



**CERVICAL CANCER SCREENING PRACTICE AND ASSOCIATED FACTORS
AMONG WOMAN EMPLOYEES IN HOSPITALS, WOLAITA ZONE SNNPR, ETHI-
OPIA, 2017**

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JIMMA UNIVERSITY
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ETHIOPIA 2017**

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Summary

Background: Cervical cancer is the third most common cancer with about 500,000 new patients diagnosed and over 250,000 deaths among women worldwide annually. Cervical cancer screening programs have reduced the incidence and mortality of cervical cancer. In Ethiopia cervical cancer screening rate is low and studying screening practice and factors affecting screening was very important for programme planners to intervene effectively.

Objective: to assess cervical cancer screening practice and associated factors among women employees in hospitals, Wolaita Zone SNNPR, Ethiopia, 2017.

Methods: Institutional based cross-sectional study design was conducted in Wolaita zone among age eligible woman employees from March/1 -April /30, 2017. Sample size was allocated using probability proportionate to size technique. Finally simple random sampling technique employed to select 401 study participants from respective hospitals. Pre-tested Structured self administered questionnaire was used. Data was entered and cleaned using Epi-data3.1 and analyzed using SPSS version 20 software packages. Bivariate and Multivariate logistic regression was performed to assess association between dependent and independent variables with 95% CI and p-value less than 0.05 was set for association.

Results: About 120(31.2%) participants were screened for cervical cancer. Age (AOR=2.842(1.616, 5.00)), source of information from health professions, (AOR=3.301(1.899, 5.737)), being single (AOR=2.206(1.116, 4.362)), sex with more than one partner,(AOR=2.289(1.116,4.362) ,STI(AOR=3.13(1.784,5.493), attitude score towards cervical cancer screening (AOR=1.468(1.334, 1.616)) ,knowledge score (AOR=1.267(1.92, 1.346))were significant predictors of cervical cancer screening practice.

Conclusion and recommendation: Magnitude of cervical cancer screening service uptake among age eligible women is still low. Age of the women, working as counselor in ART clinic, marital status, and source of information from health care professionals, history of multiple sexual partners, sexually transmitted disease, Knowledge and attitude were important predictors of cervical cancer screening practice.

Key words cervical cancer, screening practice, woman employees and hospitals.

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Abbreviations and Acronyms

AIDS.....	Acquired Immune Deficiency Syndrome
AOR.....	Adjusted odds ratio
CC.....	Cervical Cancer
CCS.....	Cervical Cancer Screening
COR.....	crude odds ratio
ETB.....	Ethiopian Birr
FDRE	Federal Democratic Republic of Ethiopia
FMOH	Federal Ministry of Health
HIV.....	Human Immunodeficiency Virus
HPV.....	Human Papilloma Virus
HPV DNA.....	DNA Deoxyribo Nucleic acid of Human Papilloma Virus
KAP.....	Knowledge ,Attitude and Practice
LBC.....	Liquid Based Cytology
HPBS.....	Health promotion and behavioral science
PAP.....	Papanicolaou
SNNPR.....	Southern Nations, Nationalities, and People’s Regi
SPIRES.....	Stanford University Program for International Reproductive Education and Services
TB.....	Tuberculosis
USPSTF.....	United States Preventive Services Task Force
VIA.....	Visual Inspection with Acetic acid
VILI.....	Visual inspection with Logo’s iodine
WHO.....	World Health Organization
UNAIDS.....	United Nations Programme on HIV/AIDS
ACS.....	American cancer society

CHAPTER ONE

1.1 Introduction

Cancer is a disease in which cells in the body grow out of control. It is over growth of abnormal cells which invade other adjacent cells and tissues. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later. There are five main types of cancers that affect women's reproductive organ that includes: cervical, ovarian, uterine, and vaginal and vulvar. As a group, they are referred to as gynecologic cancer [1]. When cancer starts in the cervix, it is called cervical cancer. Among five main gynecological cancers, cervical cancer is the easiest gynecologic cancer to prevent with regular screening tests and follow-up. It is also highly curable when found and treated early [1].

