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Knowledge and Acceptability of Cervical Cancer Screening among Entry Level Female Students of selected University in Ekiti State

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Abstract:

This study assessed the knowledge, acceptability, and factors influencing the uptake of cervical cancer screening among female undergraduates of Bamidele Olumilua University of Education, Science and Technology, Ikere Ekiti. Findings revealed that most respondents possessed a moderate to good understanding of cervical cancer and its preventive measures, with digital media emerging as the primary source of information, supplemented by health workers and peers. Awareness of screening methods, preventive strategies, and risk factors was generally high, yet gaps in comprehensive knowledge were evident. The study also demonstrated a positive disposition toward cervical cancer screening, as a majority expressed willingness to undergo screening, advise family members, and recognize the importance of preventive testing even in the absence of symptoms. Despite this, a minority of respondents exhibited apprehension, reflecting the impact of fear, sociocultural beliefs, and misconceptions. Moreover, the uptake of screening was influenced by a multifaceted interplay of economic constraints, knowledge deficits, accessibility of services, personal beliefs, and health system-related factors. The findings highlight the need for targeted health education, youth-friendly service delivery, and strategies to enhance accessibility and affordability, aiming to strengthen preventive behaviors and early detection practices among young female undergraduates.

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Introduction

Cervical cancer is a significant public health problem globally and one of the major causes of cancer-related morbidity and mortality in women. According to the World Health Organization (WHO, 2021), in the entire world, cervical cancer is the fourth most common cancer affecting women. It results from abnormal cell changes in the cervix often leading, after a long period of time, usually several years, ahead, to becoming invasive. In 2018 alone, it is estimated that an estimated 570,000 women new cervical cancer worldwide and only about 311,000 women died of cervical cancer, but most of these deaths occurred in low- and middle-income countries. Sub-Saharan Africa has a higher ratio of the total world burden with one of the highest rates of incidence and mortality owed to persistent human papillomavirus (HPV) infection, poor health systems and hindrances to the access of preventive services.

In Nigeria cervical cancer is a serious reproductive health problem. Available data show that in the year 2020 about 12,000 new cases of cervical cancer were recorded with about 8,000 people dead of this disease (American Cancer Society, 2021). It is revealed in the Global Cancer Observatory Fact Sheets that the five-year prevalence rate of this cancer is 22.11% in Nigeria, indicating cervical cancer is the second most common cancer occurring in women in Nigeria (Maitanmi et al., 2023). Even though it is mostly a preventable disease, many Nigerian women still present at advanced stages when treatment options are limited and survival rates are poor. This late presentation is often associated with inadequate levels of awareness among people and low levels of uptake of screening, as well as sociocultural barriers to preventative health-seeking behaviour (Aina et al., 2020).

Cervical cancer is mainly caused by exposure to persistent infection of high-risk strains of the HPV virus, a sexually transmitted virus (Azene, 2021). Other known risk factors include early sexual debut, multiple sexual partners and HIV infection, smoking, long term use of oral contraceptives and low socioeconomic status (International Agency for Research on Cancer). In early stages, cervical cancer often has no symptoms, and screening for this disease is vital because it allows for early detection and treatment of the lesion. As the disease progresses, other symptoms, including abnormal vaginal bleeding, foul-smelling discharge, and pelvic pain, may appear, and many of these symptoms of the disease are associated with poor prognosis. There is evidence of a significant impact on the incidence and mortality of cervical cancer, through regular screening, such that cervical cancer is among the most preventable and controllable types of cancer, affecting women (Aminu et al., 2025).

Globally recommended screening methods are the Papanicolaou (Pap) smear, HPV DNA tests, visual inspection with acetic acid (VIA) and Lugol's iodine (Azene, 2021). WHO and other international health organizations are advocating for the major role of HPV vaccination and screening in cervical cancer elimination efforts. However, in many settings, particularly in low-resource settings including in Nigeria, the availability and utilization of these services is still low, due to infrastructural deficits, paucity of trained personnel, cost, as well as weak health education systems. While screening coverage in developed countries is between 40 and 50% of the population, it is estimated that less than 10% of women in resource poor countries have ever been screened (Olofin-Samuel et al., 2024).

