

## Men's Misconceptions as Barriers and Key Influencing Factors in Spousal Cervical Cancer Screening Uptake in a Sub-Urban Area of Nigeria, West Africa

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### ABSTRACT

Cervical cancer remains the second leading cause of cancer-related deaths among women in Nigeria, despite being largely preventable through early detection and treatment. This study assessed men's misconceptions and factors influencing their support for spouses' cervical cancer screening in a sub-urban area of Nigeria. A descriptive cross-sectional design was adopted. Data were collected using a structured interviewer-administered questionnaire from 312 men aged 20–69 years selected through multistage sampling across 12 wards of the Local Government Area. Findings revealed that 35.5% of respondents perceived cervical cancer as a curse associated with promiscuity, while 40.5% believed their spouses were not at risk and therefore did not require screening. However, 89.6% indicated that awareness creation would improve their support for screening, while 29.4% identified community-based screening services as important. Free or subsidized screening was also frequently suggested. The study concludes that men's misconceptions remain barriers to screening uptake, while health education, accessible services, and cost reduction can significantly enhance spousal support for cervical cancer screening.

**Keyword:** Cervical cancer screening, perception of men, men support screening, enhancing factors.

### INTRODUCTION

Globally, there were 528,000 estimated cases of cervical cancer reported in 2012, with 266,000 deaths of women occurring due to cervical cancer. It is recorded that 80% of cervical cancer cases worldwide are from the developing world<sup>1</sup>. Cervical cancer was the leading cause of cancer-related death among women in sub-Saharan Africa<sup>2</sup>. This is indeed an issue of public health concern. The nation of Nigeria in Sub-Saharan Africa, with a population of about 140 million people, has

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<sup>1</sup>Worku, E., Yigizaw, G., Admassu, R., Mekonnen, D., Gessessa, W., Tessema, Z., & Walle, T. (2024). Prevalence and risk factors associated with precancerous and cancerous cervical lesions among HIV-infected women in University of Gondar specialized comprehensive referral hospital, Northwest Ethiopia: cross-sectional study design. *BMC Women's Health*, 24(1), 322.

<sup>2</sup> Arbyn, M., Weiderpass, E., Bruni, L., de Sanjosé, S., Saraiya, M., Ferlay, J., & Bray, F. (2020). Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis. *The Lancet Global Health*, 8(2), e191-e203.



over one third (40.43) of her population being women of ages 15 older at risk of developing cervical cancer.

Cervical cancer remains one of the leading cancers affecting women in Nigeria and constitutes a major public health concern among women of reproductive and middle age. Recent estimates indicate that Nigeria records approximately 12,000 new cervical cancer cases and over 8,000 deaths annually, placing the country among those with the highest cervical cancer burdens in Africa<sup>3</sup>. It is one of the most common cancers among Nigerian women aged 15–44 years and continues to contribute substantially to cancer-related mortality<sup>4</sup>. The disease burden is particularly high in regions with limited access to screening, HPV vaccination, and treatment services. The cervix is the lower, narrow part of the uterus that connects the womb to the vagina. Persistent infection with high-risk types of human papillomavirus (HPV), especially types 16 and 18, can cause abnormal changes in cervical cells. If these precancerous lesions are not detected and treated early, they may gradually progress into invasive cervical cancer and spread to other parts of the body<sup>5</sup>.

The high burden of cervical cancer in African countries, Nigeria inclusive is attributed to the unavailability of screening services *to detect the human papilloma virus in women*, or limited screening services, few women participating in screening, or poor knowledge and fear of being screening . The human papilloma virus (HPV) that causes cervical cancer, is the most common sexually transmitted infection world wide, and can only be detected through screening. Most African countries such as Nigeria and Ghana do not have screening programs. There is no enabling environment to support women for cervical screening<sup>6</sup>

Men are the husbands of these women affected by cervical cancer. When a woman is affected by the disease the economic burden is usually on the man, and the entire family suffers. Perception which is basically how people see, understand, feel and interpreted things and this strongly determine their action and reaction towards it. The perception of cervical cancer and treatment preferences by men will strongly determine their reaction towards prevention. The realization and acceptance that men are dominant decision makers in health issues of their spouses

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<sup>3</sup> World Health Organization. (2024). *Cervical cancer country profiles: Nigeria*. <https://www.who.int/>

<sup>4</sup> International Agency for Research on Cancer. (2024). *Nigeria fact sheet: Cervical cancer incidence and mortality estimates*. World Health Organization. <https://gco.iarc.who.int/>

<sup>5</sup> Centers for Disease Control and Prevention. (2024). *What is cervical cancer?* <https://www.cdc.gov/cancer/cervical/>

<sup>6</sup> Nwabichie, C. C., Manaf, R. A., & Ismail, S. B. (2018). Factors affecting uptake of cervical cancer screening among African women in Klang Valley, Malaysia. *Asian Pacific journal of cancer prevention: APJCP*, 19(3), 825.

is of paramount importance in planning interventions in Africa<sup>7</sup>. Due to the patriarchal nature of African society and the belief in significant others, men play a very important role in women's health and their involvement is a determinant factor in the success of interventions directed at their spouses, mothers or sisters in the community.