Though, the causes for many cancers are not well known. Some specific cancers have been to be related to infectious disease, for example, Hepatitis B causes Liver cancer. Evidences suggested that more than 99% of cervical cancer cases are linked to Human Papilloma-Virus (HPV). In Eastern Africa, studies done on HPV detection tests in cervical cancer samples showed that, about 20.3% of women in the general population are estimated to harbor cervical HPV-16 infection. Around 68.3% invasive cervical cancer are attributed to HPVs-16 or 18. In Ethiopia, though, data are not yet available at National level; a study conducted in Attar Hospital in Gurage zone, describes the prevalence of HPV was 17.3% (95% CI 14.1 – 20.5) and common genotype identified by study was HPV-16 [2-4]

HPV infection mainly related to patterns of sexual behavior and sexual activity, which includes multiple sexual partners, early age at first coitus, promiscuous male partners and lack of condom use and more than 75% of sexually active adults have had HPV infection in their lifetime , it can also be transmitted through direct skin to skin contact of the genital areas [5,6].Co-infection with other sexually transmitted infections such as HIV, Chlamydia Trachoma is and Herpes Simplex Virginals has also documented to contribute to the progression of the disease [7].

The WHO estimates that globally 30% of the burden related to all cancers can be reduced with early detection and treatment. Cervical cancer screening can also be early diagnosed using de-

testing service technologies such as, Pap smear test, Cervical cytology, Liquid-based cytology(LBC), New screening methods like, HPV DNA test and Visual tests: VIA and VILI [8].

In 2013, WHO launched the Global Action Plan for the Prevention and Control of Non-Communicable Diseases from 2013-2030, that aims to reduce premature mortality from Cancer, Cardiovascular diseases, Diabetes and Chronic respiratory diseases by 25% [9]and also World Health Organization (WHO) recommends comprehensive multidisciplinary approach interventions across the life course to cervical cancer prevention and control. These interventions include; community education, social mobilization, vaccination, screening, treatment and palliative care [10].

In Ethiopia though there was no separate cervical cancer prevention strategy and screening program. But cancer of reproductive organ is one component of the Ethiopian reproductive health strategy. There was also project named "AddisTesfa" by pathfinder international in Ethiopia that support comprehensive facility services, educate the community about cervical cancer prevention, and establish lasting alliances with local partners. Together with the Federal ministry of health (FMOH) and Stanford University Program for International Reproductive Education and Services (SPIRES)[11].

Pink Ribbon Red Ribbon which is a global health partnership founded by the George W. Bush Institute and the Joint United Nations Programmed on HIV/AIDS (UNAIDS) also integrated on existing healthcare programs in Ethiopia to add interventions to prevent, screen for, and treat cervical cancer.

Pink Ribbon Red Ribbon adopted a regional approach in Ethiopia, with plans to roll out screening and basic treatment programs. [12].

Cervical cancer screening is recommended for every women 30-49 years of age at least once in life time, but globally, in 2012, there were nearly a billion women of these age group most of whom have never been screened even once. Cervical cancer screening is an effective method has been shown successful in high income countries. However, competing Health care priorities, insufficient financial resources, weak health system, limited number of trained providers, lack of knowledge and socio-cultural determinants are some of the challenges that make

Difficult to achieve the desired coverage in most developing countries [13, 14].

1.2 Statement of the problem

Cervical cancer is the most catastrophic malignancy of the cervix, and it is the third most common cancer (after breast cancer and colorectal cancer) among Women worldwide. About 500,000 new patients are diagnosed with cervical cancer annually of which over 250,000 die [15].

Sub-Saharan Africa contributed more than 85% of global burden of cervical cancer. It is a Major cause of morbidity and mortality among women in resource-poor settings, especially in Africa [15, 16].

In East Africa, the age standardized cervical cancer incidence and mortality rate per 100,000 women was 34.5 and 25.3 respectively. In Ethiopia cervical cancer is the 2nd leading cause of cancer mortality. Every year, 7095 women are diagnosed and 4732 are dying from cervical cancer. [17,].

