

Letter to the Editor

Bridging knowledge and practice: strengthening cervical cancer screening uptake among rural women in low-resource settings

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Dear Editor

The recent study by Azubuike and Adamu on cervical cancer screening uptake and its factors among rural women in North Central Nigeria piqued our curiosity. Despite generally positive attitudes toward prevention, the authors present significant community-based evidence showing low knowledge levels and noticeably low screening uptake. These results are extremely pertinent to current international initiatives to improve screening coverage in marginalized communities and eradicate cervical cancer. The documented 12.2% screening uptake highlights ongoing societal, educational, and structural obstacles to preventative treatment in rural areas¹.

The study provides important information for focused interventions by identifying marital status, educational achievement, and positive attitudes as predictors of screening uptake. However, the cross-sectional design restricts the interpretation of causality, especially when it comes to whether prior screening exposure improves knowledge and attitudes or whether knowledge improves screening behavior. This distinction is crucial since research indicates that, when paired with easily

available services, organized health education programs and community-based outreach initiatives can greatly increase screening uptake². Additionally, the use of self-reported screening history raises the risk of social desirability bias and recall, which could affect uptake estimates in community surveys.

The difference between behavioral intention and awareness is another crucial factor to take into account. Participants' willingness to undergo screening remained somewhat low despite their generally favorable opinions, indicating that knowledge alone might not be enough to motivate preventative behavior. Screening decisions are significantly influenced by perceived susceptibility, cultural attitudes, cost, and restricted access to female clinicians, according to prior research conducted in low-resource settings³. Translation of awareness into action may therefore be improved by combining culturally relevant education with mobile screening services and community health worker engagement. Furthermore, combining screening programs with HPV vaccination education may offer a more thorough preventative approach in line with worldwide elimination goals².

Additionally, the study emphasizes that the most popular information source is the mass media, which offers a chance for scalable interventions. Cervical cancer awareness and screening uptake have been demonstrated to increase in rural communities through radio-based education, community discussions, and local leaders' involvement⁴. Additionally, incorporating cervical cancer screening within maternity health services and primary health care should lower obstacles to access, especially for women who have little interaction with healthcare providers. It has been suggested that this kind of integration is an economical way to increase coverage in settings with limited resources⁵.

To ascertain whether focused education, enhanced accessibility, and community involvement might stably raise screening uptake, future studies may benefit from longitudinal or interventional approaches. Mixed-methods approaches may also shed light on the decision-making processes and sociocultural constraints that affect screening program participation. Preventive measures may be strengthened by assessing the efficacy of HPV self-sampling, which has shown acceptability in rural communities⁶.

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In conclusion, the study highlights the ongoing disparity between knowledge, attitudes, and preventative actions and offers insightful data on factors influencing rural women's acceptance of cervical cancer screening. Improving adoption and lowering the incidence of cervical cancer in low-resource countries requires addressing structural hurdles, bolstering culturally relevant teaching, and incorporating screening into primary healthcare systems. To find long-lasting community-based tactics that convert knowledge into preventive action, more implementation research is necessary⁷.

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Conflicts of interest

The authors declare no competing financial or non-financial interests.

AI disclosure statement

ChatGPT and Grammarly were used solely to assist in language and grammar refinement. The authors take full responsibility for the content, interpretation, and integrity of the work.

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