Males should be empowered with information and services should be targeted at boys and adult men within home, community, and workplaces. Male involvement in reproductive health as important as it is should be inculcated in all major thrusts of the strategic framework as these men can serve as gatekeepers and stop women from accessing reproductive health services. These men could be a very useful change agent to enforcing cervical cancer screening. According to the study in Ga-Rankuwa in South Africa, men's knowledge of cervical cancer was low, this was found to be associated with their risky sexual behaviors and in the study, it was reported that men add to the burden of cervical cancer due to their low knowledge level<sup>8</sup>. This supports the findings that lack of male involvement may be an overlooked obstacle to cervical cancer prevention in developing countries.

Several studies have been carried out assessing women's knowledge, attitude, perceptions, determinants of cervical cancer screening etc., but there is limited or no localized study that has taken into consideration the need to understand men's perception of cervical cancer and its screening on influencing screening for cervical cancer among women around them, which could be their wives, sisters or mothers. In this part of the world, the place of men cannot be over-emphasized, as they play very important roles as significant others in the life of women especially their wives and are mostly decision makers in the families. There is also little attention being paid to factors that can enhance support for screening and women participation. This study is driven by the fact that a low rate of cervical cancer screening in women in Nigeria remains low despite its effectiveness in the early detection and prevention of the disease. The literature has mostly concentrated on biomedical and female determinants of screening with little attention given to the socio-cultural impact of men as the major decision makers in health-related issues in the household. Misconceptions, cultural beliefs, and lack of awareness among men in most of the sub-urban Nigerian communities considerably influence the

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<sup>7</sup> Kapadia-Kundu, N., Tamene, H., Ayele, M., Dana, F., Heliso, S., Velu, S., ... & Kaufman, M. (2022). Applying a gender lens to social norms, couple communication and decision making to increase modern contraceptive use in Ethiopia, a mixed methods study. *Reproductive health*, 19(Suppl 1), 138.

<sup>8</sup> Maseko, T. N., Tsoka-Gwegweni, J. M., & Dlamini, X. (2024). "A man with a loving heart": a systematic review of male involvement in cervical cancer screening in Africa. *International journal of public health*, 69, 1607447.

access of women to preventive services in the health context, yet this aspect is under-researched in empirical studies.

Despite various studies that have identified community knowledge gaps and health behaviours in various disciplines, including food science and innovations in public health<sup>9,10,11,12</sup>, there is an evident gap in interdisciplinary contact with the behavioural and cultural determinants. Moreover, social and cultural research emphasizes the effect of gender norms and power relations on a decision-making process<sup>13,14,15,16</sup>, but such information is seldom incorporated into reproductive health programs. The existence of this gap highlights the necessity to explore the role of men in misconceptions as barriers and influencing factors of spousal screening uptake. These dynamics are critical in understanding how to design culturally sensitive interventions to enhance male participation and increase screening participation among women in sub-urban Nigeria.

## **METHODOLOGY**

### ***Description of study area***

Ibadan city has a land area of 445 – 455km. Ibadan North-east is a Local government in Ibadan. It has a population of 331,444 people with 49.9% being male. There are 12 wards in this Local government. The study population was adult men of marriageable age 20-69, who reside in Ibadan Northeast Local Government. Sample size was calculated using the Leslie Kish formula.

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<sup>9</sup> Nwagbo, C. C., Uzomah, A., & Olawuni, I. A. (2020). Storage oxidation stability of crude palm oil with some traditional Nigerian spices. *IOSR Journal of Environmental Science, Toxicology and Food Technology*, 14, 01-09

<sup>10</sup> Okpalanma, E. F., Ukpong, E. S., Ezegbe, C. C., Nwagbo, C. C., & Chude, C. O. C. (2024). Evaluation of the physico-chemical properties of cassava, cocoyam, sweet potato starches and glucose syrups produced from the hydrolysis of the starches with sorghum malt enzyme extract. *Food Science and Applied Biotechnology*, 7(1), 24-35.