Cervical cancer screening offers protective benefits and is associated with a reduction in the Incidence of invasive cervical cancer and cervical cancer mortality [20].The World Health Organization (WHO), United States Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS) recommended that all age eligible women should have cervical cancer screening at least once every three years [21, 22, and 23].

But women in low and middle-income countries have a low participation rate in screening for cervical cancer. For example, only 6%, 12%, and 8.3% of age eligible women in South Africa, Bhutan, and Nigeria have participated in cervical cancer screening service uptake respectively [24, 25, and 26].Cervical cancer screening is one of major components of health promotion activities that can avert morbidity and mortality by more than 80%. However, In Ethiopia cervical cancer screening coverage is 1% for all women aged 18-69, 0.6% for urban and 0.4% for rural [27].

Surprisingly this shows that only 1% of age eligible women receive effective screening for cervical cancer and 90% of women have never had a pelvic examination at all [28].Projections show that by 2030, almost half a million women will die of cervical cancer, with over 98% of these deaths expected to occur in low and middle-income countries [29].

As it is revealed by many studies the magnitude of cervical cancer screening service uptake among age eligible women is still unacceptably low in developing countries. Common reason for not undergoing screening among age eligible women were identified as poor knowledge about cervical cancer, risk factors ,preventive methods and negative attitude towards cervical cancer screening and other associated factors .[18 and 21]

Even if, the Ministry of Health has been trying to deal with this problem by providing resources at its Family Guidance Clinics as well as the laboratories and training its staffs especially, nurses to be certified in conducting Pap smear screenings so as to help reduce the incidence of cervical cancer, very few women receive screening services in Ethiopia[18]

In Ethiopia studies concerning cervical cancer screening practice and factors associated with it is scarce and studies concerning to this issue is not found in southern Ethiopia. Therefore, the main purpose of this research is to identify factors affecting cervical Screening practice and recommend ways to increase screening uptake.

CHAPTER TWO: LITERATURE REVIEW

2.1 cervical cancer screening

Cervical cancer screening programs have been reduced the incidence and mortality of cervical cancer and heightened public awareness of cervical cancer prevention, focusing on screening will lead to improved survival and a better quality of life. This is supported by studies done in Japan cervical cancer screening program reduced incidence and mortality related with cervical cancer by 70%, [30].

Early detection can greatly increase the chance of successful treatment resulting in approximately 40% reduction in incidence and mortality associated with invasive cancer [31].

2.2 Socio-demographic factors related to cervical cancer screening practice

About 65% of women in Ireland between the ages of 18 and 60 years are estimated to have had cervical cancer smear test .However, uptake varied significantly by age, employment status, education experience, geographical locations and social class [32]

Uganda and other developing countries, cervical cancer is the most common cancer in women with an estimated incidence of 30 per 100,000 women. Over 80% of patients diagnosed with cervical cancer in Mulago Hospital, in Uganda presented with advanced disease.[33]

Women of low socio-economic status may be less likely to have been screened, Pap smear screening, on opportunistic rather than systematic basis, is offered free in the gynecological out-patients' clinic and the postnatal/family planning clinics. [33]

2.1.4 Source of information about cervical cancer

A Facility based cross-sectional study in Nigeria Shows that, 51% of women in the study were aware of cervical cancer screening. Main source of information was mass media (35.5%), and among the 'aware' group for screening services, only 13.6% had utilized the services [34].

Study done in rural South Africa showed, 51% of the respondent received information on Pap smear mainly from health care workers. [35]. another done in Gondar Ethiopia mentioned radio/TV followed by health care professional as main source of information [36]

2.3 Knowledge of cervical cancer screening

An assessment of women's knowledge of cervical cancer was considered important to understand the relation between knowledge and screening practice of cervical cancer. A study conducted in Dessie town, northeast Ethiopia revealed that 51% of the participants had sufficient knowledge about cervical cancer [37].

