancer and cited their lack of awareness about the disease and available screening services as a reason for not seeking early detection.Cervical cancer awareness and screening participation remain notably low in developing countries. In Ethiopia, for instance, the Pap smear screening coverage is estimated at only 1% (Sefonias et al., 2019). Limited knowledge about cervical cancer may be attributed to insufficient education on its causes and risk factors (Ana et al., 2020).Several barriers influence women's awareness and utilization of cervical cancer screening services. These barriers include restricted access to healthcare, cultural beliefs, fear, embarrassment, and low socioeconomic status. All these factors contribute to limited knowledge about cervical cancer screening (Anorlu et al., 2016). However, the most significant barriers are socio-demographic factors, sources of awareness, and prevalent misconceptions.

2.1.2 Attitude Toward Pap Smear Screening

Women's attitudes toward Pap smear screening vary based on several factors, including personal experiences and socio-cultural influences. Many women acknowledge the importance of Pap smear screening and maintain a positive attitude toward it. They understand that regular screenings, such as Pap tests or HPV tests, can detect abnormal cervical changes before they progress to cancer. Women with a proactive mindset are more likely to follow healthcare recommendations and undergo routine screenings (W.H.O, 2019).However, some women experience fear and anxiety related to Pap smear screening. This fear may arise from concerns about pain, embarrassment, or the possibility of receiving a positive diagnosis. The apprehension surrounding invasive procedures or discomfort during the examination often leads to avoidance or postponement of screening, contributing to a negative attitude toward the practice (Binu et al., 2019).A significant number of women lack awareness about Pap smear screening and its benefits. This knowledge gap may be due to limited access to accurate information on risk factors, screening methods, and cervical cancer prevention. Consequently, a lack of awareness can result in an indifferent or negative attitude toward screening (Al-Naggar & Low, 2020). In some cultural settings, discussions on reproductive health and intimate examinations remain taboo. These cultural beliefs can discourage women from seeking screening services, reinforcing negative perceptions of cervical cancer screening (Mccarey et al., 2020).Additionally, the accessibility of healthcare services plays a crucial role in shaping women's attitudes toward Pap smear screening. Those with regular access to healthcare facilities and providers are more inclined to participate in routine screenings. Conversely, financial constraints, lack of transportation, and inadequate healthcare infrastructure contribute to negative attitudes by making it difficult for women to access screening services (Arrossi & Sankaranayanan, 2021).

2.1.3 Practice of Pap Smear Screening

The World Health Organization strongly recommends Pap smear screening as an effective method for preventing invasive cervical cancer. However, the uptake of Pap smear screening remains significantly lower in developing countries compared to developed nations. Despite awareness of cervical cancer and the benefits of screening, many women still do not participate in regular screenings (Ramathuba et al., 2016).

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According to WHO (2018), cervical screening in many developing countries is often opportunistic, leading to late-stage diagnoses in many women.In developed countries, a large proportion of women undergo regular cervical cancer screening. A study conducted in England found that women participated in Pap smear screening at intervals of 3 to 5 years (Kei et al., 2016). In contrast, studies conducted in Asia and Africa highlighted low participation rates due to factors such as lack of awareness and financial constraints (Sudanga et al., 2018). Similarly, research in Nepal found that only a small number of women underwent Pap smear screening. In India, screening rates were even lower than in Nepal but remained higher than in Ethiopia (Chaka et al., 2018).A systematic review of cervical cancer prevention in South Africa revealed that several factors contributed to the low screening rates.

These included a lack of knowledge, cultural beliefs, fear of the screening procedure or a potential diagnosis, low awareness, embarrassment, privacy concerns, lack of spousal support, societal stigma, and financial or logistical barriers such as healthcare costs, transportation challenges, and negative attitudes from healthcare workers (Lim & Ojo, 2017). Conversely, a study in Addis Ababa, Ethiopia, reported contrasting findings, with participants disagreeing that screening was time-consuming, embarrassing, painful, or that healthcare workers were unprofessional or rude (Chaka et al., 2018).

2.1.4 Factors Hindering the Practice of Pap Smear Screening

Several studies have identified various factors that hinder the practice of Pap smear screening among women of reproductive age. One major barrier is a lack of awareness and education. Many women have limited knowledge about the importance of Pap smear tests and cervical cancer prevention, which discourages them from seeking screening (Austin et al., 2012).Socioeconomic disparities also play a significant role in limiting access to Pap smear screening. Factors such as poverty, low income, and restricted access to healthcare facilities prevent many women from undergoing screening. Women from disadvantaged backgrounds often face obstacles such as transportation difficulties, lack of health insurance, and the inability to take time off work for medical appointments (Bernard et al., 2016).Fear and embarrassment related to the screening procedure further contribute to low participation rates. Women, particularly those who have never undergone a Pap smear, may worry about discomfort, the invasive nature of the test, or potential judgment from healthcare providers, which discourages them from getting screened (Sharma et al., 2020).Challenges within the healthcare system also serve as a barrier to Pap smear screening. A shortage of healthcare providers, long waiting times, and limited resources make it difficult for women to access screening services. Inadequate healthcare infrastructure and insufficiently trained medical personnel further reduce the availability and quality of screenings, ultimately affecting participation rates (WHO, 2014).

