



KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS CERVICAL CANCER SCREENING AMONG WOMEN VISITING RGPD IN SPHMMC, ADDIS ABABA ETHIOPIA, 2023-2024.

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Abstract

Introduction:

Cervical cancer-related deaths among women in Ethiopia are often attributed to late diagnoses. Early screening and knowledge about the disease are among the most effective measures for prevention. However, a lack of awareness, negative attitudes, and poor screening practices significantly contribute to the high incidence of cervical cancer.

Aim:

This study aims to assess the knowledge, attitudes, and practices (KAP) regarding cervical cancer, screening, and prevention among women.

Settings and Design:

A hospital-based, cross-sectional survey was conducted among women attending the obstetrics and gynecology outpatient department at St. Paul's Hospital Millennium Medical College, Addis Ababa.

Materials and Methods:

A total of 400 women were interviewed using a validated KAP questionnaire on cervical cancer.

Statistical Analysis:

Descriptive statistics were used to summarize Sociodemographic data and KAP levels. Associations between Sociodemographic variables and KAP levels were analyzed using the Chi-square test.

Results:

A majority of respondents (301, 74.6%) had heard of cervical cancer, primarily through media (41.6%) and friends (20.5%). Most women demonstrated knowledge of symptoms (64.2%), risk factors (62.7%), screening methods (76.9%), and preventive measures (61.7%). More than half (62.5%) exhibited positive attitudes toward screening, but only 16.4% had undergone screening. Sociodemographic factors were significantly associated with KAP levels.

Conclusion:

Despite good knowledge and positive attitudes, a gap exists between awareness and practice. Increased educational initiatives are essential to address these knowledge gaps and promote regular cervical cancer screening.

Abbreviations

CA: cancer

CC: Cervical cancer

CI: Confidence interval

HDSS: Health development surveillance site

HIV: Human immunodeficiency virus

HPV: Human papilloma Virus

KAP: Knowledge, attitude and practice

OR: Odds ratio

SD: Standard deviation

STD: Sexually transmitted disease

TB: Tuberculosis

VIA: Visual inspection with acidic acid

WHO: World health organization

Yrs.; years

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Chapter One: Introduction

Cervical cancer is a global public health concern and a chronic non-communicable disease caused mainly by the Human Papilloma Virus. Cervical cancer, usually referred to as cancer of the cervix uteri, is the seventh most frequent cancer overall and the fourth most prevalent cancer in women. In 2022, there were about 604,000 new cases of cervical cancer and 342 000 deaths. {1, 2,7}

Usually, women with cervical cancer do not observe symptoms, especially in the early stages. Therefore, the presentation of malignancy in late-stage is vaginal bleeding, invasion, metastasis, and poor prognosis. In addition to presenting a significant burden in terms of morbidity and mortality, cervical cancer also increases economic risk, which imposes very high direct costs on health systems, communities, households and lost the productivity of patients, premature death, and disability.

The occurrence of cervical cancer-related death is rare in high-income countries. The average risk of dying from cervical cancer before age 75 is three times higher in resource-poor countries than in more developed regions.

Cervical carcinoma is still the leading cause of morbidity and mortality among women on the African continent. Mortality remains high. Globally it is 50% mainly because of late presentation, advanced stage of the disease, and absence of access to cervical cancer screening programs for most developing countries.

A study in the Tikur Anbessa showed that 30.3% of all cancers diagnosed patients were identified as cervical cancer patients. A study in Ethiopia showed that annually the number of new cases was 7619 with 6081 deaths every year. In addition, 534,000 women over age 15 living with HIV in Ethiopia are among the most vulnerable to cervical cancer. However, very few women receive screening services in Ethiopia. {3}

The best predictor of high risk for cervical cancer is age, and the current incidence and mortality of cervical cancer under the age of 30 years is rare. Younger women tend to present

with low-grade lesions, which frequently spontaneously regress to normal. In older women, however, the regression rate decreases, resulting in injuries. The WHO recommends “women younger than 30 years old should not be screened for cervical cancer”. Evidence related to knowledge, attitude with the practice of cervical cancer screening was limited, particularly in the study area. Therefore, to establish the cervical cancer prevention program and control strategy, this study aimed to assess the level of knowledge attitude and practice of cervical cancer screening and associated factors among females in the reproductive age group women attending obstetrics and gynecology outpatient department of St Paul’s health millennium medical college hospital in particular and Ethiopia as a general.{4}

Chapter TWO: Methodology

2.1 Study area:

This was a hospital based cross-sectional study and was undertaken at St. Paul's Hospital Millennium Medical College, in Addis Ababa, the capital city of Ethiopia. It is the hospital with highest delivery rate and gives care to most of patients in the city & other parts of the country.