Study conducted in Niger Delta shows that, Pap smear was the most popular screening test. Forty-nine percent of staff & 9.7 % of students didn't know of any screening test and there is significant association between awareness and uptake of screening amongst staff [38]

A cross-sectional descriptive study conducted in Onitshh, South-East, Nigeria shows that cervical cancer screening (Pap smear) knowledge was 35.56%. Sixty-Four percent were not aware of this test, 1.78% has done the test, and 98.22% have not done the test. Among the reasons identified by the study for not performing the test is lack of knowledge about the service accounts 51.58% [39].

2.4 Attitude of cervical cancer screening

A community based cross-sectional study conducted in Cameroon shows that, there is significant Relationship between perceived susceptibility to precancerous lesion and risk of developing cancer and result in positive attitude towards Pap test in 75.2% of study participants [40].

A study conducted in Uganda health workers (physicians, nurses and others) showed that 65% of female health workers who are eligible for screening did not think they were susceptible to cervical cancer [41]

Another study conducted in Botswana witnessed that negative attitude of health service providers and limited access to the doctors were among the major barriers to cervical cancer screening services [42].

2.1.3 Lifestyle and sexual behavior factors

Women with recent frequent use of physician services and those requesting annual general and gynecological examinations had a higher probability of also having had cervical cancer screening. [43]

Study done in mekele showed that Women who have admitted having recent history of multiple sexual partners were 1.635 times more likely to undergo screening compared to those who did not have such history (AOR = 1.635, 95%CI = 1.094–2.443)[44].study done in africa showed that the association between sexual behavior and cervical cancer screening were women who had recent history of multiple sexual partners were more likely to be screened than those who did not have such history [45].

Another study done on the association between sexual behavior and cervical cancer screening in Africa showed where women who had recent history of multiple sexual partners were more likely to be screened than those who did not have such history [46].

Study in Botswana, where women with history of sexually transmitted diseases were 1.66 times more likely to undergo the screening than those without STDs [46].

Community-based study done in Uganda showed respondents who admitted as they were at risk of developing cervical cancer were 2 times more likely to seek screening for cervical cancer compared with those who believe they had a low risk[47]

Most of the individual woman sees her as being at risk and seeks care after recognizes symptoms and perceive susceptibility. Finally, willingness to undergo gynecological examination and screening is performed more likely during their thirties [48]

2.5 Practices of cervical cancer screening

According to study conducted In Botswana cervical cancer screening rate is low and did Not reach the Ministry of Health's goal of cervical cancer screening of at least 75% or more. In The same study 40.0% of study participants had ever had a Pap smear test [49].

In Uganda, only 19% of female health workers have ever had a cervical cancer screening and reasons for not screening included not feeling at risk, lack of symptoms, carelessness, fear of vaginal examinations, lack of interest and test being unpleasant[41].

The study done in mekele, Ethiopia, revealed that only 19.8% of age eligible women have been screened for cervical cancer [44].another study done in Gondar, Ethiopia from the participants that have knowledge about cervical cancer screening was only 14.7% [36].The main reasons mentioned for not screened were lack of information, absence of symptoms (being healthy) or did not decided to be screened.

On the supply side the MSIE based study in Ethiopia showed majority of centers didn't provide Pap smear and other cervical cancer screening and preventive treatment services yet. However, there are shortcomings in terms of access to information, reference materials and guidelines on cervical cancer screening and treatment. Referral systems and linkages are not established. The record review revealed poor practice in recording [50].

Finally, different studies revealed that burden of cervical cancer is potentially prevented by early screening and treatment.

However, factors associated with low cervical cancer screening practices are not well identified in our country.

Therefore, the main purpose of this research was to identify factors affecting cervical cancer screening practice and recommend ways to increase screening practice by the eligible women.