Young women, especially those in tertiary schools are an important target population for cervical cancer prevention. Entry-level female University students are often at a transitional stage in life where they are more independent, potentially encountering new social factors, and are sexually active. This group may be at risk for HPV infection and they may also not have the proper knowledge about cervical cancer and the importance of screening. Universities are a strategic platform for health promotion since students are relatively

accessible to be reached through structured educational interventions (Ilevbare et al., 2020). However, the available evidence would seem to indicate that awareness is not necessarily followed by acceptance or use of screening services, even among educated populations.

Studies carried out in Nigeria and other African countries have consistently reported on low uptake of cervical cancer screening among women, even among students and health workers, in spite of moderate to high levels of awareness (Dozie et al., 2021; Olofin-Samuel et al., 2024). Aina et al in 2020 found that although educational interventions improved knowledge, they did not have a significant effect on screening practices. Similar results have been reported among female undergraduates where the factors such as perceived absence of symptoms, fear of positive results, embarrassment, cost of screening and lack of youth-friendly services were limiting acceptance of These findings point to and illusionate the persistent difference between knowledge and practice and the need to not only measure awareness but acceptability of screening services amongst young women.

Acceptability of cervical cancer screening is determined by many factors such as perceived susceptibility, perceived benefits, cultural beliefs, attitudes towards reproductive health services, and accessibility of the screening facility. For first-year female students, the misconception of cervical cancer being a disease of older women or married women may also add to the lower perceived relevance. Additionally, privacy concerns, stigma concerns, health provider concerns among males, may deter young women from access to screening, even if the services are available. Understanding these contextual factors is crucial to empowering interventions through targeted interventions that resonate with this age group.

In Ekiti State, there is little empirical evidence targeting specifically entry-level female university students and their knowledge and acceptability of cervical cancer screening. Most of the existing studies have focused on older women, married women or healthcare workers, and thus a gap exists in the knowledge of the perceptions and attitudes of younger, unmarried women in the tertiary institutions. Given the increased focus on preventive health and early intervention, it is of interest to know how much entry-level female students are knowledgeable about cervical cancer and whether they are willing to accept cervical cancer screening when offered.

Against this background, the present study aims at measuring the level of knowledge and acceptability of cervical cancer screening among 100-level female students of a selected University in the state of Ekiti, Nigeria. By concentrating on entry-level students, the research aims to produce information that can help inform school-based health education programmes, youth-friendly screening programmes, and policy strategies geared towards reduction of the future burden of cervical cancer. Understanding the level of knowledge and acceptability within this population is a critical step towards improving on preventative practices and ultimately contributing to the reduction of the morbidity and mortality of cervical cancer in Nigeria.

The study assessed the knowledge and the acceptability of cervical cancer screening among Female undergraduates of Bamidele Olumilua University of Education, Science and Technology, Ikere Ekiti. The specific objectives of this study were to:

1. assess the knowledge of cervical cancer screening among Female undergraduates of Bamidele Olumilua University of Education, Science and Technology, Ikere Ekiti;
2. determine the acceptability of cervical cancer screening among Female undergraduates of Bamidele Olumilua University of Education, Science and Technology, Ikere Ekiti; and
3. identify the factors affecting the uptake of cervical cancer screening among Female undergraduate of Bamidele Olumilua University of science and technology.

Methods and Materials

The study adopted a descriptive survey research design to assess the knowledge and acceptability of cervical cancer screening among entry-level female undergraduates of Bamidele Olumilua University of Education, Science and Technology, Ikere-Ekiti. This design was considered appropriate because it enables the systematic description of existing conditions, opinions, and characteristics of a population without manipulating variables. The study setting was Bamidele Olumilua University of Education, Science and Technology, a public tertiary institution located in Ekiti State, Nigeria. The target population comprised all female undergraduates of the university, with specific focus on 100-level students, as they represent entry-level students who are at a critical stage for health education and preventive interventions. Eligibility for participation was limited to 100-level female undergraduates who were willing to participate in the study, while those who declined consent were excluded. The sample size was determined using Taro Yamane's formula with a population size of 2,628 female undergraduates and a margin of error of 0.05, yielding a minimum sample size of 347. To accommodate potential non-response and improperly completed questionnaires, a 10% attrition rate was added, resulting in a final sample size of 385 respondents.