<sup>11</sup> Aniemena, C. C., Emojorho, E. E., Onuoha, L. N., Okoronkwo, C. N., Nwagbo, C. C., & Ugwu, I. O. (2024). Quality assessment of cupcake produced from wheat-garri flour blends. *Asian Journal of Advanced Research and Reports*, 18(7), 159-166.

<sup>12</sup> Chude, C. O., Nwagbo, C. C., Okpalanma, E. F., & Uba, B. O. (2021). Functional and rheological profile of LAB-fermented Bambara groundnut (*Vigna subterranean* (L)) flour. *Journal of Advances in Microbiology*, 10, 1-9.

<sup>13</sup> Chukwu, C. C., & Ume, I. S. (2020). Celebration of childbirth through dance and the demystification of the male child in the Igbo Patriarchal Society: A decisive exposition. *Revista Brasileira de Gestão Ambiental e Sustentabilidade*, 7(15), 193-209.

<sup>14</sup> Agoha, K. U., Azogu, I. I., & Ume, J. A. (2026). Performing Objectification: Analysing Gendered Power Dynamics in the Comedy Skits of Mr. Macaroni and Kelvinblak. *International Journal of Sub-Saharan African Research*, 3(4), 679-690.

<sup>15</sup> Ilukwe, E. E., & Ume, J. A. (2026). Using Theatre for Development to Teach Social Media's Impact on Nigeria's Justice System: A Case Study at COOU Law Faculty. *Journal of Interdisciplinary and Multidisciplinary Research*, 12(1), 6367-6376

<sup>16</sup> Utoh-Ezeajugh, T., & Ume, J. A. (2025). Iduu and Nkwanwite dance costumes: towards a cultural documentation. *AMA: journal of theatre and cultural studies*, 19(1).

### ***Sample size calculation***

The sample size for this study was calculated with the Leslie Kish formula, with Z set at 1.96, P as 24.6% =0.246 (Globocan / WHO report, 2008)  $q=1-p =1 - 0.246= 0.75$ ,  $d$ =set at 0.05 (95% confidence interval). Therefore, sample size  $N= 283 + 29$  (10%) non-response rate =312. Hence a sample size of 312 participant was studied.

### ***Sampling technique***

A multi-stage sampling procedure. Simple random sampling was used to select 4 Wards from the 12 wards in the Local Government area, Proportionate sampling was used to select the communities from wards proportionately, simple random was again used to select the particular communities to work with from each ward, proportionate sampling was again employed to select the particular number of participants from communities in proportions and Purposive sampling was then used to recruit eligible participant.

### ***Data Collection Analysis***

Quantitative data were collected using a researcher-designed semi-structured questionnaire administered to respondents through face-to-face interviews. The instrument consisted of three sections: Section A captured respondents' socio-demographic characteristics such as age, education, marital status, religion, and occupation; Section B assessed men's perceptions and misconceptions regarding cervical cancer and spousal screening; while Section C identified factors that could enhance men's support for their spouses' participation in screening. The questionnaire items were developed from relevant literature and reviewed by experts in public health for content and face validity. A pilot test was conducted in a similar community, and reliability was confirmed using Cronbach's alpha coefficient of 0.78. Data were analyzed using descriptive statistics, Chi-square test, ANOVA, and Logistic regression at 5% level of significance.

### ***Ethical considerations***

Oyo State ethics review committee gave a approval for the research. Before the interview sessions, Informed consent was gotten from participants, they were given orientation on the study purpose. The following ethical principle was followed in handling research participants: the principles of respect for persons, justice, confidentiality, beneficence and rights to voluntary participants in the research.

### ***Eligibility criteria***

The study included men aged 20–69 years who were married, cohabiting, or had a female partner or significant woman in their lives. Men younger than 20 years

or older than 69 years were excluded. Also excluded were men who did not have a spouse, partner, or any woman living with or closely connected to them.

## **RESULTS /FINDINGS**

### *Socio demographic characteristics of respondents*

Mean age for men was 35.9±9.7years. Few (24.0%) numbers of the men had not greater than primary education, 59.9% had secondary education, while very few 16.1% attended higher institution. On marital status, most men (79.3%), were married or ever married and 20.4% were single. Most all (94.1%), of the respondents in the study were Yoruba which could be because the location of study is a Yoruba land and 4.9% are Igbo. The Muslims in the study are 62.8% and 36.2% Christians. More (80.1%) have monogamy marriage type, while 19.9% are polygamist, only 12.8% were salaries earners employed by government establishments, and the rest 78.0% were self-employed traders and artisans.