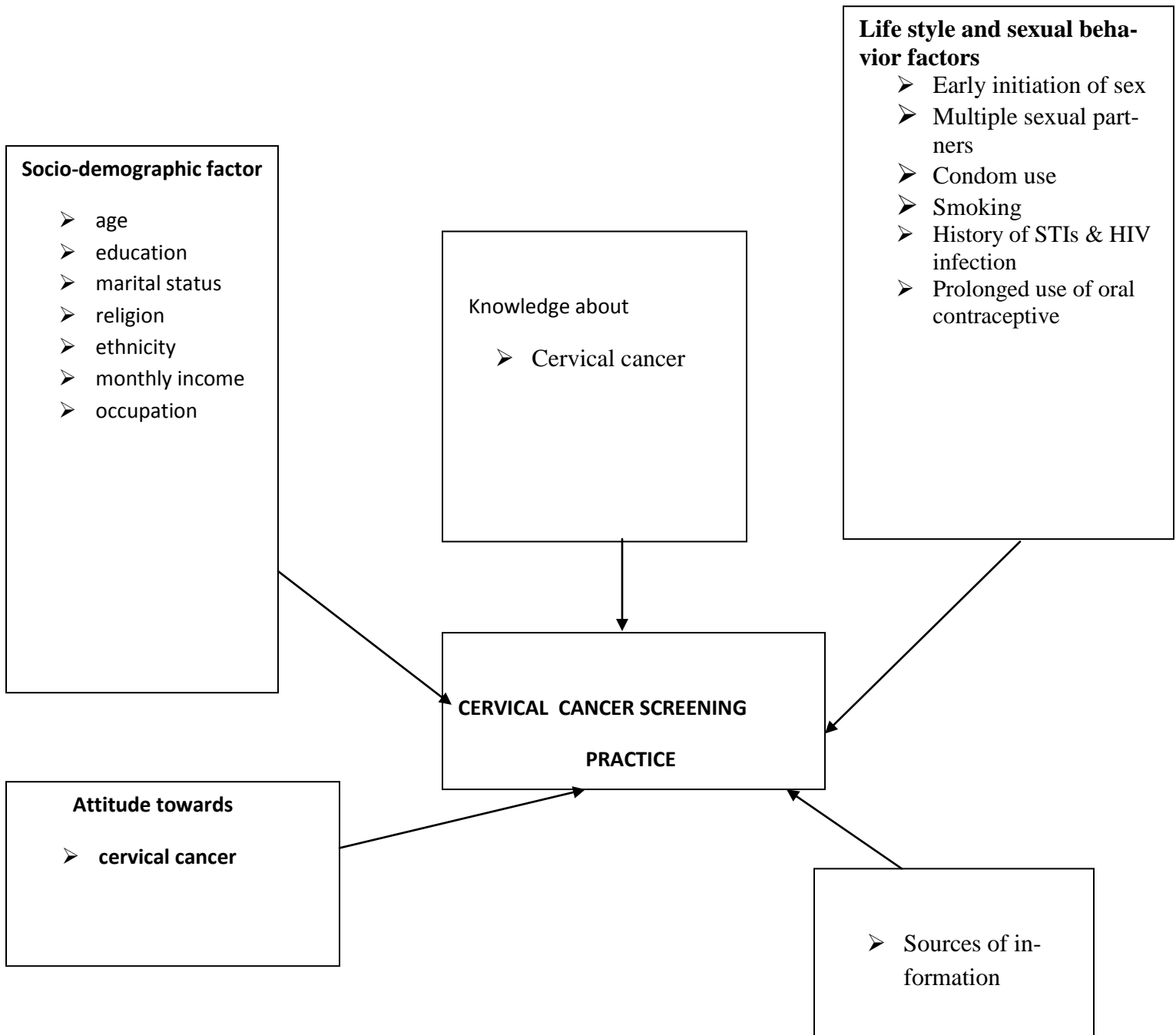


Figure 1 conceptual frame work for cervical cancer screening practice and associated factors adapted from different literatures .[36,38,44]

2.5 Significance of the study

Despite the growing number of cervical cancer cases in Ethiopia, still there is gaps with low screening practice. By considering the increasing pattern of the disease, low practice of screening and high prevalence of risk factors, the need for cervical cancer prevention program is evident. Data from the primary health care facilities were also scarce to see the problem for better intervention

Therefore, findings from this study will provided the necessary information to fill this gap particularly for the primary care system strengthening to tackle this growing public health problem. The study will moreover, helps zonal health department, public health institutions and other program planners to work on primary prevention mechanism by using gaps identified by this study. In addition, the study will give insight and serve as base line data for researchers and planners of other intervention plan like; health education and promotion regarding cervical cancer screening activities.

