Socio-Demographic and Cultural Factors Influencing Male Spouses' Support for Cervical Cancer Screening Among Women in Kiambu County, Kenya

Teresia Njoki Waititu, John Paul Oyore (PhD) & Sarah Fedha Barasa (PhD)

Kenyatta University-Kenya

DOI: https://doi.org/10.51244/IJRSI.2024.11150023P

Received: 28 August 2024; Revised: 14 September 2024; Accepted: 18 September 2024; Published: 16 October 2024

ABSTRACT

Cervical cancer remains a significant global health concern, especially in low and middle-income countries, despite the availability of effective screening methods. While various factors contribute to the suboptimal uptake of screening among women of reproductive age, spousal support particularly from male partners has emerged as a crucial element in encouraging participation. This study explores the influence of male partners' support on cervical cancer screening behavior, examining the socio-demographic, cultural, and regional factors that shape this dynamic. This study employed a cross-sectional survey design to explore the factors influencing cervical cancer screening rates among women and their male partners in Kiambu County, focusing on sociodemographic factors of the male partner as the independent variable and cervical cancer screening uptake among women as the dependent variable. Data was collected from n=384 respondents at Thika and Kiambu Level V hospitals, utilizing structured questionnaires and interviews. Convenience and purposive sampling were used to select participants, while data reliability was ensured through pre-tests and Cronbach's Alpha (0.71). The study achieved a 98% response rate, analyzed qualitative data through thematic analysis, and quantitative data descriptively, revealing key insights into partner knowledge, cultural influences, and spousal support in cervical cancer screening. This discussion examines the intricate relationship between socio-demographic and cultural factors and male spousal support for cervical cancer screening among female partners' and reveals a significant knowledge gap among men regarding cervical cancer, its association with HPV, and the importance of preventive measures, which limits their advocacy for their partners' health. Additionally, traditional gender roles, cultural norms, and societal attitudes create barriers to open communication and collaborative healthcare decision-making within families. Misconceptions, such as the belief that cervical cancer is linked to sexual promiscuity, further fuel stigma and discourage male support for screening. Religious beliefs and fear of societal judgment also contribute to men's hesitancy in promoting their partners' participation in screening. The findings emphasize on the need for targeted education initiatives and cultural sensitivity in addressing these barriers, ultimately enhancing male support and improving cervical cancer screening rates.

Keywords: Cervical Cancer Screening, Cultural Factors, Male Spouses' Support & Socio-Demographic Factors

INTRODUCTION

Cervical cancer, a malignancy arising from the cervix, remains a significant global health burden, disproportionately affecting women in low- and middle-income countries (World Health Organization [WHO], 2023). Despite advancements in prevention and treatment, cervical cancer continues to be a leading cause of death among women worldwide. According to the WHO (2023), approximately 660,000 new cases and 350,000 deaths occur annually due to cervical cancer. The highest incidence and mortality rates are concentrated in regions with limited access to healthcare, including Central America, South-East Asia and sub-Saharan Africa. Early detection and screening are crucial for identifying and treating cervical cancer in its early stages, improving patient outcomes and reducing mortality rates.

Cervical cancer is a preventable disease with readily available screening methods, yet uptake among women of

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XI Issue XV September 2024 | Special Issue on Public Health

reproductive age remains suboptimal globally (Odame et al., 2024). This disparity highlights the need for further research on factors influencing screening behavior. Studies suggest a complex interplay of individual characteristics, healthcare access, and social influences (Ayiro, Otieno, Onyango & Imai, 2022). Understanding the role of spousal support, particularly from male partners, can be crucial in designing interventions to improve screening rates in this population.

Globally cervical cancer remains a significant public health concern for women, particularly in Low- and Middle-Income Countries according to the World Health Organization (WHO) report of (2020). While various factors influence screening rates, research suggests that spousal support plays a crucial role in women's uptake of cervical cancer screening tests like Pap smears or Human papillomavirus (HPV) testing. Diverse regions have been explored to highlight the importance of male partner involvement in promoting screening among women of reproductive age.