## **MISCONCEPTION/PERCEPTION OF MEN TO CERVICAL CANCER**

### *Cervical Cancer as a Curse Associated with Promiscuity*

A considerable proportion of the respondents (35.5%) perceived cervical cancer as a curse associated with promiscuous behavior among women. This perception reflects the presence of cultural and social misconceptions about the causes of cervical cancer, where the disease is sometimes interpreted as a moral consequence rather than a medical condition. Such beliefs can contribute to stigma, discrimination, and reluctance to openly discuss cervical cancer, thereby discouraging women from seeking screening services and reducing the willingness of spouses to support screening initiatives<sup>17</sup>. Studies have shown that misconceptions linking cervical cancer with promiscuity or immoral behavior remain common in many developing countries and can significantly hinder the uptake of preventive services<sup>18</sup>.

### *Lack of Perceived Susceptibility*

Furthermore, a substantial number of respondents (40.5%) believed that their spouses were not susceptible to cervical cancer, and therefore considered screening unnecessary. This lack of perceived susceptibility reflects limited awareness about the risk factors and the importance of preventive screening for early detection. When individuals perceive themselves or their family members as not being at risk, they are less likely to adopt preventive health behaviors, including encouraging

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<sup>17</sup> Ndikom C. M., & Ofi B. A.. (2012). Awareness, perception and factors affecting utilization of cervical cancer screening services among women in Ibadan, Nigeria: A qualitative study. *Reproductive Health*, 9(11). <https://doi.org/10.1186/1742-4755-9-11>

<sup>18</sup> Solomon, K., Tamire, M., Solomon, N., Bililign, N., & Kaba, M. (2023). Misconceptions about female cancers contributing to late presentation to health facilities in Ethiopia: a qualitative study. *International Journal of Women's Health*, 299-309.

screening practices<sup>19</sup>. According to the World Health Organization, low perceived risk and inadequate knowledge about cervical cancer are major barriers to the utilization of screening services, particularly in low- and middle-income countries where awareness levels are often limited.

### **PREDOMINANT FACTORS THAT CAN ENHANCE SUPPORT FOR SPOUSES SCREENING**

In this section, male respondents were presented with several options and were also given the opportunity to suggest factors that could enhance their support for their spouses in participating in screening programs. The responses obtained revealed several important factors that respondents believed could significantly improve male involvement in supporting their spouses' screening practices. As presented in the table below, awareness creation and public enlightenment, availability of screening services within local communities, and subsidized or free screening services emerged as the most prominent factors identified by respondents. These factors recorded the highest percentage of responses, indicating that they are critical interventions for improving male support for their spouses' participation in screening.

#### ***Awareness Creation***

A large majority of the respondents (89.6%) indicated that awareness creation and public enlightenment would greatly enhance their support for their spouses to participate in screening. This finding highlights the importance of adequate knowledge and health education in shaping health-seeking behaviors. Increased awareness helps individuals understand the benefits of early detection, reduces misconceptions, and encourages supportive attitudes toward preventive health practices.

This finding is consistent with the report of the World Health Organization, which emphasizes that public awareness and education are crucial strategies for improving participation in screening programs and reducing the burden of preventable diseases. Similarly, a study by Ndikom and Ofi<sup>20</sup> found that lack of awareness and inadequate knowledge significantly limit participation in screening programs, particularly in developing countries. Therefore, increasing awareness through community campaigns, health education programs, and mass media can

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<sup>19</sup> Gakidou Emmanuela, Nordhagen Sven, & Obermeyer Carla Makhoul. (2008). Coverage of cervical cancer screening in 57 countries: Low average levels and large inequalities. *PLoS Medicine*, 5(6), e132. <https://doi.org/10.1371/journal.pmed.0050132>

<sup>20</sup> Ndikom C. M., & Ofi B. A.. (2012). Awareness, perception and factors affecting utilization of cervical cancer screening services among women in Ibadan, Nigeria: A qualitative study. *Reproductive Health*, 9(11). <https://doi.org/10.1186/1742-4755-9-11>

play a significant role in encouraging men to support their spouses in accessing screening services.

### ***Screening in Localities***

Another factor highlighted by respondents was the availability of screening services within local communities. About 29.4% of respondents indicated that bringing screening services closer to where people live would enhance their support for their spouses' participation in screening. Accessibility of healthcare services is a major determinant of healthcare utilization, particularly in rural and semi-urban communities.

