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## Factors contributing to underutilization of cervical cancer screening services in Kenya

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Over the past decade, the global health community has been giving increased attention to the importance of addressing cervical cancer prevention where the disease burden is greatest. In low-resource settings, visual inspection of the cervix is used to screen. As there is no access to Pap-smear and liquid-based cytology is used as confirmatory tests. Kenya demographic survey, 2014 indicated that 96% of women of reproductive age have heard about cervical cancer but only 14% had been screened. The government of Kenya Health Ministry on June 16th 2016 announced that cancer is becoming a new threat to survival in Kenya. It is the second most common with 3,000 newly diagnosed and 1,600 deaths annually. Kenya Red Cross registry confirmed the new cases can reach 4200 annually. Fifteen new cases of cervical cancer are reported in Nairobi every weekly. Kenya lacks proper financing for cancer programs. The 2012-15 cancer control program quietly expired last year with no funding. No specific vote was made for cancer control in the Health Ministry Sh60 billion budgets in the year 2015-2016 despite of the above alarming figures. Negative beliefs and attitudes towards the concept of screening and prevention was identified, factors related to the service delivery system especially location of the services, minimal access to health care, location of the service delivery point, quality of care, physical aspects of the facility, lack of enough trained health care workers and equipment contribute to low uptake of screening services. The planning and delivering cervical cancer prevention services must have a clear understanding of the needs, concerns, and beliefs of women and communities to ensure that services will be accessible, acceptable and utilized. A key step to achieving optimal coverage is to gain broad community support, communication strategies for raising awareness about services and encouraging participation, provision of quality services in screening and treatment, consistent supply of equipment and supplies, adequately trained staff, facilities must be clean and welcoming. Provision of cancer treatment centers in every Level 2, 3, 4 and 5 hospitals is important. Procurement of cancer prevention vaccine in all Government hospitals and provision of the vaccine at affordable price and strengthening referral systems is important.

### Biography

Dinah b Omore has completed her Community Health Nursing from Kendu Adventist School of Nursing, Kenya Registered Community Health Nursing from Kenya Medical Training College and has completed BScN from Kenya Methodist University. She has Co-ordinated Reproductive Health Programs especially cervical cancer screening services in the Ministry of Health in Manga Sub-county, Nyamira County for 3 years. She has worked on two research papers and is interested in Reproductive Health. Currently she is working in Mbagathi Hospital in Nairobi.

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