Spousal support is crucial for women's participation in cervical cancer screening. Various factors influencing male involvement, such as education, employment, and personal experience have been explored alongside investigations into the reasons behind this association, highlighting how lack of partner approval can hinder screening, while a supportive partner encourages participation. These findings emphasize the need for interventions that address male knowledge gaps and promote their role in women's health. Despite this understanding, there's a lack of widespread efforts to directly engage men in promoting cervical cancer screening. Salient interventions often focus solely on women, neglecting the potential influence of male partners. Developing educational campaigns targeted towards men and incorporating them into couple-based counseling during prenatal or gynecological visits are areas that have not been fully explored.

LITERATURE REVIEW

Spousal support for cervical cancer screening is influenced by a complex interplay of socio-demographic and cultural factors across regions. In Brazil, studies indicate a complex relationship between cultural norms and healthcare support, with machismo culture limiting men's support for women's health needs (Gomes, Pereira, Duarte & Oliveira, 2022). While machismo's role is recognized, it does not address power dynamics that encourage men to actively advocate for their partners' health.

In the USA, studies among Hispanic populations reveal a mix of factors influencing cervical cancer screening. Language barriers, lack of healthcare access, and traditional gender roles hinder support for women's health, while a cultural emphasis on family health presents a potential asset (Patel, Diaz-Hernandez & Jain, 2020). However, the study falls short by not examining the impact of immigration status, which can significantly affect both access to healthcare and cultural beliefs.

In Poland, a study by Jach et al. (2021) indicated a correlation between a male partner's level of education and a female's adherence to cervical cancer screening. Negative attitudes among men, such as discomfort and fears of infidelity, act as obstacles to screening uptake. The study failed to explore potential strategies for healthcare providers to address and mitigate these concerns.

India presents contrasting cultural beliefs surrounding cervical cancer, with some viewing it as a consequence of infidelity, while others perceive it as a wife's illness (Mittal, Jindal & Malhotra, 2020). The study by Mittal, Jindal and Malhotra (2020) focused on cultural perspectives without addressing socioeconomic factors such as poverty, which significantly restricts access to healthcare services. Additionally, socioeconomic factors influence power dynamics within relationships, affecting women's ability to make autonomous healthcare decisions.

Australia has a generally supportive environment for cervical cancer prevention efforts (Brotherton, Janda, McCredie & McCredie, 2021). However, barriers such as socioeconomic disadvantage, migrant background, and limited English proficiency can impede access to screening and support services. The study falls short of delving into the specific cultural beliefs within migrant communities that influence male partner support for cervical cancer screening.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XI Issue XV September 2024 | Special Issue on Public Health

In Africa, a Kenyan study in Makueni County revealed low male involvement in their partner's cervical cancer screening, with only 18% being highly involved (Sharma et al., 2019). This highlights a need for educational interventions targeting men. The study found that younger, employed, educated men with knowledge of cervical cancer and whose partners had previously been screened were more likely to be supportive. However, the study did not explore the potential influence of patriarchal norms that might restrict women's autonomy in making healthcare decisions.

In Kenya, Mchidi, Oyore, and Ogweno (2024) examined the effectiveness of Short Message Service (SMS) support in enhancing adherence to chemotherapy among cancer patients in Kenya. They found that SMS reminders significantly improved adherence rates, suggesting a promising low-cost intervention for cancer care. This study is particularly relevant when contextualizing socio-demographic and cultural factors influencing male spouses' support for cervical cancer screening among women. Socio-cultural dynamics and gender roles play a critical role in health support behaviors. Findings by Mchidi, Oyore, and Ogweno (2024) highlight the potential of technological interventions in overcoming barriers to treatment adherence, which could be extrapolated to understand male spouses' support mechanisms. These insights highlight a critical gap in integrating supportive strategies tailored to socio-cultural contexts, advocating for more nuanced approaches to enhance cancer screening and treatment adherence. The effectiveness of SMS support, as demonstrated, could inform similar strategies to increase male involvement and support in cancer prevention and treatment efforts.