A multistage sampling technique was employed to select the participants. Initially, stratified sampling was used to categorize the population by academic level, from which only 100-level female students were selected. Subsequently, a simple random sampling technique was applied to select respondents from the eligible group. The selected students were approached individually, and the purpose of the study was clearly explained to them before administering the questionnaire. Data collection was conducted over a period of two days, with questionnaires administered and retrieved on the same day to enhance response rate and data completeness. The research instrument used for data collection was a structured, self-administered questionnaire developed by the researcher based on the study objectives and relevant literature. The questionnaire consisted of 36 items divided into four sections covering respondents' demographic characteristics, knowledge of cervical cancer screening, acceptability of cervical cancer screening, and factors influencing screening uptake. To ensure the validity of the instrument, the questionnaire was reviewed by the researcher's supervisor, an expert in medical research, for face and content validity, after which necessary corrections were made prior to final administration.

The reliability of the instrument was established through a pilot study conducted among female undergraduates of Ekiti State University, Ado-Ekiti, who were not part of the main study. Ten percent of the sample size was used for the pilot testing, and the data obtained were analyzed using Cronbach's Alpha, yielding a reliability coefficient of 0.70, which was deemed acceptable for the study. Data collection was preceded by obtaining an introductory letter from the Department of Nursing, Ekiti State University, Ado-Ekiti. Informed consent was obtained from all participants after explaining the objectives, procedures, and benefits of the study, and confidentiality was assured by excluding personal identifiers from the questionnaire. Data collected were securely stored and analyzed using the Statistical Package for Social Sciences (SPSS) version 25. Descriptive statistics such as frequencies and percentages were used to summarize the data, while inferential statistics were employed to test hypotheses and examine relationships between variables. Ethical approval was obtained from the relevant university authorities, and all ethical principles guiding research involving human participants were strictly observed.

Results

Table 1: Demographic data of respondents

S/N	Demographic Characteristics	Sub-Levels	Frequency	Percentages (%)
1	Religion	Christianity	305	79.22
		Islamic	75	19.48
		Traditional	05	1.30
		Others	00	0.00
		Total	385	100
2	Tribe	Yoruba	325	84.42
		Hausa	11	2.86
		Igbo/Ibo	49	12.72
		Others	00	0.00
		Total	385	100
3	Marital status	Single	381	98.96
		Married	04	1.04
		Divorced	00	0.00
		Others	00	0.00
		Total	385	100
4	Age-Range (In Years)	15-17	18	4.68
		18-20	311	80.77
		21-23	56	14.55
		24-26	00	0.00
		Total	385	100

Table 1 shows the demographic characteristics of the respondents, indicating that the majority were Christians, accounting for 79.22%, while 19.48% were Muslims and only 1.30% practiced traditional religion. In terms of ethnicity, most respondents were Yoruba (84.42%), followed by Igbo (12.72%) and Hausa (2.86%), reflecting the dominant ethnic composition of the study area. The marital status distribution revealed that almost all respondents were single (98.96%), with only a small proportion married (1.04%), which is expected among entry-level university students. Regarding age, the largest proportion of respondents fell within the 18–20 years age range (80.77%), followed by those aged 21–23 years (14.55%), while a smaller proportion were aged 15–17 years (4.68%), indicating that the study population largely comprised young adults within the typical age range for first-year undergraduate students.

Table 2: Awareness of respondents about cervical cancer screening

S/N	Awareness Level	Yes		No		Not Sure	
		F	%	F	%	F	%
1	Have you ever heard of Cervical cancer screening	289	75.07	62	16.10	34	8.83

Table 2 presents the level of awareness of cervical cancer screening among the respondents. The findings show that a substantial majority of the respondents, 289 (75.07%), reported that they had heard of cervical cancer screening, indicating a relatively high level of awareness within the study population. This suggests that information about cervical cancer screening has reached a large proportion of entry-level female undergraduates, possibly through formal education, media exposure, or interpersonal communication. However, despite this encouraging level of awareness, 62 respondents (16.10%) indicated that they had not heard

of cervical cancer screening, while 34 respondents (8.83%) were not sure. This implies that nearly one-quarter of the respondents either lacked awareness or were uncertain about cervical cancer screening, highlighting existing gaps in knowledge dissemination. Such gaps are significant, as awareness is a critical first step toward informed decision-making and acceptance of screening services.