CHAPTER THREE: OBJECTIVE

3.1. General Objective

To asses cervical cancer screening practice and associated factors among woman employees in hospitals , Wolaita Zone ,SNNPR, Ethiopia, 2017.

3.2. Specific objective

- To assess cervical cancer screening practice
- To identify factors affecting cervical cancer screening practice.

CHAPTER FOUR METHODOLOGY

4.1 Study area and Period:

The study was conducted in Wolaita Zone, southern Ethiopia. Wolaita zone is located at a distance of 153km from capital of SNNPR (Hawassa) and 328Km south of the capital city (Addis Ababa). Wolaita Zone is administratively divided into twelve districts and three town administration. The Zone has five hospitals, 71 health centers, 372 health posts and 98 private clinics. Based on the projection of 2007 population and housing census the population of Wolaita Zone is about 1888,390 in 2014, out of which 50.73 is female and 49.27 is male and 96.31% are Wolaita ethnic groups.

Zonal town (sodo) is pathway for many travelers and tourists since it has five transportation gates to the nearby zonal towns. The major economic activities are agriculture (production of legumes, root crops and some cereals –predominantly maize), and livestock's rearing which is source of income for about 88.5% of population. Currently there are three hospitals providing cervical cancer screening and treatment, Otona, Christian and Dubo. The study will be conducted in this three hospitals from March to April /30 2017.