The study by Odhiambo, Oyore and Agina (2023) explores knowledge, attitudes, and practices regarding breast cancer and breast cancer screening among women in Homa Bay County, Kenya, revealing significant gaps in awareness and practice. Their findings indicate a high level of knowledge about breast cancer but a lower engagement in regular screening practices, attributed to socio-cultural and economic barriers. This research is crucial for understanding how socio-demographic and cultural factors influence health behaviors, which is directly relevant to examining the support male spouses provide for cervical cancer screening. The socio-demographic factors such as educational level and income, and cultural beliefs play a pivotal role in shaping health behaviors and support systems. Cultural norms and misconceptions about cancer can significantly hinder proactive health practices, as seen in breast cancer screening (Odhiambo, Oyore & Agina, 2023). This perspective is invaluable when investigating cervical cancer screening, as male spouses' support is often influenced by similar socio-cultural factors. Integrating findings from this study can enhance our understanding of the broader socio-cultural determinants affecting cancer screening behaviors, highlighting the necessity of culturally tailored interventions to improve screening rates and support systems.

Determinants of breast cancer screening among rural women in Homa Bay County, Kenya were explored by Odhiambo, Oyore and Agina (2022), emphasizing on socio-demographic factors and access issues. The study findings revealed that low levels of education, limited healthcare infrastructure, and cultural beliefs significantly impede breast cancer screening practices. The study highlighted how these barriers contribute to low screening rates and highlights the need for targeted educational and infrastructural interventions. In the context of socio-demographic and cultural factors influencing male spouses' support for cervical cancer screening, these findings are highly relevant and indicate that male spouses' attitudes, informed by socio-cultural norms and educational levels, critically affect women's health-seeking behaviors. The study by Odhiambo, Oyore and Agina (2022) indicated that, increased educational outreach and culturally sensitive health promotion strategies can enhance screening rates. This evidence supports the argument that improving male spouses' support through educational interventions and engaging community leaders in health promotion could effectively address barriers to cervical cancer screening, thereby improving overall women's health outcomes in similar settings.

METHODOLOGY

In this study a cross-sectional survey design was adopted for this study. This design is ideal for understanding knowledge, attitudes, and behaviors at a specific point in time. It was particularly suitable for exploring factors influencing current screening rates among women and their male partners. The study employed several variables. The independent variable was sociodemographic factors of the male partner measured through

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XI Issue XV September 2024 | Special Issue on Public Health

surveys and interviews. The dependent variable was the uptake of cervical cancer screening among women of reproductive age. Intervening variables, such as a woman's knowledge of cervical cancer and cultural attitudes towards screening, influenced the relationship between the independent and dependent variables. The study was conducted in Thika and Kiambu Level V hospitals. These facilities serve a larger population, allowing for data collection from a broader range of socio-economic backgrounds and cultural contexts. Level V hospitals typically have better infrastructure and resources, including dedicated departments for women's health and cancer screening programs. This potentially influences male and female knowledge and access to cervical cancer screening.

The target population included men who are spouses of women aged 18 to 50 years in Kiambu County and women aged 18 to 50 years residing in Kiambu County. The focus was on women most susceptible to cervical cancer and who can benefit from early detection through screening. The study included male spouses of women in the reproductive age range of 18-50 years. It also included married men and those in long-term heterosexual relationships. Additionally, the study included reproductive health clinic attendees and healthcare workers directly in contact with clinic attendees as key informants. The study excluded individuals who were incapacitated due to illness, women with severe illness within the target age range, non-residents of Kiambu County, healthcare workers not directly in contact with the spouses on cervical cancer screening among women or those on leave, partners in same-sex relationships or those with partners above 50 years, and partners of women diagnosed with cervical cancer.