This finding supports previous studies which suggest that proximity and accessibility of health facilities significantly influence the uptake of preventive health services. According to World Health Organization, decentralizing screening services through community-based programs and outreach initiatives improves access and encourages greater participation. Similarly, research by Oche and Kaoje<sup>21</sup>, reported that the availability of screening services at community levels increases the likelihood of individuals utilizing preventive health services.

### ***Subsidized Screening Fees or Free Services***

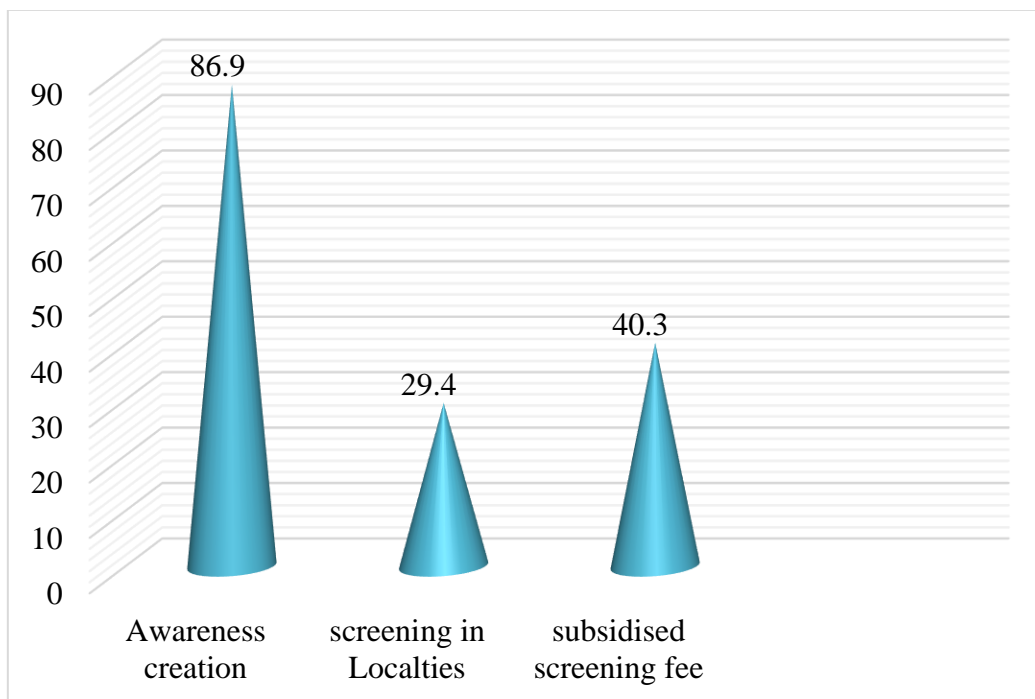
Respondents also emphasized the importance of subsidized screening fees or free screening services as a motivating factor that could enhance their support for their spouses. The cost of healthcare services often represents a significant barrier to accessing screening programs, particularly in low- and middle-income countries.

This finding is supported by the World Health Organization, which notes that financial barriers are among the major factors limiting participation in screening programs. When screening services are subsidized or provided free of charge, participation rates increase significantly. In addition, studies conducted by Gakidou Emmanuela and colleagues<sup>22</sup> also found that reducing the cost of screening services improves access and utilization, especially among low-income populations.

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<sup>21</sup> Oche M. O., Kaoje A. U., Gana G., & Ango J. T.. (2013). Cancer of the cervix and cervical screening: Current knowledge, attitude and practices of female health workers in Sokoto, Nigeria. *International Journal of Medicine and Medical Sciences*, 5(4), 184–190.

<sup>22</sup> Gakidou Emmanuela, Nordhagen Sven, & Obermeyer Carla Makhlouf. (2008). Coverage of cervical cancer screening in 57 countries: Low average levels and large inequalities. *PLoS Medicine*, 5(6), e132. <https://doi.org/10.1371/journal.pmed.0050132>



**Figure 1: Graphical presentation of predominant Factors opted by men that can enhance their support for screening**

### **DIFFERENT FACTORS SUGGESTED BY MEN THAT CAN ENHANCE THEIR SUPPORT FOR SCREENING**

Men were further given the opportunity to suggest additional factors that could enhance their support for their spouses to participate in screening programs. The responses indicated that several practical and supportive measures could encourage greater male involvement in screening initiatives.

#### ***Free Screening***

About 22% of the respondents suggested that providing free screening services would significantly increase their willingness to support their spouses in undergoing screening. They believed that removing financial barriers would make it easier for families to access screening services and encourage more women to participate.