2.2 Theoretical Review

Health belief model

The Health Belief Model (HBM) is a psychological framework designed to explain and predict health-related behaviors by examining an individual's attitudes and beliefs. It serves as a theoretical foundation for understanding the behavioral factors that influence a person's willingness to adopt health-promoting actions. The model suggests that an individual's engagement in health-seeking behavior is shaped by their

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perceived benefits, perceived barriers, perceived susceptibility, perceived severity of the disease, and external cues that prompt action toward improving health.

The key components of the Health Belief Model include:

- **Perceived Susceptibility:** This refers to an individual's personal assessment of their risk of developing an illness or disease. People vary in their perception of vulnerability to a particular health condition.
- **Perceived Severity:** This describes how serious a person believes the consequences of contracting or ignoring an illness to be. It includes both medical and social implications, which influence an individual's response to the perceived threat.
- **Perceived Benefits:** This refers to an individual's belief in the effectiveness of specific actions in preventing or treating a disease. The decision to adopt a health-related behavior is based on weighing the perceived benefits against perceived risks.
- **Perceived Barriers:** This encompasses the obstacles an individual believes may hinder them from engaging in a health-related action. These barriers could include cost, inconvenience, fear, or discomfort, leading to a cost-benefit analysis before taking action.
- **Cue to Action:** This represents the external or internal triggers that prompt a person to consider engaging in a recommended health behavior. These cues can be reminders from healthcare providers, media campaigns, or personal experiences.
- **Self-Efficacy:** This refers to an individual's confidence in their ability to successfully perform a specific health behavior. Introduced to the model in the 1980s, self-efficacy is a key component in many behavioral theories, as it directly impacts whether a person follows through with a desired action (Wayne, 2022).

2.2.1 Application of the Model to the Study

Perceived Susceptibility: This refers to how women of reproductive age perceive their risk of developing cervical cancer due to factors such as multiple sexual partners, early onset of menstruation, and menopause.

Perceived Severity: This encompasses women's perceptions of the seriousness of cervical cancer, including both medical consequences (such as death) and social implications (such as effects on family life and relationships). According to the Health Belief Model, women who view cervical cancer as a serious illness are more likely to participate in preventive measures like Pap smear screening to reduce their risk or detect the disease early.

Perceived Benefits: This relates to how women perceive the effectiveness of Pap smear screening in detecting cervical cancer early. The decision to undergo screening depends on their evaluation of both their personal risk (perceived susceptibility) and the advantages of screening, with greater perceived benefits increasing the likelihood of participation.

Perceived Barriers: These include factors that may discourage women from undergoing Pap smear screening, such as physical concerns (pain or invasiveness), psychological factors (fear, anxiety about results), and financial constraints.

Cue to Action: These are triggers that encourage women to undergo Pap smear screening, which may be internal (such as experiencing symptoms like irregular menstruation, lower abdominal pain, or abnormal bleeding) or external (such as recommendations from family members, media campaigns, or health awareness programs).

Self-Efficacy: This refers to a woman's confidence in her ability to successfully

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undergo Pap smear screening, which is essential for promoting early detection, prevention, and timely treatment of cervical cancer.

2.3 Empirical Reviews

2.3.1 Knowledge of women of reproductive age on Pap smear screening

Tope Olubodun et al. (2019) conducted a study on the knowledge, attitude, and practice of cervical cancer prevention among women living in an urban slum in Lagos, Southwest Nigeria. The research involved 305 women of reproductive age in Idi-Araba, Lagos. The findings revealed that only 2 women (0.7%) had undergone cervical cancer screening, while only 39 (12.8%) were aware of cervical cancer. Additionally, 64.3% of respondents did not perceive themselves at risk, yet 88.9% were willing to undergo screening, and 93.8% were open to receiving the HPV vaccine or recommending it to others.Similarly, Chigozie Gloria et al. (2019) conducted a study on cervical cancer prevention knowledge, attitude, and practice among student health professionals in Nigeria, using a sample of 350 undergraduate students. The study found that while students generally had a high level of awareness about cervical cancer, only one in eight had undergone a Pap smear screening. Despite good knowledge, the actual practice of Pap smear screening remained low.Ng Pei Ting et al. (2020) carried out research on the knowledge, attitude, and practice of Pap smear screening among women in Gombak District, Selangor, involving 246 randomly selected participants. The study recorded a 46.6% prevalence of Pap smear screening. Findings indicated significant differences between knowledge, attitude, and practice, with practice levels being notably lower. Although the women demonstrated good knowledge and positive attitudes toward Pap smear screening, these did not translate into active participation in screening programs.

2.3.2 Attitude of women of reproductive age towards Pap smear screening.

Chukwunonyerem et al. (2021) conducted a study on the knowledge and attitude of female students in tertiary institutions in Imo State, Nigeria, towards cervical cancer and its screening. The study involved 400 female students and found that while knowledge of cervical cancer screening was high, attitudes toward undergoing the screening were poor. The study revealed that 87.9% of participants had heard of cervical cancer, but only 4.3% had undergone screening. The primary reasons for not participating in screening were embarrassment (94%) and stigmatization (80.4%).Similarly, a study by Nurul et al. (2021) examined health literacy, knowledge of cervical cancer and Pap smears, and their influence on the attitudes of pre-marital Malay Muslim women toward Pap smear screening. The study included 417 participants and found that the mean percentage score for attitudes towards Pap smear screening was 64.8%. Additionally, 91.6% of participants were aware of cervical cancer, while 59.0% were aware of Pap smear screening.In Nepal, Pramila et al. (2020) conducted a study on awareness and attitudes regarding cervical cancer screening among women of reproductive age, using a sample of 170 participants.