A convenience sampling technique was adopted at the reproductive health clinics in Thika and Kiambu Level V hospitals. This method efficiently recruited participants readily available at the facilities. Purposive sampling was used to target specific types of healthcare workers with relevant experiences. The study used the Yamane (1967) formula to determine the sample size. Given a population size of 3,941 and a margin of error of 5%, the study sample size was calculated to be 384 survey respondents. A sampling framework was developed, outlining the target population, sampling techniques, and sample sizes for spouses and healthcare workers. Data for the study was gathered through questionnaires and interview schedules with key informants. The study used structured questionnaires for data collection. Interviews were administered through callbacks to women visiting the cervical cancer clinics without their spouses. Planned interviews were conducted with carefully selected healthcare workers to obtain expert insights. A pre-test was conducted at Gatundu Level IV Hospital to identify any problems with the survey and allow for corrections. Content validity was ensured through expert consultation and peer review. A pre-test was also conducted to assess clarity and comprehensiveness. Internal consistency was measured using Cronbach's Alpha. A value of 0.71 was obtained, indicating good reliability. A mixed methods approach was used to obtain data from various stakeholders. In-depth interviews with key informants were conducted, and questionnaires were administered to spouses.

RESULTS

Response Rate

The study achieved a high response rate, with nearly all the targeted participants, 378 out of 384, successfully included in the study. This translates to a remarkable completion rate of 98%, signifying a strong foundation for the study's data and subsequent analysis. Such a high response rate enhances the generalizability of the findings, as it suggests that the sample adequately represents the broader population of interest. Table 4.1 demonstrates the study response rate.

Table 1

Response Rate

Respondents' characteristics		**(n=378)**	
	Sample (n)	**Response (n)**	**Frequency (%)**
Target respondents	384	378	98
Total Responses	**384**	**378**	**98**

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XI Issue XV September 2024 | Special Issue on Public Health

According to research by Lakens and Delacre (2020), a confidence interval with r=0.8 or above can be used to draw broad inferences about a population. In this study, the high response rate suggests a confidence interval well above 0.8, further strengthening the generalizability of the findings. Qualitative data from interviews was analyzed using thematic analysis. Quantitative data from questionnaires was analyzed using SPSS software. Descriptive statistics and correlation analysis were employed to explore relationships between variables. The research process began with securing necessary approvals from authorities. Ethical considerations included obtaining informed consent, maintaining objectivity, ensuring confidentiality, and documenting the research process.

Partner Knowledge and Awareness on Cervical Cancer

The study found a high awareness of cervical cancer among respondents. 346 respondents (94%) reported having heard of cervical cancer. Only 24 (6%) indicated no prior knowledge. In relation to awareness on cervical cancer, the study probed into how respondents learnt of cervical cancer. The study revealed a clear primary source for information about cervical cancer: sexual partners/spouses 196 (57%) of the respondents learned about it from this source. Healthcare workers were another significant source, educating almost a third 98 (28%) of participants. 34 (10%) respondents learnt through mass media and while 18 (5%) friends played a role. Notably, no respondents reported learning from "Others," suggesting the provided categories captured the main information channels. This highlights the crucial role partners and healthcare providers play in informing individuals about cervical cancer. The study assessed respondents' knowledge in regards to the relationship between sexual intercourse and cervical cancer.

The survey results on the association between sexual intercourse and cervical cancer exposed a knowledge gap. While 121 respondents (32%) correctly identified the link, a larger portion (60, or 16%) believed there was no connection. The most concerning finding was the high number (189, or 51%) unsure about the association. This highlights a need for increased education. Sexual intercourse itself does not cause cervical cancer, but it transmits HPV, the major risk factor. Public health efforts should focus on clarifying this distinction and promoting awareness about HPV and preventative measures. The study results regarding the preventability of cervical cancer revealed mixed understanding. While a positive sign was that 181 respondents (49%) believed it is preventable, a significant portion (20, or 5%) held on the misconception that it was not. Even more concerning was the large number (169, or 46%) who were unsure. This highlights a critical need for education about HPV vaccination and regular screenings as effective preventive measures. Addressing this knowledge gap is crucial in empowering individuals to take control of their cervical health.

Spousal Support and Influencing Factors on Cervical Cancer Screening

The study established that many women face barriers to receiving screenings with a crucial factor influencing screening rates being the support of male spouses. The study revealed that there was a positive correlation between socio-demographic factors such as a male spouse's education level and the support for the partner's cervical cancer screening. This was attributed to several factors. Men with higher education had greater access to information and health literacy. They ought to be exposed to educational materials or discussions about cervical cancer during their studies, leading to a better understanding of the disease, its causes, and the importance of preventive measures like screenings. Additionally, higher education often cultivates critical thinking skills. Men with these skills might be more likely to evaluate information objectively, counteracting potential cultural myths or misinformation surrounding cervical cancer.