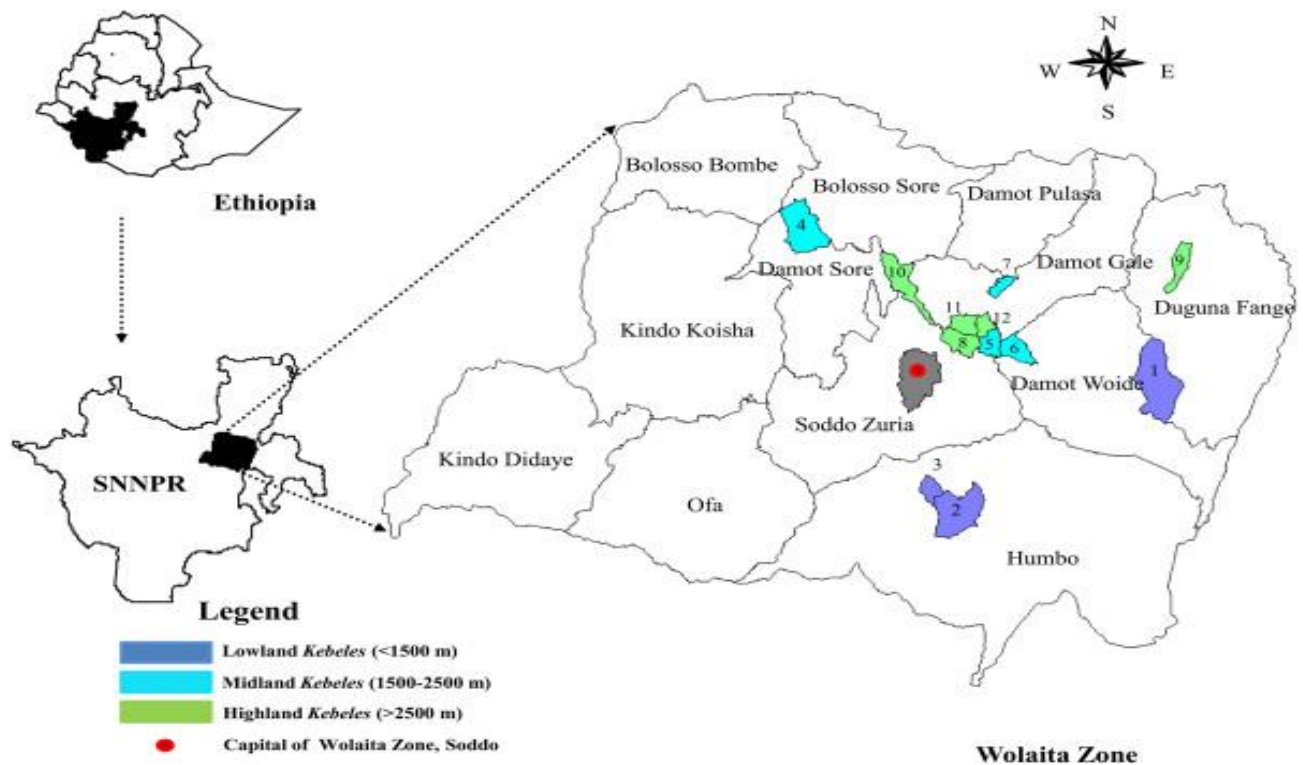


Figure 2 map of Wolaita zone

4.2 Study design

An institutional based cross-sectional study design was employed.

4.3 Population

4.3.1. Source population

All woman employees in the hospitals with the age range of 25-49 year.

4.3.2. Study population

All sampled woman employees in the hospitals with the age range of 25-49 year.

4.3.3. Inclusion and exclusion criteria

Inclusion criteria All woman employees with the age range of 25-49 year...

Exclusion criteria: Those who are critically sick and annual leave at the time of data collection.

4.4 Sample size determination and Sampling procedure

4.4.1 Sample size determination

The sample size was determined using a single population proportion formula considering the following assumptions: 19.8% proportion of women who underwent cervical cancer screening [44] , 95% confidence interval and 3% margin of error and the final calculated sample size was 667

Single proportion formula

$$n=(z\alpha/2)^2p(1-P)/d^2$$

$$(z)^2\text{at } 95\% \text{ confidence interval} = (1.96)^2$$

$$d = \text{Marginal of error} = 3\% = 0.03$$

n = sample size

P=estimated proportion (19.8%)

Since the total number of study population is $< 10,000$ the ($N=880$) using the correction formula $n_f = n/1+n/N$

Where, n_f is the final sample size, n_o is calculated sample size which is 677. N is the total number of woman employees in three study hospitals, 880. The final result would be $N_f = 677/1+677/880=382$ by adding non response rate 5%, the final sample size was 401.

4.5 sampling procedure

The health facilities where routine cervical cancer screening and treatment by using visual inspection with acetic acid and providing the service for all women were included. The health facilities were; Otona hospital, Christian hospital and Dubo hospital. A total of 880 female employees working in three hospitals. Among which 460 are working in Otona, 180 are working in Christian and 240 are working in Dubo hospitals.

All the population was considered for sampling technique and the total sample size was allocated using probability proportionate to size. Finally simple Random sampling technique was employed to select participants from respective hospitals. The schematic presentation below in Fig.3 elaborates more about sampling procedure.