The findings revealed that 75% of the women had a positive attitude toward cervical cancer screening, 70% had heard about cervical cancer, but only 11.3% had adequate awareness regarding cervical cancer screening.

2.3.3 Practice of Pap smear screening among women of reproductive age

Olajumoke et al., (2022) conducted a study on the knowledge, attitude, and practice of cervical cancer screening among female teachers in an urban community in Lagos,

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Nigeria. The study involved 273 female teachers from Oshodi-Isolo Local Government. Findings indicated that the majority (80.2%) had poor overall knowledge of cervical cancer. However, most participants (91.2%) had a positive attitude towards cervical cancer screening, yet the actual practice of screening remained low, with 90.1% (246 participants) not engaging in it.Similarly, a study by Ajegbo et al. (2017) examined the knowledge, attitude, and practice of cervical cancer prevention among women of childbearing age in Enugu State, Nigeria. The study included 450 respondents and found that knowledge and screening practices were very low, but attitudes toward cervical cancer prevention were generally positive.Another study by Adebayo & Oluwasomidoyin (2021) investigated the determinants of cervical cancer knowledge, attitudes towards screening, and preventive practices among antenatal attendees in Ibadan, Southwest Nigeria. Using a sample of 287 antenatal attendees, the study revealed that 60.6% of participants had good knowledge of cervical cancer, and 75.6% were willing to undergo screening. However, screening practice remained poor, as only 9.4% (27 participants) had ever been screened for cervical cancer.

2.3.4 Factors hindering the practice of pap smear screening among Women of reproductive age.

A study by Inuwa et al. (2022) on cervical cancer knowledge and barriers to screening among women in a northern Nigerian city identified key obstacles to screening uptake. The primary barriers included low risk perception (32.8%), lack of recommendation from healthcare providers (32.8%), poor awareness (32.2%), and the absence of screening clinics in their communities (31.5%). The study involved 230 women of reproductive age.A systematic review by Joy et al. (2022) on barriers to cervical cancer screening uptake in Nigeria highlighted that inadequate information about cervical cancer remains a major obstacle. This lack of knowledge is closely linked to widespread misconceptions and negative perceptions, which further discourage screening participation.Similarly, a study conducted by Ahuoyiza et al. (2023) examined cervical cancer knowledge, risk factors, and screening barriers among reproductive-aged women in Nigeria. The study, which included 326 participants, found that the most significant barriers to screening were limited knowledge, low educational attainment, and occupation-related constraints.

CHAPTER THREE
Methodology

This chapter presents the following; research design, research setting, target population, sampling size, sampling technique. Instrument for data collection, validity and reliability of instrument, method of data collection, method of data analysis and ethical considerations.

3.1 Research Design

A cross-sectional descriptive design was used for this study.

3.2 Research Setting

The research setting for this study comprises of Igando and Ijegun communities in Alimosho local government area, Lagos state. The communities are located within Alimosho local government area; it's a local government area with high population of women of reproductive age. Alimosho local government area was founded in 1945.

3.3 Target Population

The target populations for the study are women of reproductive age (18-45) living in Igando and Ijegun communities within Alimosho local government area.

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3.4 SAMPLING SIZE

The formula for sample size is n=z^2pq
d^2
Where n= minimum sample size
z= standard deviation at 95% confidence interval usually 1.96
p= proportion of prevalence 50%
q= 1-p
d^2= acceptable margin set 0.05
d= desired degree of accuracy which is set at 0.05 (95%)
n=z^2pq
d^2
n= (1.96)^2(0.05)(0.5)
(0.5)^2
N= 3.8416*0.25
0.5^2
N= 0.9604
0.0025
N= 384.16
However, since the target population is less than 10,000, therefore, the sample estimate was calculated using
Nf = n
1 +n
N
Where; nf= desired sample for population <10,000
n= desired sample size of population
N= estimate of the population size
N=384
n= n/1+n/N
nf= 384
1+384
200
=131.5
=132
Add 10% attrition
132+ 13.2=
=145.2
=145
N= 145, which is the sample size
The sample for this study consists of 145 respondents from two different communities in Alimosho Local Govt. Area.

3.5 Sampling Technique

A convenience sampling technique was used in selecting study participants.

3.6 Instrument for Data Collection

A self-structured adapted questionnaire was used for data collection. This questionnaire is divided into two section A and B. Section A is on socio-demographic data of the respondents while section B deals with selected variables for the study: knowledge, attitude, practice and factors hindering the practice of pap smear screening among women of reproductive age.

3.7 Validity of Instrument

The research instrument (questionnaire) was given to expert in the field for correction and criticism where necessaryand all suggestion and correction was effected before administration of the instrument.

3.8 Reliability of Instrument

Reliability is the ability of the research instrument to maintain consistency in measuring what it intends to measure. To ensure reliability of the instrument, a pilot test of the questionnaire was done by administering a few copies to women of reproductive age in Igando and Ijegun community within the span of two days. Pearson product moment correlation yielded a coefficient of 0.75

3.9 Method of Data Collection

A self-structured adapted questionnaire method was used for the data collection. The researcher personally administered 145 questionnaires with the help of two assistants and the questionnaire was retrieved back immediately.

3.10 Method of Data Analysis

Data was analyzed using descriptive statistics using frequency counts, percentages, mean and standard deviation

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and the results were presented in tables. The hypotheses were tested using the Chi square (x2).