The hospital gives service to 200,000 people annually who are referred from all corners of the country. On average 650 patients visit the hospital as outpatient and emergency daily. It gives service under different clinical disciplines which include obstetrics and gynecology. The hospital has labor ward with 12 beds and two maternity wards each of which has 18 beds for post natal mothers and 12 beds for high risk pregnant mothers.

The hospital has also gynecologic ward, with 30 beds and HDU with 4 beds in addition to adult ICU.

2.2 Study period:

The study was carried out among women who visit RGOPD at SPHMMC from August 1 to October 30, 2024 G.c.

2.3 Study design:

Facility based cross-sectional study was conducted.

2.4 Population

2.4.1 Source populations:

The source population was all women who visit RGOPD in SPHMMC from August 01 to October 30, 2024.

2.4.2 Study Subject:

- Those women who visit RGOPD and eligible for study from August 01 to October 30, 2024

SPHMMC.

2.5 Inclusion and Exclusion criteria:

Inclusion Criteria;

- Those women with age 30 years and above who visit RGOPD at time of data collection.

Exclusion Criteria;

- Those women who are under 30 years of age and above age of 50.
- Women who has seriously illness during data collection

2.6 Sample size and sampling technique:

We calculated the sample size by using the single population proportion formula. We also, used the Open-Epi statistical software version 3.03 with an assumption of knowledge about cervical cancer screening at 43.1%, taken from the study done at Wolaita Zone, Southern Ethiopia and confidence interval 95% ($Z_{\alpha/2}=1.96$) power of the test 80% and margin of error 5%, design effect (DE) 2.0. The calculated sample size was 360 and adding a 10% non –response rate, the final sample size was 400. {5}

The selection of the study participants made by using a random sampling technique until the allocated sample size was reached.

2.7 Variables

Dependent variables

- Knowledge of cervical cancer and screening
- Attitude of cervical cancer and screening

-Practice of cervical cancer and screening

Independent Variables

-Socio-demographic variables: Age, Religion, Marital status, number of sexual partner, age at first sexual intercourses, Educational status and residency

2.8 Data collecting procedure:

We collected data using a structured questionnaire that is adopted from a similar study. It has four sections including, socio-demographic characteristics, knowledge about cervical cancer and screening, attitude towards cervical cancer screening, and practice of cervical cancer screening.

We collected the data using two trained interns who attached obstetrics and gynecology department. Data collectors received short verbal training before the actual data collection regarding the approach, objective of the study and ethical issues. We prepared the questionnaire in English and translated it to Amharic.

2.9 Operational Definitions

Cervical Cancer

- Abnormal growth or proliferation of cells on the opening of the uterus. {3}

Cancer Screening

-A procedure that is performed to identify the presence of abnormal cells in a particular tissue.

Knowledge

Questions were delivered to study participants in “Yes” or “No” options. Each correct response was given a score of 2 and a wrong answer given a score of 1. Modified Bloom’s cut off points were used to categorize the knowledge as good 80–100%, satisfactory 50–79%, and poor below 50%. We computed the mean score to determine the overall knowledge of cervical cancer screening of respondents and it was further classified as poor and good for describing and comparison purposes.

Attitude

We assessed the attitude using a Likert scale. The scoring system used was: strongly disagree =1, disagree=2, Neutral=3, agree= 4, strongly agree=5. The responses were summed and a total score was obtained. Then we calculated the mean score. Those who scored the mean score and above were considered as having a positive attitude, whereas those the women who scored below the mean score were categorized as negative in attitudes towards cervical cancer screening.

Poor Practice

Respondents who never underwent screened for cervical cancer.