Table 3 shows the sources of information on cervical cancer screening among the respondents. The predominant source of information was the internet and social media, accounting for 181 respondents (47.01%), suggesting that digital platforms play a major role in disseminating health-related information among young university students. Health workers were the second most common source, reported by 79 respondents (20.52%), indicating the contribution of healthcare professionals to awareness creation, though to a lesser extent than online platforms. Other sources such as friends and peers (13.25%), newspapers, magazines, and textbooks (6.49%), and television or radio (5.45%) contributed modestly to information dissemination. School teachers (4.42%) and home or family members (2.86%) were less frequently reported, while religious institutions did not feature as a source of information. This distribution suggests that although multiple channels exist, structured health education through formal academic and community platforms remains underutilized.

Table 4 highlights respondents' knowledge of cervical cancer screening. Slightly more than half of the respondents demonstrated basic knowledge, as 54.29% reported knowing at least one cause of cervical cancer, and 52.99% indicated awareness of preventive measures. Similarly, about half of the respondents had heard of cervical cancer preventive strategies (51.43%) and reported having utilized some form of preventive strategy (51.95%), reflecting moderate knowledge and exposure within the population. Regarding specific screening methods, utilization across different options such as Pap smear, visual inspection with acetic acid, cervicography, and routine cytological tests showed relatively similar patterns, with just over half of respondents reporting utilization for each method. However, the overall distribution suggests that while awareness of multiple screening techniques exists, actual engagement with these methods remains limited. This points to a gap between general knowledge and consistent utilization of recommended cervical cancer screening practices.

Table 5 presents the overall scoring of respondents' knowledge of cervical cancer and cervical cancer screening. The results indicate that none of the respondents fell into the categories of very good or poor knowledge. Instead, the majority of respondents, 203 (52.73%), demonstrated good knowledge, while 182 respondents (47.27%) had average knowledge of cervical cancer and its screening. This distribution suggests that although most respondents possess at least a basic to moderate understanding of cervical cancer and screening, there is still considerable room for improvement.

Table 3: Respondents' sources of information on cervical cancer screening

S/N	Sources of Information on Cervical Cancer Scrrerning	Frequency (N)	Percentage (%)
1	School Teachers	17	4.42
2	Television/Radio	21	5.45
3	Health Workers	79	20.52
4	Internet / Social media	181	47.01
5	Newspaper/Magazines/Textbooks	25	6.49
6	Friends/Peers	51	13.25
7	Home/Family	11	2.86

8	Church/Mosques	00	0.00
	Total:	385	100

Table 4: Respondents' knowledge on cervical cancer screening

S/N	Items on Respondents Knowledge on Cervical Cancer Screening	Yes		No	
		F	%	F	%
1	Do you know any cause of Cervical Cancer?	209	54.29	176	46.71
2	Do you know about any prevention for cervical cancer	204	52.99	181	48.57
3	Have you heard about cervical cancer preventive strategies before	198	51.43	187	48.05
4	Have you ever utilize cervical cancer preventive strategies before	200	51.95	185	48.05
5	Which one out of the following have you utilized before?				
	(I) Pap smear	28	51.85	26	48.15
	(II) Visual inspection of cervix using acetic acid	31	52.54	28	47.46
	(III) Human Papilloma Virus DNA testing	26	42	52	48
	(IV) Cervicography	29	51.79	27	48.21
	(V) Visual Inspection using Lugol Iodine	29	50.88	28	49.12
	(VI) Automated cervical cancer screening technology	27	52.94	24	47.06
	(VII) Routine cytological test	30	51.72	28	48.28

Table 5: Scoring of knowledge of cervical cancer and cervical cancer screening.