3.11 Ethical Consideration

A letter of introduction was collected from the Lagos state college of nursing ethical committee and was taken by the researcher to the king of Igando and Ijegun community respectively. The purpose and objectives of the study was duly communicated to the respondents and informed consent obtained. The right to refusal was explained to them. All the respondents were informed that, the research is voluntary, and that they do not need to participate if they choose not to or could withdraw at any time or even refuse to provide any information in areas not very clear without the risk of incurring any penalty or prejudicial treatment. The respondents were assured of confidentiality of information provided during and after data collection.

CHAPTER FOUR

Results

This chapter presents the results and discussion from data generated. A total of 145 copies of questionnaires were distributed to the sample population. All the questionnaires were duly completed and retrieved from the respondents. A total of two hypothesis were formulated in the course of the study and four questions were answered. This chapter has been discussed under the following subheading.

Section A: Socio-Demographic Data

Table 1: Socio-Demographics Characteristics of the Respondents

	FREQUENCY	**PERCENT**
Age		
18-24yrs	24	16.6
25-31yrs	35	24.1
32-38yrs	60	41.4
≥39yrs	26	17.9
Total Mean age and SD	145	100.0 30.3±7.4
Marital status		
Married	55	37.9
Single	38	26.2
Separated	14	9.7
Divorce	38	26.2
Total	145	100.0
Number of children		
1-3	76	52.4
4-5	45	31.0
≥6	24	16.6
Total	145	100.0
Family background		
Monogamy	77	53.1
Polygamy	40	27.6
Other	28	19.3
Total	145	100.0
Religion		
Islam	59	40.7

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Christianity	86	59.3
Total	145	23.8
Occupation		
Employed	42	29.0
Self-employed	54	37.2
Student	12	8.3
House wife	12	8.3
Unemployed	25	17.2
Total	145	100.0
Educational qualification		
Never attended	35	24.1
Primary	13	9.0
Secondary	42	29.0
Tertiary	55	37.9
Total	145	100.0

Table 1 presents the demographic distribution of respondents, indicating that 60 individuals (41.4%) were aged 32-38 years, 35 (24.15%) were between 25-31 years, 24 (16.6%) fell within the 18-24 age group, and 26 (17.9%) were 39 years or older. The mean age of the respondents was 30.3 ± 7.4 years. Regarding marital status, more than one-third, 55 (37.9%), were married, while 38 (26.2%) were single or divorced, respectively. A smaller proportion, 14 (9.7%), reported being separated from their spouses.

Section B: Knowledge on Pap smears Screening

Table 2: What is the level of knowledge of Pap Smear Screening?

Variables	**Frequency**	**Percent**
Heard about Pap test screening		
Yes	102	70.3
No	43	29.7
Total	145	100.0
Source (multiple options) n=102		
Health professionals	82	56.6
Media	72	49.7
Friends and relatives	54	37.2
Books newspaper	28	19.3
It is necessary to undergo Pap smear screening		
Yes	84	82.4
No	18	17.6
Total	102	100.0
When should a woman begin Pap test screening		
18-21yrs	20	19.6
22-26yrs	14	13.7
26-32yrs	30	29.4

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When a woman has STI	38	37.3
Total	102	100.0
Frequency of Pap smear screening		
Yearly	18	17.6
Every 3 years	10	9.8
Once in a life time	38	37.3
Every 5 years	36	35.3
Total	102	100.0
People that undergo Pap smear screening		
Women with multiple sexual partners	22	21.6
Commercial sex workers	24	23.5
Women with one child	16	15.7
One that married more than once	26	25.5
All of the above	14	13.7
Total	102	100.0
Pap smear screening is a painful procedure		
Yes	62	60.8
No	40	39.2
Total	102	100.0

Table 2 presents data on the respondents' awareness and knowledge of Pap smear screening. Among the 145 participants, 102 (70.3%) had heard about Pap smear screening, while 43 were unaware of it. Additionally, 84 respondents (82.4%) acknowledged the importance of undergoing Pap smear screening. Regarding the recommended age to start screening, 20 respondents (19.6%) indicated that women should begin between 18-21 years. Furthermore, 18 respondents (17.6%) recognized that the recommended screening frequency is every three years. A significant proportion, 62 respondents (60.8%), perceived Pap smear screening as a painful procedure.

Table 3: Table showing overall score of level of knowledge of Pap Smear Screeningamong women

GRADE	FREQUENCY	PERCENTAGE (%)
Good	60	41.4
Poor	85	58.6
Total	145	100.0

Table 3 above showed that majority of the respondents 85 (58.6%) have poor knowledge of Pap Smear Screening while fewer 60 (41.4%) have good knowledge about Pap smear screening.

SECTION C: ATTITUDE OF WOMEN OF REPRODCTIVE AGE TOWARDS PAP SMEAR SCREENING

Table 4: What are the Attitudes of women Towards Pap Smear Screening?