Good Practice

Respondents who had been screened for cervical cancer at least once.

2.10 Data processing and analysis:

The data from the data collection tool was coded, cleaned entered and analyzed using SPSS 25 window version. Both descriptive and analytical statistical procedures were utilized. Descriptive statistics like percentage will be used for the presentation of demographic data and obstetrics factors. Tables and graphs will also be used for data presentation.

Further analysis of the KAP score will be done in comparison with different demographic characteristics using SPSS 25 window version.

In order to establish the statistical significance, data on the KAP score will be compared by applying chi-square test. P value less than 0.05 will be considered as statistically significant.

2.11 Ethical consideration:

Ethical approval of this study will be obtained from St. Paul's Hospital Millennium Medical College Institutional Review Board. Written informed consent from the women included in this study was not required as only already registered data were used. Moreover, confidentiality and anonymity are assured by analyzing and disseminating the data in aggregate

Chapter Three

Result

3.1. Sociodemographic characteristic of respondents

A total of 400 women completed the questionnaire making the response rate of 100%. Majority (220, 55%) of the respondents were younger than 40 years old. Majority (277, 69.3%) of the respondents were from urban areas. Regarding education status of respondents, 336(84%) have completed high school and 64 (16%) are still illiterate's. About 228 (57%) were Orthodox Christian religion followers (Table 1).

1. Sociodemographic characteristic of respondents for KAP of Cervical Screening at St Paul's millennium medical college, regular outpatient department, Addis Abeba, Ethiopia, November 2024

Characteristics	Category	Number	Percent
Age of respondent in years	30-39	220	55
	40-50	180	45
Current marital status	Single	53	13.3
	Married	296	74
	Divorced	50	12.5
	Others	1	0.3
Age at first sex in years	<18	82	20.5
	>18	318	79.5
Number of sexual partner	Single	77	19.3
	Multiple	323	80.8

Place of birth	Urban	277	30.8
	Rural	123	69.3
Level of education	No formal education	64	16
	Elementary	92	23
	High school and	126	29.5
	diploma	118	31.5
	Degree and above		
Religion	Orthodox	228	57
	Muslim	106	26.5
	Protestant	65	16.3
	Others	1	0.3

3.2. Knowledge of Respondents on Cervical Cancer

Concerning the overall knowledge score, 20% of the respondents had good knowledge and more than half (233, 58.3) had satisfactory knowledge. Majority (256, 64%) of women visiting outpatient department heard about cervical cancer. Of these who had heard about cervical cancer; the most frequent source of information was mass media (106, 41.5%) and the least source of information (12, 4.7%) was from religious leaders (Table 2).

2. Respondents' knowledge about cervical cancer screening at St Paul's millennium medical college, regular outpatient department, Addis Abeba, Ethiopia, November 2024.

Knowledge variable	Category	Number	Percent
Knowledge score	Good	133	33.3
	Poor	267	66.7
Heard about cervical cancer	Yes	256	64
	No	144	36

Source of information (n = 256)	Heard from news media	106	41.5
	Heard from health worker	68	26.6
	Written materials	39	15.2
	Heard from family, neighbor, friend	38	15
	Heard from religious leaders	12	4.7
	Others	1	0.4

The sum of percentage is >100 because of multiple responses.

More than two-third (295, 73.8%) and (294, 73.5%) of the respondents mentioned vaginal bleeding and vaginal foul smelling discharge respectively as the symptom of cervical cancer but only one-third (141, 35.8%) consider Pelvic and lower back pain is symptom of cervical cancer as symptom of cervical cancer. When asked on the knowledge about the risk factors for cervical cancer, 256 (64%) of respondents revealed to be having multiple partners , Early age at first sexual intercourse is risk factor for cervical cancer 166(41.5%) but only 93(23.3%) mentioned having Human Papillomavirus (HPV) as a risk factor (Table 3).

3. Respondents' knowledge about symptoms and risk factors of cervical cancer at St Paul's millennium medical college, regular outpatient department, Addis Abeba, Ethiopia, November 2024.