The study's data on a high number of self-employed respondents suggested a potential link between employment and spousal support for cervical cancer screenings. Unlike those in fixed-schedule jobs, self-employed men often tend to have more control over their work hours. This flexibility was notably crucial in supporting their partners. Accompanying their wives to appointments was however be a significant obstacle, especially if clinics have limited operating hours or require travel. By having more control over their schedules, self-employed men were better positioned to overcome these logistical hurdles and ensure their partners access essential preventive care through attending screenings.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XI Issue XV September 2024 | Special Issue on Public Health

Income level was noted to play a role in accessing healthcare, including cervical cancer screenings. Within a moderate range of income, lower-income families in Kiambu County tend to face financial constraints. These constraints manifested through costs associated with clinic expenses. A supportive male spouse in this scenario can play a critical role in overcoming these challenges. By understanding the financial limitations, the male spouse can actively participate in finding solutions. This might involve exploring free or subsidized screening options, assisting with transportation arrangements, or even taking on childcare duties to free up the female spouse's time. Hence, can alleviate the financial burden and make the screening process more accessible, ultimately contributing to a higher chance of the female receiving this vital preventive care.

In the survey, the study noted a generational divide in openness towards cervical cancer screening concept. Younger participants displayed a greater willingness to embrace this preventive measure compared to their older counterparts. This was attributed to several factors. Younger generations often have more exposure to health information through various media channels and educational initiatives. They were also more comfortable discussing the sexual health topic, making them more receptive to understanding the causes and risks associated with cervical cancer. Conversely, older generations had hesitancy towards screenings.

Limited access to healthcare facilities and lower awareness about cervical cancer plagued rural areas of Kiambu County according to the majority (5, 71%) of the study informants. This lack of exposure created a knowledge gap among the male spouses. Without a clear understanding of cervical cancer and the crucial role screenings play in prevention, these male spouses have struggled to offer informed support to their partners. The concept of cervical cancer screening might have been entirely new to them, hindering their ability to advocate for their wives' health. This knowledge gap could have unintentionally created a barrier to their female spouses receiving this vital preventive care.

Cultural Influences on Spousal Support in Cervical Cancer Screening

The study established a number of cultural factors influencing male spousal support on female spouse's health. Cultural influence stemming from traditional gender roles within Kiambu County were noted. These roles positioned healthcare decisions as a female's domain. This established a dynamic where some male spouses felt excluded from their female spouse's cervical cancer screening endeavors and viewed the process as what female spouses handle independently, leading them to offer minimal support or even feel uncomfortable participating in discussions. This cultural norm unintentionally created a communication gap between spouses, hindering a collaborative approach to preventive healthcare within families.

The study highlighted cultural challenges related to misconceptions about cervical cancer. Cervical cancer's link to sexual activity was often misunderstood, leading to fear and stigma. This had a negative impact on spousal support. Male spouses holding these misconceptions seem to have inadvertently discouraged their partners from getting screened. Fear of cervical cancer itself, or the potential shame associated with it, seems to have been communicated to their female spouses. This could lead to a reluctance to discuss the topic openly or even a resistance to seeking out the potentially "incriminating" screening process. These cultural beliefs have unknowingly created a barrier between some female spouses and this vital preventive measure.

The study revealed a potential influence of religious beliefs on male spousal support for cervical cancer screening. Certain religious doctrines may impact a male spouse's comfort level with female spouse undergoing a gynecological exam. These beliefs stem from teachings on modesty or limitations on physical intimacy outside of procreation. As a result, some male spouses feel hesitant to encourage their spouses to participate in what they perceived as an intrusive procedure. This discomfort manifest in a lack of support or even subtle discouragement, hindering communication and ultimately affecting their spouse's access to this critical preventive care.