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Variable	SA		A		Not decided		SD		D	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Pap smear screening is valuable and important for all women	58	40.0	40	27.6	0	0.0	37	25.5	10	6.9
Only women with multiple sexual partners need pap smear screening	40	27.6	46	31.7	2	1.4	35	24.1	22	15.2
Women that maintain good hygiene do not need pap test screening	38	26.2	42	29.0	5	3.4	40	27.6	20	13.8
Pap test screening every 3 years with appropriate follow-up can reduce cervical cancer incidence among women of reproductive age	26	17.9	56	38.6	0	0.0	53	36.6	10	6.9
I am not sexually active so do not need to go for pap smear screening	25	17.2	66	45.5	4	2.8	30	20.7	20	13.8
Past vaginal tests have been uncomfortable	50	34.5	38	26.2	10	6.9	27	18.6	20	13.8
I'm not ill so I do not need pap smear screening	10	6.9	25	17.2	0	0.0	47	32.4	63	43.5
The attitudes of the nurses doing the screening is bad	42	29.0	58	40.0	6	4.1	32	22.1	7	4.8

Table 4 presents the attitudes of women towards Pap smear screening. The majority, 98 respondents(67.6%), considered Pap smear screening valuable and important for

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all women. Additionally, 86 respondents (59.3%) believed that only women with multiple sexual partners need Pap smear screening. Many participants, including 80 (55.2%), 82 (56.5%), 91 (62.7%), and 88 (60.7%), agreed with statements that women maintaining good hygiene do not need the screening, that screening every three years with proper follow-up can reduce cervical cancer risk, that they do not need to undergo Pap smear screening if they are not sexually active, and that past vaginal tests have been uncomfortable, respectively. Furthermore, a significant portion, 100 respondents (62.9%), felt that the attitudes of the nurses performing the screening were negative.

Table 5: Table showing overall score of the attitudes of women towardPap smear Screening

GRADE	FREQUENCY	PERCENTAGE (%)
Good	50	34.5
Poor	95	65.5
Total	145	100.0

Table 5 above revealed that majority of respondents 95 (65.5%) have poor attitudes toward Pap Smear Screening while 50 (34.5%) of the respondents have good attitudes towards Pap smear screening.

Section: Practice of Pap Smear Screening

Table 6: What is the practice of Pap smear screening?

Variables	Frequency	Percent
Ever undergone Pap test screening		
Yes	59	40.7
No	86	59.3
Total	145	100.0
Number of times you have been screened		
Once	32	54.2
Twice	20	33.9
Three times	7	11.9
Total	59	100.0
When the screening was conducted		
1 year ago	24	40.7
3 years ago	21	35.6
5years ago	14	23.7
Total	59	100.0
If no, reason for not have been screened		
No knowledge	16	18.6
No symptom	24	27.9
No money	16	18.6
Not interested	18	20.9
Embarrassed	12	14.0
Total	86	100.0
Pap smear screening is painful		
Yes	13	22.0
No	46	78.0
Total	59	100.0

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Have intention of going for a Pap smear screening within the next 3years		
Yes	32	64.4
No	21	35.6
Total	59	100.0
Pap smear screening every 3 years can detect cervical cancer		
Yes	42	71.2
No	17	28.8
Total	59	100.0
Screening centers are accessible and affordable		
Yes	40	67.8
No	19	32.2
Total	59	100.0
Vaccinated with Human papilloma virus vaccine		
Yes	24	40.7
No	35	59.3
Total	59	10.0

Table 6 illustrates the practice of Pap smear screening among respondents. Less than half, 59 respondents (40.7%), had ever undergone a Pap test. Among them, 32 (54.2%) had been screened once, 20 (33.9%) twice, and 7 (11.9%) three times. Additionally, 24 respondents (40.7%) reported receiving the Human Papillomavirus (HPV) vaccine. A significant proportion, 32 (64.4%), expressed their intention to undergo a Pap smear screening within the next three years, while 42 (71.2%) agreed that screening every three years can help detect cervical cancer. Furthermore, 40 respondents (67.8%) stated that screening centers are accessible and affordable, while 13 (22.0%) considered Pap smear screening to be a painful procedure.

Table 7: Table showing overall score of the practice of Pap smear Screening

GRADE	FREQUENCY	PERCENTAGE (%)
Good	47	32.4
Poor	98	67.6
Total	145	100.0

The above table 7 showed that majority of respondents 98 (67.6%) have poor practice of Pap Smear Screening while 47 (32.4%) of the respondents have good practice of Pap smear screening.

Section E: Factors Hindering Practice Of Pap Smear

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Table 8: What are the factorshindering the practice of Pap Smear Screening?

Variable	SA		A		Not decided		SD		D	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Lack of awareness about pap smear screening	10	6.9	30	20.7	3	2.1	60	41.3	42	29.0
My husband will not want me to do pap smear screening	32	22.1	48	33.1	0	0.0	55	37.9	10	6.9
Attitudes of health personnel and doctors can discourage one from going to hospitals for pap smear screening	36	24.8	50	34.5	9	6.2	40	27.6	10	6.9
The pap smear screening is expensive	20	13.8	26	17.9	11	7.6	56	38.6	32	22.1
Not knowing where to go for pap smear screening is a major reason why women don't do pap smear screening	12	8.3	26	17.9	0	0.0	72	49.7	35	24.1
It is too embarrassing to do pap smear screening	10	6.9	28	19.3	15	10.3	56	38.6	36	24.8
It is against my cultural values and religious beliefs to go for pap smear screening	26	17.9	20	13.8	0	0.0	62	42.8	37	25.5
The attitudes of the nurses doing the screening is bad	42	29.0	57	39.3	12	8.3	26	17.9	8	5.5

Table 8 presents the factors limiting the practice of Pap smear screening among respondents. Out of the total 145 participants (100.0%), 40 (27.6%) reported a lack of

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awareness about Pap smear screening. Additionally, 80 (55.2%) indicated that their husbands would not support them undergoing the screening, while 86 (59.3%) stated that negative attitudes of healthcare personnel discouraged them from visiting hospitals for the procedure. Other barriers included the high cost of screening, as reported by 46 (31.7%) respondents, and uncertainty about where to access the service, cited by 38 (26.2%). Less than half, 46 (31.7%), mentioned that Pap smear screening conflicts with their cultural and religious beliefs. Furthermore, only 38 (26.2%) of the respondents expressed that they found the procedure too embarrassing.

