

ABSTRACT

Globally, cancer of the cervix (ca cervix) kills more than 300,000 women yearly. Eighty percent of these deaths occur in low-resource countries that are also distressed by high rates of HIV. HIV infections increase the risk of ca cervix six-fold. Cancer of the cervix can be detected through early cervical cancer screening (CCS), which should begin immediately after HIV diagnosis. The factors affecting the uptake and utilization of CCS among WLHIV in the county have not been described. Thus, the study's general objective was to assess the uptake of CCS services among HIV-infected women in Tharaka Nithi County. The specific objectives of the study were to determine the level of knowledge on risks of contracting ca cervix, determine the level of CCS uptake, determine individual factors that influence the uptake of CCS, and determine health facility factors that influence the uptake of CCS among women living with HIV (WLHIV). The study adopted a descriptive survey design and involved 231 participants recruited using a convenient sampling technique. Data was collected using semi-structured questionnaires and was summarized using descriptive statistics. The Chi-square test was used to test the relationship between the individual and facility-based factors and the uptake of CCS. The overall average age of the study participants was 41.08, with a standard deviation of ± 10.85 . Approximately two-thirds of the study participants had secondary or tertiary education levels. Less than 40% of the participants knew about the risk factors for contracting cervical cancer. Most of the outpatient WLHIV in this study learned about cervical cancer and screening from healthcare providers. Most (75.6%) respondents reported having been screened for cervical cancer. There was a significant relationship ($p < 0.05$) between the uptake of cervical cancer screening and individual factors such as the patients' age, marital status, experiences during cervical screening, and religion. Unnecessary delays and awareness of the availability of cervical screening services were the health facility factors that seemed to influence the uptake of screening services among outpatient WLHIV ($p < 0.05$). The study recommends educating WLHIV about their increased risk of cervical cancer and the need to undergo screening, in addition to overcoming delays associated with care provision.