The study underscored the critical role male understanding plays in overcoming limitations imposed by cultural norms on women's healthcare autonomy. In certain cultures, women have limited authority to make independent decisions about their health. This could be due to patriarchal structures or social expectations that position male spouses as the decision-makers. If a male spouse disapproved the cervical cancer screening, the female spouse might be unable to get screened, regardless of the desires.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XI Issue XV September 2024 | Special Issue on Public Health

The study identified the fear of stigma as a societal factor influencing male support for cervical cancer screening. Negative societal perceptions surrounding cervical cancer discouraged male spouses from encouraging their partners to get screened. This stigma stem from misconceptions about cervical cancer being linked to promiscuity or infidelity. Male spouses worried about societal judgment tend to be hesitate to broach the topic of screening with the female spouses, fearing it could cast a negative light on their relationship. Hence, manifesting as a reluctance to discuss the importance of screening or even a subconscious discouragement to avoid bringing unwanted attention.

The study found that open communication was significant in ensuring the success of encouragement. Discussing cervical cancer and screening openly allows for addressing fears, misconceptions, and logistical challenges. By openly talking about the importance of early detection and offering clear information, men can empower their partners to make informed decisions regarding their health. Additionally, financial support was of importance since, cost can be a significant barrier to preventive healthcare, particularly in regions with limited access to free or subsidized screenings. By offering financial support, male spouses can eliminate this hurdle and demonstrate their commitment to their partner's well-being. This can be particularly crucial for women from lower socioeconomic backgrounds.

Direct encouragement was another form of support. It was noted to be a simple yet powerful approach, through which directly encouraging a partner to get screened was highly effective. This conveyed a clear message of support and understanding. It demonstrates the male spouse's concern for the female partner's health and emphasizes the importance the male places on preventive measures. Lastly, accompanying the partner to clinic demonstrated the level of support that goes beyond verbal encouragement and directly addresses potential anxieties or logistical challenges. The study established that accompanying a partner to the clinic shows a willingness to share the experience and offer emotional and practical support throughout the process. This can be particularly helpful for women who are nervous or unfamiliar with the screening procedures.

DISCUSSION

The study highlighted the intricate relationship between socio-demographic and cultural factors and male spousal support for cervical cancer screening among their female partners. The findings highlight a complex interplay of knowledge, economic realities, cultural norms, and societal attitudes that significantly influence men's willingness to advocate for their partners' health.

A significant portion of male spouses in the study demonstrated a lack of complete knowledge about cervical cancer, its connection to HPV, and the importance of preventive measures like screening. This knowledge gap limited their ability to effectively advocate for their partners' health. Furthermore, traditional gender roles, which often position healthcare decisions as a woman's domain, contributed to a communication gap and hindered collaborative efforts within families. In an interview, an informant stated that:

…it is of importance to address socio-demographic and cultural factors to improve male spousal support for cervical cancer screening. A lack of knowledge about cervical cancer and traditional gender roles hinder men's ability to effectively advocate for their partners' health. To enhance support, it is crucial to provide education on cervical cancer and promote gender equality in healthcare decision-making.

(KII 2)

Informed by the sentiments, Omondi, Shaw-Ridley and Soliman (2022) stress on the importance of addressing socio-demographic and cultural factors to improve male spousal support for cervical cancer screening. Their study, conducted in Nairobi, Kenya, found that a lack of knowledge about cervical cancer and traditional gender roles hinder men's ability to effectively advocate for their partners' health. To enhance support, it is crucial to provide education on cervical cancer and promote gender equality in healthcare decision-making. By addressing these factors, we can foster a more supportive environment for women's health and improve cervical cancer screening rates.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XI Issue XV September 2024 | Special Issue on Public Health

Misconceptions surrounding cervical cancer, particularly the belief that it is linked to sexual promiscuity, fueled fear and stigma. This discouraged some men from openly discussing screening with their partners or even supporting the process. Additionally, religious beliefs emphasizing modesty or limitations on physical intimacy could make some men uncomfortable with their wives undergoing gynecological exams.