4.2 Answering Of Research Questions

Research question 1: what is the knowledge of women of reproductive age in Igando and Ijegun community towards Pap smear screening?

In Table 2, the majority of respondents, 102 (70.3%), reported having heard about Pap test screening. While 84 (82.4%) acknowledged the importance of undergoing Pap smear screening, only 20 (19.6%) believed that women should start screening between the ages of 18-21, and 18 (17.6%) were aware that the recommended frequency for Pap smear screening is every three years. Additionally, 62 (60.8%) of the respondents perceived Pap smear screening as a painful procedure. These findings indicate that a significant proportion of the respondents, 85 (58.6%), had limited knowledge about Pap smear screening.

Research question 2: what are the attitudes of women of reproductive age in Igando and Ijegun community towards Pap smear screening?

In Table 4, the majority of respondents, 98 (67.6%), acknowledged that Pap smear screening is valuable and essential for all women. However, 86 (59.3%) believed that only women with multiple sexual partners require screening. Additionally, 80 (55.2%) felt that women who maintain good hygiene do not need Pap tests, while 82 (56.5%) agreed that undergoing Pap tests every three years with proper follow-up can help reduce cervical cancer incidence. Furthermore, 91 (62.7%) stated that being sexually inactive eliminates the need for Pap smear screening, and 88 (60.7%) found past vaginal tests to be uncomfortable. Most respondents, 100 (60.9%), also expressed dissatisfaction with the attitudes of nurses performing the screening. These findings indicate that a significant proportion, 95 (65.5%), demonstrated poor attitudes toward Pap smear screening.

Research question 3: what is the practice of Pap smear screening among women of reproductive age in Igando and Ijegun community?

As presented in Table 6, less than half of the respondents, 59 (40.7%), had ever undergone a Pap test screening. Among them, 32 (54.2%) had been screened once, 20 (33.9%) had been screened twice, and 7 (11.9%) had undergone screening three times. Additionally, 24 (40.7%) of respondents had received the Human Papillomavirus (HPV) vaccine. A total of 32 (64.4%) expressed their intention to undergo Pap smear screening within the next three years, while 42 (71.2%) agreed that screening every three years helps in detecting cervical cancer. Regarding accessibility, 40 (67.8%) considered screening centers to be accessible and affordable, while 13 (22.0%) found the procedure to be painful. These findings indicate that the majority of respondents, 98 (67.6%), had poor adherence to Pap smear screening practices.

Research question 4: what are the factors influencing the practice of Pap smear

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screening among women of reproductive age in Igando and Ijegun community?
As shown in Table 8, all 145 respondents (100.0%) participated in the study. Among them, 40 (27.6%) lacked awareness about Pap smear screening. Additionally, 80 (55.2%) stated that their husbands would not approve of them undergoing the screening, while 86 (59.3%) indicated that the attitudes of healthcare personnel discouraged them from visiting hospitals for screening. Furthermore, 46 (31.7%) cited the high cost of the procedure as a barrier, and 38 (26.2%) reported not knowing where to access Pap smear screening services. Less than half, 46 (31.7%), believed that the screening contradicted their cultural and religious values, while 38 (26.2%) found the procedure too embarrassing.

4.3 Test of Hypothesis

$H_0$1: There is no significant association between the level of education and knowledge of Pap Smear Screening among womenof reproductive age

Table 9: Associating level of education with knowledge of Pap Smear Screening among women

	Knowledge of Pap Smear Screening					
Level of education	**Good**	**Poor**	**Total**	**χ^2**	**df**	***Pvalue***
No formal education	21(60.0)	14(40.0)	35(100.0)	21.435[a]	1	.201
Primary education	8(61.5)	5(38.5)	13(100.0)			
Secondary education	28(66.7)	14(33.3)	42(100.0)			
Tertiary education	35(63.6)	20(36.4)	55(100.0)			
Total	92(63.4)	53(36.6)	145(100.0)			

The results presented in Table 9 indicate that there is no statistically significant relationship between the level of education and knowledge of Pap smear screening among respondents, as the recorded P-value of 0.201 exceeds the threshold of P<0.05. Consequently, the initial hypothesis is accepted, while the alternative hypothesis (H1) is rejected. This suggests that the level of education does not significantly influence respondents' knowledge of Pap smear screening.

$H_0$2:There is no significant association between the attitude and practice of Papsmear screening among women of reproductive age

Table 10: Associating attitude with practice of Pap Smear Screening among women of reproductive age

	Practice of Pap Smear Screening					
Attitude	**Good**	**Poor**	**Total**	**χ^2**	**df**	***Pvalue***
Good	30(60.0)	20(40.0)	50(100.0)	18.269[a]	2	.000
Poor	51(53.7)	44(46.3)	95(100.0)			
Total	81(55.9)	64(44.1)	145(100.0)			

The results in Table 10 indicate a statistically significant relationship between attitude and the practice of Pap smear screening among respondents, as the

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recorded P-value of 0.000 is lower than the threshold of P<0.05. Therefore, the initial hypothesis is rejected, and the alternative hypothesis (H1) is accepted. This confirms that there is a significant association between respondents' attitudes and their practice of Pap smear screening.