Symptoms of cervical cancer	Category	Frequency	Per cent
Vaginal bleeding is symptom of cervical cancer	Yes	295	73.8
	No	105	26.3
Vaginal foul smelling is symptom of cervical cancer	Yes	294	73.5
	No	106	26.5
vaginal bleeding after sexual intercourse is symptom of cervical cancer	Yes	245	61.3
	No	155	38.8
Pelvic and lower back pain is symptom of cervical cancer	Yes	141	35.8
	No	259	64.3
Pelvic and lower back pain is symptom of cervical cancer	Yes	123	30.8
	No	277	69.2
<i>Risk factor for cervical cancer</i>			
Having multiple sexual partners is risk factor for cervical cancer	Yes	256	64
	No	144	36

Early age at first sexual intercourse is risk factor for cervical cancer	Yes	166	41.5
	No	234	58.5
Acquiring HPV virus is risk factor for cervical cancer	Yes	93	23.3
	No	307	76.7
Cigarette smoking is risk factor for cervical cancer	Yes	215	53.3
	No	184	46.7
Multi-parity and young age at first delivery is risk factor for cervical cancer	Yes	203	50.7
	No	197	49.3
Use of oral contraceptive for more than 5yrs is risk factor for cervical cancer	Yes	156	39
	No	244	61
history of sexually transmitted disease is risk factor for cervical cancer	Yes	242	60.5
	No	158	39.5

Table 4 shows cervical cancer prevention, treatment, and screening options. More than half (237, 59.3%) of the participants knew that cervical cancer is prevented by avoiding multiple sexual partners. Regarding the treatment, 170 (42.5%) participants knew that cervical cancer is treatable with surgery, 145 (36.3%) consider drug as primary treatment modality for cervical cancer, and 96 (24%) participants said they don't know how cervical cancer is treated.

Concerning cost for treatment of cervical cancer, one-third (99, 24.6%) consider as expensive, less than one-quarter (66, 16.5%) consider as reasonably priced majority, (110, 27.5%) did not know cost of treatment for cervical cancer. Majority (217, 52.3%) of the respondents answered that women of above 30 years of age should be screened. One hundred thirty (32.5%) participants knew that Pap smear is used as one method of screening procedures of cervical cancer, 119 (26.8%) VIA, and 65 (16.3%) biopsy (Table 4). near to have of respondents (169, 42.3) don't know how frequent cervical screening should be done but (133, 33.2%) knew that it should be done every 3 years.

Table 4: Respondents' knowledge about prevention, treatment, and screening modalities of cervical cancer at St Paul's millennium medical college, regular outpatient department, Addis Ababa, Ethiopia, November 20240

Variable	Category	Frequency	Percentage
Prevention methods	avoiding multiple sexual partners can prevent cervical cancer	237	59.3
	avoiding early age sexual intercourse can prevent cervical cancer	217	54.3
	quitting smoking can prevent cervical cancer	198	49.5
	HPV vaccination	178	44.5
	early screening for premalignant lesions	235	58.8
	avoiding sexual intercourse and birth at young age	235	58.8
	early stage diagnose	148	37
Treatment type	Surgery	170	42.5
	Drugs	145	36.3
	Radiotherapy	79	20
	Herbal remedies	4	1
	Don't know	96	24
cost of treatment for cervical cancer screening in this country	It is free of charge	66	16.5
	It is reasonably priced	63	15.8
	It is moderately expensive	67	16.8
	It is very expensive	99	24.8
	Don't know	110	27.5
Screening procedure for cervical cancer	VIA	107	26.8
	VILI	25	6.2
	Pap smear	130	32.5
	Biopsy	65	16.3
	Don't know	114	28.5
Who should be screened for cervical cancer	Women of 30 years and above	211	52.8
	Women having multiple sexual partner's	79	19.7
	Elderly women	45	11.3
	Don't know	119	29.8
Frequency of screening	Once every year	35	15.8
	Once every 3 year	133	33.2
	Once every 5 year	63	8.8
	Don't know	169	42.3

The sum of percentage is >100 because of multiple responses

3.3. Association between Sociodemographic Characteristics and Knowledge Score

In both bivariate and multivariate analyses, place of birth and level of education were significantly associated with the knowledge score of the respondents. Respondents who were born at urban areas were more than two times knowledgeable than those born at rural area (AOR = 2:64, 95% CI: 1.46, 4.75). A woman's who completed degree and above and have high school or diplomas were more than two times more knowledgeable about cervical cancer (AOR = 0:39, 95% CI: 0.12, 1.31). Women having multiple sexual partner in lifetime were more knowledgeable than those with single sexual partner in their lifetime (AOR = 1:23, 95% CI: 0.79, 1.92) (Table 5)

Table 5: Association between Sociodemographic characteristics and knowledge score of cervical cancer among women attending St Paul's millennium medical college, regular outpatient department, Addis Abeba, Ethiopia, November 2024.