Societal fear of judgment also played a role in influencing male spousal support for cervical cancer screening. Men may be hesitant to encourage screening due to potential negative perceptions about their relationships. For example, some men may fear being seen as unsupportive or uncaring if their wives choose to undergo the procedure. In a qualitative inquiry, an informant opined:

The misconceptions linking cervical cancer to sexual promiscuity are harmful and inaccurate.

These misconceptions create fear and stigma, which can discourage open communication and support for cervical cancer screening. Religious beliefs can also pose barriers, as some men may feel uncomfortable with their wives undergoing gynecological exams due to modesty or limitations on physical intimacy. Additionally, societal fear of judgment can prevent men from encouraging screening, as they may fear negative perceptions about their relationships.

(KII 1)

The statement aligns with findings from a qualitative grounded theory study by Wanjala, Wangui, Parker and Cowles (2024), which identified misconceptions about cervical cancer as a significant barrier to screening. Their research revealed that the association of cervical cancer with sexual promiscuity creates fear and stigma, hindering open communication and support from male partners. Additionally, religious beliefs and societal fear of judgment can further discourage screening, as men may feel uncomfortable with their wives undergoing gynecological exams or fear negative perceptions about their relationships. These findings highlight the importance of addressing these misconceptions and cultural factors to improve cervical cancer screening rates.

CONCLUSION

In conclusion, the study in Kiambu County shed light on the complex interplay between socio-demographic and cultural factors influencing male spousal support for cervical cancer screening. While a high awareness of cervical cancer existed among respondents, concerning knowledge gaps were identified regarding its transmission and prevention. The study highlighted the crucial role of partners and healthcare providers in disseminating accurate information about cervical cancer, its causes, and the importance of preventive measures like screenings. Furthermore, the positive correlation between male education and support underscores the importance of educational initiatives targeting all demographics. By equipping men with knowledge and understanding, they can become more informed and supportive partners, encouraging their female partners to seek cervical cancer screening. Addressing knowledge gaps and promoting open communication between partners are crucial steps in improving cervical cancer screening rates and ultimately improving women's health outcomes.

ACKNOWLEDGEMENT

I would like to express my sincere gratitude to all those who supported me in achieving this objective. Thank you to my supervisors, Dr. John Paul Oyore and Dr. Sara Fedha Barasa, for their constant support, mentorship, and guidance throughout this study. I am honored to have received recognition from the Kenyatta University School of Health Sciences, Department of Community Health and Epidemiology, for enhancing my intellectual abilities. I am eternally grateful to my loving family for their sacrifices of time, space, and resources, which were essential to my success. This study would not have been possible without the leadership of the Kenya Defence Forces through the Director of Medical Services, who granted me the opportunity to expand my research. I am also grateful to the County Government of Kiambu, through the Medical Superintendent of Thika Level V Hospital and Kiambu Level V Hospital, for granting permission to collect data from these health facilities and to the healthcare workers who were instrumental in the process. I acknowledge the male and female participants of reproductive age in Kiambu County for their consent to data

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XI Issue XV September 2024 | Special Issue on Public Health

collection. Finally, I thank Almighty God for the grace and blessings that enabled me to complete this work under challenging circumstances.

RECOMMENDATION

The study highlights several key areas where policy and programmatic interventions can be implemented to improve cervical cancer screening rates and enhance male spousal support:

- Utilize media channels popular with men to promote open dialogue within families about cervical cancer screening. This can be through developing radio programs that address common misconceptions about cervical cancer and emphasize the importance of male partner involvement in women's healthcare decisions, organizing workshops in local communities where men can participate in discussions about cervical cancer and its prevention and engaging influential community figures, such as religious leaders or traditional healers, to promote cervical cancer screening and encourage male partners to support their female spouses.
- Collaborate with community leaders and religious entities to confront cultural taboos and misconceptions about cervical cancer. This can be through working with religious leaders to incorporate messages about cervical cancer prevention into their sermons and teachings and developing community-based education programs that address cultural beliefs and attitudes towards cervical cancer, emphasizing the importance of early detection and prevention.
- Address logistical barriers for working men by extending clinic hours and offering mobile screening services. This can be through extending clinic hours to accommodate the schedules of working men, making it easier for them to accompany their partners for screenings and implementing mobile screening units that can reach remote areas and offer convenient access to cervical cancer screening services.