CHAPTER FIVE
Summary, Conclusion and Recommendations

This chapter highlights the discussion of findings, implication of findings to nursing profession, limitations of the study, summary of the study, conclusion, recommendations and the suggestions for further study.

5.1 Discussion of Findings

This chapter highlights the discussion of findings, summary, recommendations, limitations of the study and the suggestions for further study.

Demographic Data of Respondents

Table 1 presents the age distribution of respondents, showing that 60 (41.4%) were aged 32-38 years, 35 (24.1%) were between 25-31 years, 24 (16.6%) fell within the 18-24 age range, and 26 (17.9%) were 39 years and above. The mean age of respondents was 30.3±7.4 years, aligning with the findings of Nurul et al. (2021), where the mean age was 24.9±3.56 years. Regarding marital status, more than half of the respondents, 55 (37.9%), were married, 38 (26.2%) were single, another 38 (26.2%) were divorced, and 14 (9.7%) were separated. This data contrasts with the study by Ng Pei Ting et al. (2020), where 73 (29.7%) of respondents were single, 163 (66.3%) were married, and 10 (4.1%) were divorced.

Knowledge of Women of Reproductive Age on Pap Smear Screening

The findings in Table 2 indicate that a majority of respondents, 102 (70.3%), had heard about Pap test screening, while 43 (29.7%) were unaware of it. This contrasts with a study by Tope (2019), in which only 39 (12.8%) of respondents reported awareness of cervical cancer screening. Table 2 also reveals that most respondents, 82 (56.6%), obtained information about Pap smear screening from health professionals, followed by 72 (49.7%) from the media, 54 (37.2%) from friends and relatives, and 28 (19.3%) from books and newspapers. These findings differ from a study by Nurul et al. (2021), where the majority (89.4%) received information through mass media, the internet, and reading materials, with only a few obtaining information from health professionals.Additionally, Table 2 shows that 20 (19.6%) of respondents believed Pap smear screening should begin at 18-21 years, 14 (13.7%) at 22-26 years, 30 (29.4%) at 26-32 years, and 38 (37.3%) only when a woman has a sexually transmitted infection (STI). Among the 102 (70.3%) respondents who had heard of Pap smear screening, 18 (17.6%) thought it should be done yearly, 10 (9.8%) every three years, 38 (37.3%) once in a lifetime, and 36 (35.3%) every five years, indicating a poor understanding of the screening guidelines.Furthermore, 22 (21.6%) of respondents believed that only women with multiple sexual partners should undergo Pap smear screening, a finding similar to a study by Olajumoke et al. (2022), where 52 (19.1%) of respondents held the same belief.

Attitude of Women of Reproductive Age towards Pap Smear Screening.

Table 4 indicates that the majority of respondents, 98 (67.6%), acknowledged the value and importance of Pap smear screening for all women, while 47 (32.4%) disagreed. This aligns with a study by Olajumoke (2022), where 249 (91.2%) of

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273 respondents demonstrated a positive attitude toward Pap smear screening, recognizing its importance. Additionally, 86 (59.3%) of respondents believed that only women with multiple sexual partners require Pap smear screening, whereas 57 (39.3%) disagreed. These findings are consistent with a study by Chukwunonyerem et al. (2021), in which the majority (93.5%) agreed that Pap smear screening is necessary only for women with multiple sexual partners.Furthermore, Table 4 shows that 80 (55.2%) of respondents believed that women who maintain good hygiene do not need Pap smear screening, while 60 (41.4%) disagreed. Similarly, 91 (62.7%) of respondents stated that they do not need Pap smear screening because they are not sexually active, while 50 (34.5%) disagreed. The findings of this study indicate a generally poor attitude toward Pap smear screening, which contrasts with a study by Pramila et al. (2020), where 75 (46.6%) of respondents were willing to undergo screening even if they were not sexually active, demonstrating a more positive attitude toward Pap smear screening.

The Practice of Pap Smear Screening

Table 6 indicates that less than half of the respondents, 59 (40.7%), had ever undergone Pap smear screening, while the majority had never been screened. This finding aligns with a study by Chukwunonyerem et al. (2019), where only 17 (4.3%) out of 398 respondents reported having undergone the screening. Among the 59 (40.7%) respondents who had been screened, 32 (54.2%) had undergone the test once, 20 (33.9%) had been tested twice, and 7 (11.9%) had undergone the test three times. These findings contrast with a study by Adebayo & Oluwasomidoyin (2021), where out of 287 respondents, 19 (70.4%) had been screened once, 7 (25.9%) had been screened twice, and 1 (3.7%) had undergone screening three times.Additionally, 24 (40.7%) of respondents reported undergoing Pap smear screening one year ago, 21 (35.6%) had their last screening three years ago, and 14 (23.7%) had been screened five years ago. The data suggests that women have poor screening practices, which is consistent with the findings of Olajumoke et al. (2022), where poor participation in Pap smear screening was also reported.

Factors Hindering the Practice of Pap Smear Screening Among Women Of Reproductive Age.