#### ***Mobile Screening Services***

A small proportion of respondents (0.4%) recommended the introduction of mobile screening services that can reach communities directly. They indicated that mobile outreach programs would improve accessibility, especially for individuals living far from healthcare facilities.

#### ***Public Enlightenment***

Approximately 21% of the respondents emphasized the importance of public enlightenment and awareness campaigns. They noted that adequate information

about the importance and benefits of screening would help men better understand the need to support their spouses in accessing these services.

### ***Subsidized Screening***

The highest proportion of respondents (24%) suggested that subsidizing the cost of screening would enhance their support for their spouses. They explained that reducing the cost of screening would make it more affordable for families and encourage more women to participate in preventive health services.

### ***Skilled Healthcare Providers***

About 3% of the respondents indicated that the presence of skilled and competent healthcare providers would increase their confidence in the screening process. They believed that qualified healthcare personnel would ensure proper screening procedures and accurate diagnosis.

### ***Free Treatment for Infected Women***

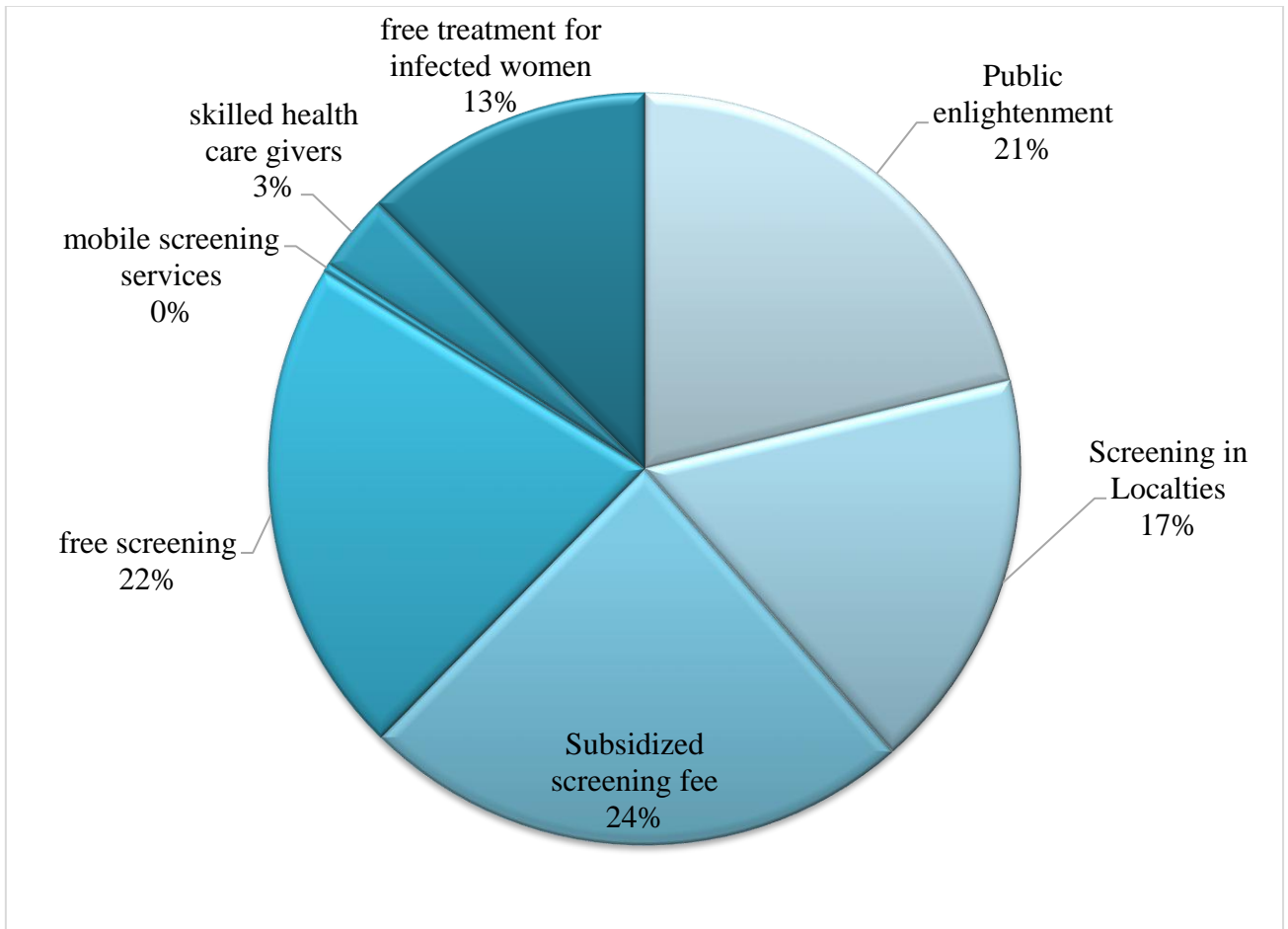
Some respondents (13%) suggested that free treatment for women who test positive during screening would motivate them to support screening programs. They felt that knowing treatment would be available at no cost would reduce fear and encourage families to participate in early detection programs.

