ABSTRACT

Nigeria has some of the highest rates of cervical cancer morbidity and mortality in sub-Saharan Africa. Both the Human Papillomavirus vaccine (HPV) and cervical screening are effective prevention strategies against both HPV infection and cervical cancer. Lack of awareness, limited knowledge, limited decision-making agency, lack of spousal support and stigma are barriers to uptake of these preventive measures. Given patriarchal structures and norms through which men control family resources and dominate decisions, male involvement in initiatives aimed at improving sexual and reproductive health is necessary. Community-based health education is an effective intervention to improve knowledge and reduce stigma. The aim of this research was to evaluate the impact of an educational intervention on awareness, knowledge, intention to encourage and stigma among men and women offered at 12 urban community locations in Nigeria. A quasi-experimental study involving 266 adults aged 18-65 who participated in either the community-based educational intervention (n=163) or control group (n=103).

At baseline, the majority (80%) of all participants had low levels of knowledge of HPV and HPV vaccine and 21% had limited knowledge of cervical cancer and cervical screening. The proportion of participants with poor knowledge of HPV and cervical cancer reduced significantly at post-intervention in both groups. Our result showed that less than 7% and 12 of all participants had ever received HPV vaccine and screening respectively. There was significant increase in the participants intention to take and to encourage a family member to receive HPV vaccination and cervical cancer screening. Of note, knowledge of HPV as a sexually transmitted infection was associated with high levels of stigma, which increased after exposure to the intervention.

The research supported the effectiveness of the community-based educational intervention in promoting the increasing awareness, knowledge and intention to take HPV vaccine and cervical
screening among urban-dwelling Nigerian adults. Study findings are important for informing future gender-comprehensive and context-specific programs activities that seek to engage men in reducing HPV infection and cervical cancer in Sub-Saharan Africa. Further research is warranted to assess the factors contributing to ongoing stigma and to develop effective interventions to reduce stigma among Nigerian adults.