Table 8 reveals that 40 (27.6%) of the respondents lacked awareness of Pap smear screening, while 102 (70.3%) were aware of it. This finding aligns with a study by Chukwunnyerem et al. (2019), where more than half of the respondents, 265 (66.6%), were aware and had undergone screening. Additionally, more than half of the respondents, 80 (55.2%), stated that their husbands would not support them undergoing Pap smear screening, while 65 (44.8%) disagreed.Similarly, 86 (59.3%) of the respondents agreed that the attitude of healthcare personnel and doctors could discourage individuals from visiting hospitals for Pap smear screening, while 50 (34.5%) disagreed. Only 38 (26.2%) of the respondents found Pap smear screening too embarrassing, which contrasts with the study by Chukwunonyerem et al. (2019), where embarrassment (94%) and stigmatization were the most common reasons for not undergoing screening.Additionally, 28 (26.2%) of respondents admitted to not knowing where to go for Pap smear screening, while 107 (73.8%) disagreed. This finding contrasts with a study by Inuwa et al. (2020), which identified the lack of screening clinics as a significant barrier to Pap smear screening. Furthermore, 46 (26.2%) of respondents considered Pap smear screening expensive, while 107

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(73.8%) disagreed. This result is consistent with a study by Ng Pei Ting (2021), where 80 (32.5%) of respondents also perceived Pap smear screening as costly.

5.2 Implications of Finding to Nursing Profession

The saying "knowledge is power, and prevention is better than cure" holds true, not only because preventing a disease is easier than treating it, but also because preventive measures are often more cost-effective and convenient compared to curative approaches.Having the right knowledge and following preventive measures are essential for disease prevention and contribute to overall well-being. The findings of this study highlight that increasing awareness can significantly improve knowledge about Pap smear screening as a preventive measure against cervical cancer among women of reproductive age.Practicing professional nurses should actively fulfill their roles as counsellors and educators by providing comprehensive information on the importance of Pap smear screening and encouraging adherence to it as a preventive strategy against cervical cancer.Additionally, nurses must be well-equipped with detailed knowledge about Pap smear screening and its procedures. Their ability to provide accurate information should be enhanced through skill-building workshops designed to improve their expertise in promoting Pap smear screening.

5.3 Limitations of the Study

This study surveyed only two communities in Lagos State; hence, this cannot be said to be representative of the total women of reproductive age population in state at large. Also, in comparison to other studies, some of the reviewed studies were conducted on small samples which limit the generalizability of the findings of these studies. Therefore, there may have been confounding variables which were not taken into consideration, but which may have impacted the results, therefore impacting the generalizability of the findings.

5.4 Summary of the Study

This study aimed to evaluate the knowledge, attitude, and practice of Pap smear screening among women of reproductive age in selected communities within Alimosho Local Government Area, specifically Igando. A total of 145 women from Igando and Ijegun communities participated in the study, and data were collected using a pre-tested questionnaire. Respondents were selected through a convenience sampling technique. Data analysis was conducted using the Statistical Package for Social Sciences (SPSS) version 26.0 for descriptive statistics, while the Chi-square (χ^2) test was used to examine associations between variables. The significance level was set at a 95% confidence interval.

The findings revealed that the majority (41.4%) of respondents were between 32-38 years old, with a mean age of 30.3±7.4 years. Most respondents (37.9%) were married, and over half (52.4%) had between one and three children. Regarding education, 24.1% of respondents had never attended school, 9.0% had only primary education, 29.0% completed secondary school, and 37.9% attained tertiary education.The study found that women's knowledge of Pap smear screening was inadequate, which may explain the poor practice and negative attitude toward the screening. Additionally, the majority of respondents identified various factors hindering Pap smear screening, which could further contribute to their low participation and poor attitude toward the procedure.

5.5 Conclusion

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The overall knowledge of Pap smear screening among women in the Igando and Ijegun communities of Alimosho Local Government Area, Lagos, is insufficient. This may contribute to the low participation in Pap smear screening and the negative attitudes exhibited by respondents toward the procedure. The factors affecting the practice of Pap smear screening include a lack of awareness, spousal influence, the attitudes of healthcare personnel, the cost of screening, accessibility and affordability of screening centers, cultural values, religious beliefs, and feelings of embarrassment.

5.6 Recommendations

This study highlights the importance of utilizing every interaction between healthcare providers and women as an opportunity to educate and encourage them to undergo regular Pap smear screenings. To enhance the practice of Pap smear screening in Nigeria, nurses play a crucial role as advocates and should be actively involved in implementing the following recommendations:

- **Mandatory Training and Workshops**: Organizing compulsory training sessions, seminars, and workshops for professional nurses at least once a year. This will enhance their knowledge of the Pap smear screening procedure, enabling them to provide well-informed health education on the subject.
- **Availability of Educational Materials**: Hospital management and the government should ensure the widespread distribution of information, education, and communication materials on Pap smear screening, such as pamphlets, models, posters, and pictures. These resources should be made readily available in general hospitals and primary healthcare centers in the Igando and Ijegun communities.
- **Public Awareness Campaigns**: To reduce cervical cancer-related mortality, the Nigerian government should implement awareness programs and proper health education campaigns through the media. These initiatives should specifically target women, providing them with essential knowledge about cervical cancer and early detection methods, such as Pap smear screening, to facilitate prevention and early intervention.

5.7 Suggestion For Further Studies

- Research should be carried out in other Communities in Lagos to assess theknowledge, attitude and practice of Pap smear screening among women of reproductive age
- Research should be carried out on benefits of Pap smear screening among women of reproductive age

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