### ***Screening in localities***

Some (17%) screening in localities to make it closer or at no transportation. Similarly, long distances to health facilities/lack of affordable transportation were identified barriers in the study by Rawat et al.<sup>23</sup>. Also, in Buchanan's study, perceived screening barriers included accessibility to screening centre (transportation, cost), which means that transportation or nearness to screening facility can enhance spousal support and spousal approval.

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<sup>23</sup> Rawat, A., Mithani, N., Sanders, C., Namugosa, R., Payne, B., Mitchell-Foster, S., Orem, J., Ogilvie, G. and Nakisige, C. (2022). 'We Shall tell them with Love, Inform them what we have Learnt and then Allow them to go' - Men's Perspectives of Self-Collected Cervical Cancer Screening in Rural Uganda: A Qualitative Inquiry. *Journal of Cancer Education*. doi:<https://doi.org/10.1007/s13187-022-02163-x>.



**Figure 2: Distribution of Strategies for Enhancing Access to Screening and Treatment Services**

The pie chart in Figure 2 illustrates the various strategies identified for improving women's access to screening and treatment services. Subsidized screening fees (24%) and free screening (22%) constitute the most prominent approaches, indicating a strong emphasis on reducing financial barriers. Public enlightenment (21%) and screening in localities (17%) also account for significant proportions, highlighting the importance of awareness creation and accessibility. Free treatment for infected women (13%) shows moderate support, while skilled healthcare givers (3%) and mobile screening services (0%) receive minimal attention.

***Role of Education and Association with misconception***

The findings of this study revealed that a large proportion of the participants (81.2%) perceived cervical cancer screening as beneficial. However, despite this positive perception, many respondents still lacked adequate knowledge and education about cervical cancer and its screening procedures. It was observed that misconceptions about cervical cancer were less common among respondents with higher levels of education, whereas those with lower educational attainment demonstrated poorer perception and understanding of the disease.

The study further showed a significant relationship between respondents' level of education and the presence of misconceptions about cervical cancer. This implies that education, which enhances exposure to information and improves knowledge, plays an important role in shaping individuals' perceptions and attitudes toward health issues. Men who possessed better knowledge about cervical cancer and its screening methods were found to have more positive perceptions and were more willing to support their spouses in participating in screening programs. This highlights the importance of education in influencing supportive health behaviors among men.

These findings underscore the need to increase awareness and improve knowledge about cervical cancer screening among both women and their spouses, especially considering that women are the group at highest risk. Male involvement has been recognized as a key factor in the success of many health interventions, particularly those related to reproductive and preventive health services<sup>24</sup>. In addition, the study revealed the persistence of a common belief that cervical cancer has no cure once diagnosed, which creates fear and discourages many individuals from participating in screening programs. Because of this belief, some individuals prefer to wait until symptoms appear before seeking medical attention, rather than undergoing preventive screening.

Furthermore, the results indicated that good knowledge about cervical cancer was significantly higher among respondents with higher educational attainment, with an odds ratio of 3.5 (95% CI: 1.5–8.1) compared to those with only primary education. Respondents who had good knowledge were also more likely to demonstrate a positive perception toward cervical cancer screening, not having wrong perception, with an odds ratio of 8.0 (95% CI: 3.5–18.4) compared to those with poor knowledge. In addition, respondents who had positive perceptions toward cervical cancer screening were more likely to support their spouses in undergoing screening, with an odds ratio of 2.0 (95% CI: 1.4–4.0).