Variables	Category	Knowledge score		COR (95% CI)	AOR (95% CI)
		Good	Poor		
Number of sexual partner	Single Multiple	200 50	123 27	0.63 (0.47, 1.08) 1	0.73 (0.59, 1.32) 1.23 (0.79, 1.92)
Place of residency	Urban Rural	207 33	60 90	0.44 (0.12, 1.62) 0.30(0.25,0.78)	2.64 (1.46, 4.75) 0.98
Level of education	No formal education Elementary High school and diploma Degree and above	15 45 90 101	59 47 36 17	0.13 (0.03, 1.04) 0.34 (0.09, 1.24) 0.35 (0.1, 1.26) 0.39(0.12,1.31)	0.15 (0.02, 1.66) 0.22 (0.08, 1.71) 0.37 (0.10, 1.41) 0.41(0.14,1.38)
Religion	Orthodox Muslim Protestant Others	176 77 28 1	52 29 37	0.53 (0.16, 1.77) 0.23 (0.04, 1.24) 0.35 (0.10, 1.24)	0.60 (0.20, 2.06) 0.35 (0.06, 2.01) 0.37 (0.10, 1.24)

			1.24) 1	1.41)
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3.4. Attitude of Respondent about Screening of Cervical Cancer

As shown in Table 6, 289 (72.3%) of the respondents agreed that carcinoma of the cervix highly prevalent and leading cause of death among gynecologic cancer in Ethiopia. Two-thirds (61.3%) of the respondents perceived that any woman can acquire cervical cancer, 231 (57.8%) of the respondents agreed that screening helps in the prevention of cervical cancer. One-half (201, 50.3%) of respondents think that HPV vaccination will help for prevention of cervical cancer.

Table 6: Respondents' attitudes towards cervical cancer screening among women attending St Paul's millennium medical college, regular outpatient department, Addis Abeba, Ethiopia, November 2024

Variable	Category	Frequen cy	Percent
Cervical cancer is highly prevalent and leading cause of death among gynecologic cancer in Ethiopia	Strongly agree	40	10
	Agree	249	62.3
	Neutral	86	21.5
	Disagree	28	6.5
	Strongly disagree	0	0
Any adult women including you can acquire cervical cancer	Strongly agree	54	13.5
	Agree	191	47.8
	Neutral	112	28
	Disagree	38	9.5
	Strongly disagree	6	1.2
It is very important to consult doctor if there is vaginal bleeding or discharge	Strongly agree	57	14.3
	Agree	204	51
	Neutral	114	28.5
	Disagree	23	5.75
	Strongly disagree	2	0.5
cervical cancer screening helps to prevent cervical cancer	Strongly agree	56	14
	Agree	175	43.8

	Neutral	128	32
	Disagree	38	9.2
	Strongly disagree	4	1
cervical cancer screening will not cause any harm	Strongly agree	41	10.3
	Agree	177	44.2
	Neutral	130	32.3
	Disagree	45	11.2
	Strongly disagree	8	2
cervical cancer screening is not expensive	Strongly agree	34	8.5
	Agree	149	37.2
	Neutral	154	38.5
	Disagree	54	13.5
	Strongly disagree	9	2.3
HPV vaccination can prevent cervical cancer	Strongly agree	31	7.7
	Agree	170	42.5
	Neutral	139	34.6
	Disagree	50	12.5
	Strongly disagree	11	2.7

3.5. Association Factor toward Attitude of Cervical Cancer Screening

Place of residency, number of lifetime sexual partner and level of education were associated with positive attitude towards cervical cancer screening in the bivariate analysis. But in multivariate analysis, number of lifetime sexual partner and level of education remained significantly associated with positive attitude. Previous sexual experience increases the odds of cervical cancer screening uptake by two times (AOR = 1:87, 95% CI: 1.32, 2.64). Women with multiple lifetime sexual partner are twice more positive attitude for cervical cancer screening (AOR = 2:09, 95% CI: 1.18, 3.69) (Table 7).