S/N	Knowledge of Cervical Cancer	Freq	%
1	Very Good knowledge (Above 70%)	00	0.00
2	Good knowledge (50%-69%)	203	52.73
3	Average Knowledge (40%-49%)	182	47.27
4	Poor knowledge (Below 40%)	00	0.00
5	Total	385	100

Table 6 presents respondents' acceptability of cervical cancer screening and reveals an overall positive disposition toward screening among the participants. Nearly three-quarters of the respondents either strongly agreed (47.01%) or agreed (28.49%) that they were ready to undergo a cervical cancer screening test, indicating a high level of willingness. Similarly, a large proportion disagreed with negative perceptions about screening, as 73.50% disagreed or strongly disagreed with the statement that they would not take the screening due to poor diagnosis, and 72.98% rejected the belief that they were not at risk of cervical cancer and therefore did not need screening. These findings suggest that most respondents recognize their susceptibility to cervical cancer and do not view diagnostic inaccuracy as a major barrier to screening acceptance. Furthermore, acceptability was reinforced by respondents' perceived risk and preventive attitudes. A substantial majority strongly agreed or agreed that having multiple sexual partners necessitates undergoing screening (73.50%) and that they would advise family members to undergo cervical cancer screening (74.80%). Nearly three-quarters also acknowledged that cervical cancer and other cancers are common among women, while 77.40% agreed that a family history of cervical cancer increased their need for

screening. Although a high proportion of respondents (79.74%) indicated a preference for screening to be conducted by a female health professional, this reflects concerns about comfort and privacy rather than outright rejection of screening. Importantly, most respondents (78.18%) agreed that screening is necessary even in the absence of symptoms, underscoring an understanding of the preventive value of cervical cancer screening.

Table 7 summarizes the overall level of acceptability of cervical cancer screening among the respondents. The findings show that a majority of the participants, representing 76.25%, had a very good level of acceptability, scoring above 70% on the acceptability scale. This indicates that most entry-level female undergraduates were highly receptive to cervical cancer screening and demonstrated positive attitudes toward undergoing the test and encouraging others to do the same. The absence of respondents in the "good" and "fair/average" categories further suggests a polarized distribution, where respondents tended to exhibit either very high or low acceptability rather than moderate views. However, 23.75% of the respondents fell into the poor acceptability category, scoring below 40%, which is a notable minority. This group may still hold misconceptions, fear, or sociocultural concerns that hinder acceptance of screening services. The presence of this proportion highlights the need for targeted health education and counseling interventions within the university setting to address residual barriers and improve acceptability among less receptive students. Overall, the results indicate a generally favorable attitude toward cervical cancer screening, with room for improvement among a subset of the population.

Table 6: Respondents' acceptability of cervical cancer screening/test

S/N	Items on Respondents' Acceptability of Cervical Cancer Screening	SA		A		D		SD	
		F	%	F	%	F	%	F	%
1	I am ready to undergo cervical screening test	181	47.01	102	28.49	53	13.77	49	12.73
2	I will not take cervical cancer screening because of poor diagnosis	45	11.69	57	14.81	179	46.49	104	27.01
3	I am not at risk of cervical cancer so I do not need the test/screening	46	11.96	58	15.06	180	46.75	101	26.23
4	I have multiple sexual partners so I need to undergo the test	178	46.23	105	27.27	50	12.99	52	13.51
5	I am willing to advice my family members to undergo the cervical screening/test	185	48.05	103	26.75	51	13.25	46	11.95
6	Cervical cancer and other cancer are mostly common among women	190	49.35	105	27.27	40	10.39	50	12.99
7	Some people within my family had history of cervical cancer, so i need to undergo the screening/test	187	48.57	111	28.83	49	12.73	38	9.87
8	I can only undergo Cervical cancer screening/test if it is carried out by a female professional	189	49.09	118	30.65	52	13.51	26	6.75

9	I need to undergo the screening/test even though I do not have any symptoms	200	51.95	101	26.23	48	12.47	36	9.35

Table 7: Scoring of acceptability of cervical cancer screening.