### **Implications and Way Forward for Men's Misconceptions and Spousal Cervical Cancer Screening Uptake in Sub-Urban Nigeria**

The implications of the findings of this research are significant especially in the area of dealing with the impact of misconceptions held by men towards the uptake of screening by women. The researchers point out that cultural beliefs, misinformation and patriarchal systems of decision making still restrict access to preventive health services by women and thus the interventions should not be

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<sup>24</sup> Wright, K.O., Aiyedehin, O., Akinyinka, M.R. and Ilozumba, O. (2014). Cervical Cancer: Community Perception and Preventive Practices in an Urban Neighborhood of Lagos (Nigeria). *ISRN Preventive Medicine*, 2014, pp.1–9. doi:<https://doi.org/10.1155/2014/950534>.

woman oriented but should involve the men as the key stakeholders in making decisions that affect their reproductive health. This is in line with evidence that social perceptions and relational processes have a strong influence on health behaviours in communities<sup>25</sup>. The continuation of gender-based power asymmetry and violence against women further highlights the necessity of integrated health and social interventions since such structural forces are critical in undermining the autonomy of women in seeking health<sup>26,27</sup>. Additionally, the access to health and the confidence in the public health systems are still influenced by the broader societal concerns like neo-patrimonial factors and governance<sup>28</sup>.

Way forward, the health education programmes must be active in involving men by sensitizing them and communicating behavioural change at the community level. Sociocultural innovation is crucial to strengthen health systems to close knowledge gaps and enhance the use of screening services<sup>29</sup>. On the same note, community interventions can be enhanced by incorporating mental and social health views to raise awareness and decision-making<sup>30</sup>. Health messages can be promoted through cultural platforms like Nollywood, which can also improve reach and influence<sup>31</sup>. Altogether, a gender-inclusive, multisectoral strategy is needed to enhance the uptake of cervical cancer screening and sustain a sustainable and equitable health in Nigeria.

### ***Conclusions and Recommendations***

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<sup>25</sup> Agofure, O., Okandeji-Barry, O. R., & Ume, I. S. (2019). Knowledge and perception of mental disorders among relatives of mentally ill persons in a rural community in South-South Nigeria. *Journal of Community Medicine and Primary Health Care*, 66-77.

<sup>26</sup> Chukwu, C. C., Ume, I. S., & Dibia, S. B. (2018). The role of neo-patrimonialism in elections and the challenge of national security in contemporary Nigerian society: An appraisal. *International Journal of Development and Sustainability*, 7(6), 1800-1814.

<sup>27</sup> Onwuka, C. C., & Ume, I. S. (2022). The effect of sexual harassment of female employees on the level of performance among anambra state civil servants. *International Journal of General Studies (IJGS)*, 2(2).

<sup>28</sup> Chukwu, C. C., & Ume, I. S. (2020). Violence against women as an obstacle to women's productivity in Nigeria: A challenge to recreate contemporary Nigerian society. *Brazilian Journal of Biological Sciences*, 7(15), e425-e425.

<sup>29</sup> Egwuaba, E. U., Sunday, U. I., Sunday, B. A., & Chume, N. G. (2025). Strengthening health systems through sociocultural innovation: A medical sociological approach to bridging cultural gaps and promoting sustainable health equity in Nigeria. *ANSU Journal of Arts And Social Sciences*, 12(2), 107-123.

<sup>30</sup> Ume, I. S., Egwuaba, E. U., Sunday, B. A., & Idigo, B. C. (2026). Mental Health Needs of Internally Displaced Persons (IDPs) in Select Camps in Enugu State, South-East Nigeria. *International Journal of Sub-Saharan African Research*, 4(1), 14-28.

<sup>31</sup> Madubuko, J.C., Nweke, I.O., Okoye, C.A., Akwaji, F.N., Chinweze, U.C., Sunday, U.I., Antai, G.O., Nwoke, C.N., Leweanya, K.C. and Nwokedi, M., 2025. How the State Can Leverage Nollywood in Reforming Nigeria's Religious Fundamentalists in Northern Nigeria. *Journal of African Films and Diaspora Studies*, 8(4), p.211.

This study contributes to existing knowledge by demonstrating that men's misconceptions and limited knowledge significantly influence their willingness to support spouses' cervical cancer screening in sub-urban Nigerian communities. Misbeliefs about susceptibility, causes, and outcomes of cervical cancer can discourage women from accessing preventive services, highlighting the critical role of male involvement in screening uptake. The findings further identify awareness creation, accessibility of services, and affordability as key factors capable of improving spousal support. Based on these findings, community-based health education campaigns should be intensified to address misconceptions and improve men's understanding of cervical cancer prevention. Government and health agencies should decentralize screening services through primary healthcare centres, mobile clinics, and outreach programs to bring services closer to residents. Subsidized or free screening should be introduced to reduce financial barriers, especially for low-income households. In addition, transport support and workplace sensitization programs should be considered. Engaging men as partners in reproductive health interventions can significantly enhance women's participation in cervical cancer screening programs.

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