Table 7: Association of Sociodemographic characteristics and attitude towards cervical cancer screening among women attending St Paul's millennium medical college, regular outpatient department, Addis Abeba, Ethiopia, November 2024

Variable	Category	Attitude		COR(95% CI)	AOR(95% CI)
		Positive	Negative		
Number of sexual	Single	232	91	0.99 (0.88, 1.91)	1.09 (0.92, 1.76)
	Multiple	62	15		

partner				0.88(0.76,1.44)	1.08(0.75,2.04)
Place of residency	Urban Rural	224 34	53 89	1.19 (0.83, 1.71) 0.98(0.67,1.34)	0.97 (0.83, 1.71) 0.98(0.67,1.74)
Level of education	No formal education Elementary High school and diploma Degree and above	57 44 93 108	17 48 33 10	0.52 (0.17, 1.63) 0.65 (0.20, 2.18) 1.19 (0.64, 2.21) 1	0.6 (0.23, 2.21) 0.76 (0.65, 2.78) 1.03 (0.54, 1.94) 1
Religion	Orthodox Muslim Protestant Others	92 56 30 1	132 50 35	0.22 (0.17, 1.63) 0.25 (0.20, 1.78) 0.39 (0.34, 2.01) 1	0.41 (0.13, 1.95) 0.56 (0.44, 2.34) 0.43 (0.39, 1.64) 1

3.6. Practice towards Screening for Cervical Cancer

Only 16.8% of the respondents were screened in their lifetime. When asked reasons for not being screened, 283 (42.4%) said that they did not have information, 187 (28.0%) said they are healthy, 99 (14.8%) have not decided to be screened, 37 (5.5%) feel shy, and 17 (2.5%) said screening was expensive (Table 8). None of the Sociodemographic characteristics were significantly associated with practice of cervical cancer screening.

Table 8: Respondents' history of screening for cervical cancer among women attending St Paul's millennium medical college, regular outpatient department, Addis Abeba, Ethiopia, November 2024

Variable	Category	Frequency	Percent
Have you ever been screened for cervical cancer	Yes	67	16.8
	No	333	83.2
How many times screened (n = 67)	Once	50	74.5

	Two or more	17	25.5
Reason for not being screened	I dislike the procedure	24	6
	I don't have adequate	118	29.5
	information	22	5.5
	screening test are expensive	32	8
	No nearby health facility	153	38.3
	I am healthy	17	4.7
	Fear of being diagnosed with cancer		

The sum of percentage is >100 because of multiple responses

Chapter 4

Discussion

This study evaluated the knowledge, attitudes, and practices (KAP) regarding cervical cancer and its screening among women attending St. Paul's Millennium Medical College, Addis Ababa, Ethiopia.

Knowledge of Cervical Cancer

The study revealed gaps in knowledge about cervical cancer, with only 20% of respondents having good knowledge, while 58.3% exhibited satisfactory knowledge. While 64% of women had heard about cervical cancer, the primary source of information was mass media (41.5%), with health workers contributing to only 26.6%. This finding underscores the limited role of healthcare professionals in educating women, despite their critical position in disseminating accurate information.

Although the majority of respondents (73.8%) identified vaginal bleeding as a symptom of cervical cancer, awareness of other symptoms, such as pelvic and lower back pain, was considerably lower (35.8%). Knowledge of risk factors such as multiple sexual partners (64%) was relatively higher compared to Human Papillomavirus (HPV) as a risk factor (23.3%). These findings highlight a need for targeted education focusing on comprehensive symptomatology and the role of HPV in cervical cancer etiology.