S/N	Acceptability of Cervical Cancer Screening	Freq	%
1	Very Good (Above 70%)	293.57	76.25
2	Good (50%-69%)	00	0.00
3	Fair/Average (40%-49%)	00	0.00
4	Poor (Below 40%)	91.43	23.75
5	Total	385	100

Table 8 shows that respondents largely agreed that multiple factors influence cervical cancer screening uptake. A high proportion of participants either strongly agreed or agreed that socioeconomic constraints, particularly lack of money and affordability of tests, were major barriers (78.44%), while high cost of the vaccine was also identified by most respondents (74.02%). Awareness and knowledge-related factors were similarly prominent, as a substantial majority acknowledged that awareness of preventive strategies (72.21%), inadequate knowledge of cervical cancer prevention (70.39%), and general knowledge about cervical cancer (72.73%) significantly affect screening behavior. Fear-related and belief-based factors were also notable, with many respondents agreeing that fear of a positive result (77.92%) and the belief that one can never develop cervical cancer (70.13%) discourage screening. Additionally, institutional and sociocultural factors such as accessibility of screening centers (72.46%), non-recommendation of screening by health workers (74.80%), attitude of health workers (68.83%), religious considerations (72.98%), level of education (71.94%), and individual attitudes toward healthcare (69.61%) were perceived as influential. Overall, the findings indicate that cervical cancer screening uptake is shaped by a complex interaction of economic, knowledge-based, psychological, sociocultural, and health system–related factors.

Table 8: Respondents' opinion on factors associated with cervical cancer screening.

S/N	Items on Respondents' Opinion on Factors Associated with Cervical Cancer Screening	SA		A		D		SD	
		F	%	F	%	F	%	F	%
1	Socio economic reason (not having money for test/ affordability)	180	46.75	122	31.69	33	8.57	50	12.99
2	Awareness of cervical cancer preventive strategies	172	44.68	106	27.53	51	13.25	56	14.55
3	Not having adequate knowledge on cervical cancer preventive strategies	160	41.56	111	28.83	54	14.03	60	15.58
4	Fear of positive result	181	47.01	119	30.91	55	14.29	30	7.79
5	Religious factor	178	46.23	103	26.75	49	12.73	55	14.29
6	Attitude of health workers	155	40.26	110	28.57	63	16.36	57	14.81
7	Level of education	160	41.56	117	30.38	51	13.25	57	14.81
8	Accessibility of Centre for cervical cancer screening services	179	46.49	100	25.97	56	14.55	50	12.99
9	Knowledge about cervical cancer	172	44.68	108	28.05	50	12.99	55	14.29

10	Believe that you can never get cervical cancer	150	38.96	120	31.17	54	14.03	61	15.84
11	High cost of vaccine	183	47.53	102	26.49	51	13.25	49	12.73
12	Non recommendation of the test by health workers	177	45.97	111	28.83	48	12.47	49	12.73
13	Individual attitude towards health care	168	43.64	100	25.97	60	15.58	57	14.81

Discussion of findings

The findings of this study indicate that knowledge of cervical cancer and cervical cancer screening among female undergraduates of Bamidele Olumilua University of Education, Science and Technology is relatively high. More than half of the respondents (52.73%) demonstrated above-average knowledge based on the assessment items used, suggesting a reasonable level of awareness among this population. This finding is higher than that reported by Barrow et al. (2020), who found that only 43% of respondents had good knowledge of cervical cancer screening. In addition, a substantial proportion of the respondents (75.07%) reported having heard of cervical cancer, while 16.10% had never heard of cervical cancer screening and 8.83% were unsure of their awareness. The predominant sources of information were the internet and social media, reflecting the increasing role of digital platforms in disseminating health information among young people. This aligns with the observation by Getaneh et al. (2021) that university students often appear well informed and demonstrate positive perceptions toward cervical cancer screening, despite low actual screening rates. The authors emphasized the need for coordinated efforts by university gender offices and health sectors to translate knowledge into improved screening practices.

Despite the relatively high level of knowledge observed, previous studies suggest that knowledge alone may not be sufficient to ensure screening uptake. Ilevbare et al. (2020) reported that although respondents in their study had high levels of general knowledge about cancer, cervical cancer, and screening, actual utilization of screening services remained very low. Similar to the present findings, their study revealed a positive attitude toward screening and recognition of the importance of early detection. However, fear of negative results, perceived discomfort during the procedure, and sociocultural and religious concerns particularly the involvement of male health professionals were identified as major deterrents. Additionally, some women perceived themselves as not being at risk of cervical cancer, while others feared being labeled as promiscuous if they participated in screening. These perceptions highlight the persistent gap between awareness and practice and underscore the influence of psychological and cultural factors on health-seeking behavior among young women.