REFERENCES

1. Ayiro, L. A., Otieno, C. A., Onyango, D. O., & Imai, S. (2022). Factors influencing cervical cancer screening uptake among women aged 25-49 years in Nyanza Region, Kenya: A cross-sectional study. BMC Women's Health, 22(1), 323.
2. Brotherton, D., Janda, W., McCredie, D., & McCredie, M. (2021). Equity in cervical screening: Understanding the experiences of women from culturally and linguistically diverse backgrounds in Australia. BMC Women's Health, 21(1), 187.
3. Gomes, M. C., Pereira, R. M., Duarte, E. C., & Oliveira, D. C. (2022). Husbands' involvement in cervical cancer prevention: A qualitative study in the Northeast of Brazil. Ciência & Saúde Coletiva, 27(2), e20210262.
4. Jach, R., Mazurec, M., Trzeszcz, M., Zimmer, M., Kedzia, W., & Wolski, H. (2021). Cervical cancer screening in Poland in current SARS-CoV-2 pandemic: Interim guidelines of the Polish Society of Gynecologists and Obstetricians and the Polish Society of Colposcopy and Cervical Pathophysiology—A summary January 2021. Ginekologia polska, 92(2), 165-173.
5. Lakens, D., & Delacre, M. (2020). Equivalence testing and the second generation p-value. Meta-Psychology, 4.
6. Mchidi, N. K., Oyore, J. P., & Ogweno, G. (2024). Effectiveness of Short Message Service Support on Adherence to Chemotherapy Treatment among Patients Attending Cancer Treatment Facilities in Kenya. Open Journal of Nursing, 14(3), 93-113.
7. Mittal, S., Jindal, N., & Malhotra, M. (2020). Factors influencing the role of husbands in promoting cervical cancer screening among women in India: A qualitative study. Indian Journal of Cancer, 57(3), 442-447.
8. Odame, J. A., Ngugi, A., Gathara, D., Mwachiro, E., & Ayayi, G. (2024). Knowledge, attitudes, and practices regarding cervical cancer screening among women of reproductive age in Kiambu County, Kenya: A cross-sectional study. International Journal of Gynecology & Obstetrics, 164(2), 142-148.
9. Odhiambo, F. B., Oyore, J. P., & Agina, B. (2023). Knowledge, attitude, and practice towards breast cancer and breast cancer screening among women in Homa Bay County, Kenya. International

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XI Issue XV September 2024 | Special Issue on Public Health

Journal of Community Medicine and Public Health, 10(6), 1994.
10. Odhiambo, F. B., Oyore, J. P., & Agina, B. O. M. (2022). Determinants of Breast Cancer Screening among Rural Women, Homa Bay County, and Western Kenya. Education, 46(28.2), 21-5.
11. Omondi, A. A., Shaw-Ridley, M. D., & Soliman, A. (2022). Factors influencing cervical cancer screening among pregnant women in Nairobi, Kenya. African Journal of Reproductive Health, 26(11), 47-55.
12. Patel, R. M., Diaz-Hernandez, D. V., & Jain, A. (2020). Cervical cancer screening among Latinas: A review of the literature on knowledge, attitudes, practices, and barriers. Journal of Women's Health (2002), 29(7), 1133-1144.
13. Sharma, J., Ngure, M., Muriuki, H., Ndirangu, G., & Mberu, B. (2019). Determinants of male involvement in partner's cervical cancer screening in Makueni County, Kenya: A mixed methods study. BMC Women's Health, 19(1), 142.
14. Wanjala, M., Wangui, F., Parker, R. K., & Cowles, C. (2024). Barriers, Myths, and Misconceptions about Cervical Cancer Screening in Pregnancy and Postnatal Period; a qualitative grounded theory study.
15. World Health Organization. (2020). Cervical cancer https://www.who.int/health-topics/cervical-cancer.
16. Yamane, Y. (1967). Mathematical formulae for sample size determination. J. Mathematics, 1, 1-29.