Concerning prevention of cervical cancer, over a half of the participants knew that cervical cancer is prevented by avoiding multiple sexual partners, avoiding early sexual intercourse, and quitting smoking which is in line with study done in a study done in India, which showed that 55% of respondents mentioned avoiding multiple sexual partner will prevent cervical cancer, while study done in England showed 67% of cervical cancer can be prevented by early screening and HPV vaccination. This disparity may be due to the developed nations like England; early screening and availability of HPV vaccination could be affordable for most of the population at every facility.{8,9}

Attitudes towards Cervical Cancer Screening

Attitudes toward cervical cancer screening were generally positive. Nearly three-quarters (72.3%) of participants agreed that cervical cancer is highly prevalent and a leading cause of death among gynecologic cancers in Ethiopia. Similarly, more than half (57.8%) acknowledged that screening helps in prevention, and 50.3% believed that HPV vaccination could prevent cervical cancer. However, the study identified misconceptions, such as 38.5% of respondents perceiving cervical cancer screening as expensive, which could serve as a barrier to uptake.

Multivariate analysis indicated that women with higher education and multiple lifetime sexual partners were more likely to have a positive attitude towards screening. These findings emphasize the role of education in shaping health-seeking behavior.

Practice of Cervical Cancer Screening

Despite favorable attitudes, the uptake of cervical cancer screening was remarkably low, with only 16.8% of respondents ever being screened. This is similar to study done in north India which showed only 26% had ever undergone screening, and just 6.2% had received the HPV vaccine but higher than done in Ethiopia in 2014 which showed Only 2.2% of the respondents were screened in their lifetime. Barriers included lack of awareness and the perceived high cost of screening and vaccination services. This discrepancy indicates a significant gap between knowledge and practice. The primary reasons for not being screened were lack of information (42.4%) and the perception of being healthy (28%). These barriers suggest that women are not adequately informed about the importance of early detection, even in the absence of symptoms. {11,12}

Sociodemographic Factors

Urban residency and higher education levels were associated with better knowledge and attitudes towards cervical cancer screening. Women born in urban areas were more than twice as knowledgeable as those from rural areas (AOR = 2.64, 95% CI: 1.46–4.75). Education also played a pivotal role, with women who completed a degree being more knowledgeable (AOR = 0.39, 95% CI: 0.12–1.31). This is also comparable with a study done in Kenya which showed high level of education is strongly associated with knowledge and screening practices{13}. These findings align with previous studies, underscoring the need for educational interventions targeted at rural and less-educated populations.

Limitation of the Study

The study relied on self-reported data, which may be subject to recall bias. Additionally, the study's cross-sectional design limits its ability to infer causality between knowledge, attitudes, and practices. The study subjects are also referred with abnormal findings after screening for cervical cancer which can falsely increase practices of screening.

Conclusion

This study underscores the urgent need for integrated educational and health service interventions to improve KAP regarding cervical cancer and its screening. Addressing the identified barriers, particularly lack of information and accessibility, will be crucial in enhancing cervical cancer prevention and control efforts in Ethiopia.

Ethics Approval and Informed Consent

Ethical Approval The required data were collected after obtaining ethical clearance from attending St Paul's millennium medical college Ethical Review Committee. In addition support of letter was written to attending St Paul's millennium medical college outpatient department to get permission.

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- 9) Knowledge, Attitude & Practice Study on Screening of Cervical Cancer Among Women Visiting A Tertiary Care Center Archana James Pattupara^{1*}, Niharika Dhiman², Amninder Singh³, Jaya Chaturvedi⁴
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10) Impact of screening on cervical cancer incidence in England: a time trend analysis

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- 11 Knowledge, attitude and practice towards cervical cancer screening and human papilloma virus vaccine at a tertiary care facility in North India, Devyani Misra Department of Obstetrics and Gynecology, Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow, Uttar Pradesh, India Charu Mahajan Department of Obstetrics and Gynecology, Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow, Uttar Pradesh, India, Bhumika Bansal Department of Obstetrics and Gynecology, Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow, Uttar Pradesh, India
- 12 Knowledge, Attitude, and Practice (KAP) toward Cervical Cancer Screening among Adama Science and Technology University Female Students, Ethiopia Almaz Tadesse, Mesfin Tafa Segni, and Hailu Fekadu Demissie Department of Public Health, College of Health Science, Arsi University, Asella, Ethiopia

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