With regard to acceptability, the present study revealed a generally favorable disposition toward cervical cancer screening, as 76.25% of respondents demonstrated above-good acceptability, while 23.75% showed poor acceptability. This finding suggests that although most respondents were willing to undergo screening or support its uptake, a notable minority still exhibited resistance. Evidence from Tin et al. (2023), based on a large synthesis of randomized controlled trials, indicates that targeted interventions such as phone calls, SMS reminders, HPV self-sampling, and free or subsidized services can significantly improve screening uptake. However, Belay et al. (2020) reported comparatively low utilization of cervical cancer screening services in their facility-based study, emphasizing the need for increased community awareness, strengthened interdepartmental collaboration, and expansion of screening centers. Similarly, Jemal et al. (2023) found that screening utilization

was significantly associated with educational background, sexual partner history, parity, and knowledge of cervical cancer, while major barriers included feeling healthy and inconvenient screening schedules. Their qualitative findings further revealed challenges related to provider mistrust, inadequate staffing and training, service interruptions, lack of materials, fear, and the belief of being healthy, all of which may also apply to undergraduate populations.

The study further identified several factors affecting the uptake of cervical cancer screening among female undergraduates, with financial constraints, lack of awareness, and inaccessibility of screening centers emerging as the most prominent barriers. Nearly half of the respondents identified financial inability (46.75%) and inaccessibility of centers (46.49%) as major obstacles, while 44.68% reported lack of awareness as a limiting factor. These findings are consistent with previous studies by Mengesha et al. (2020), and Olofin-Samuel et al. (2024). Getaneh et al. (2021) identified high cost and the presence of male service providers as significant barrier, poor perception of risk, often reinforced by the absence of symptoms in early-stage cervical cancer, has been widely reported as a major factor influencing low screening uptake (Dozie et al, 2021). Maitanmi et al. (2022) further emphasized the unavailability and inaccessibility of female service providers, a finding supported by Balogun (2021), Salako (2020), and Jemal et al. (2023), while Olofin-Samuel et al. (2024) reported that about 56% of women rejected screening due to male health personnel, Together, these findings highlight the multifaceted nature of barriers to cervical cancer screening and underscore the need for comprehensive, culturally sensitive, and youth-friendly interventions to improve screening uptake among female undergraduates.

Conclusion

This study concludes that entry-level female undergraduates of Bamidele Olumilua University of Education, Science and Technology generally possess a reasonable level of awareness and knowledge of cervical cancer and its screening, with digital media emerging as the dominant source of information. Although most respondents demonstrated basic to good understanding of cervical cancer causes, preventive strategies, and screening options, this knowledge was not uniformly comprehensive, indicating persistent informational gaps. The findings further show an overall positive attitude and high acceptability of cervical cancer screening, as many respondents expressed willingness to undergo screening, encourage others, and recognize the importance of screening even in the absence of symptoms. Nevertheless, a segment of the population remained less receptive, reflecting the influence of misconceptions, fear, and sociocultural concerns. Importantly, the study highlights that uptake of cervical cancer screening is shaped by a complex interplay of economic constraints, knowledge deficits, psychological factors, health system limitations, and personal beliefs. These findings underscore the need for sustained, targeted, and youth-friendly health education interventions, improved accessibility and affordability of screening services, and supportive healthcare environments to strengthen preventive practices and promote early detection of cervical cancer among young women in tertiary institutions.

Recommendations

1. The university and relevant health authorities should implement continuous, targeted health education campaigns to improve students' comprehensive knowledge of cervical cancer and screening, addressing existing misconceptions and emphasizing the importance of preventive practices even in the absence of symptoms.
2. Screening services should be made more accessible and affordable for female undergraduates through subsidized programs, mobile screening units, or campus-based health initiatives to reduce economic and logistical barriers.

3. Health facilities should prioritize female health personnel for cervical cancer screening and create a supportive, private, and culturally sensitive environment to encourage participation among students who may feel uncomfortable or hesitant.
4. Given the high reliance on social media and the internet as sources of information, the university and health organizations should leverage digital platforms to disseminate accurate, engaging, and interactive content on cervical cancer prevention and screening uptake.

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