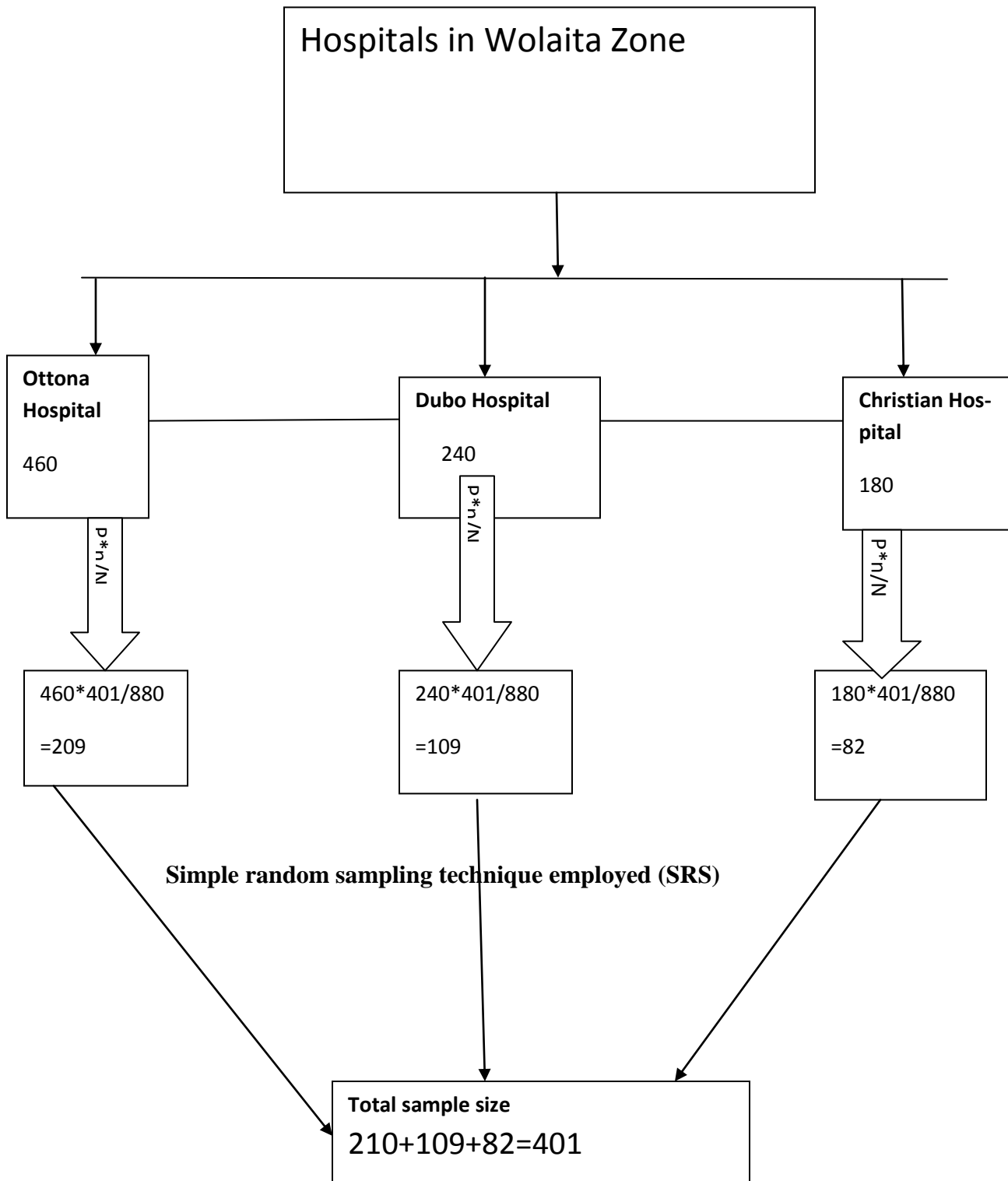


Figure 3 schematic presentation of sampling procedure proportionally allocated by $(p \cdot n / N)$

4.6 Data Collection tools

A Pre-tested Structured self administered questionnaire was used, facilitated by four female nurses and Supervised by two health officers. Questionnaire was designed to assess socio demographic variables, knowledge, attitude, life style and sexual behavior factors towards cervical cancer screening. Questionnaire was adapted from similar studies by the principal investigator and it has five parts. The first part has socio demographic characteristics, the second, the third, fourth and fifth parts are knowledge, attitude, practice on cervical cancer screening and their life style and behavioral factors .The questionnaire was distributed by the data collector .A total of 401 participants was participated . Respondent was assured that the information provided would be kept confidential.

4.5.2. Data quality control

Pretesting on 5% of a sample drawn from Arbaminch hospital was conducted prior to data collection to assess the cultural sensitivity and clarity of the items in the questionnaire. As already mentioned semi- structured questionnaire in English was translated into Amharic language and back translated into English by another person to check its validity. Clarification was provided to participants prior to distribution of the paper

Four data collectors and two supervisors were trained before the actual data collection period regarding the approach, objective of the study and ethical issue. All questionnaires were checked for completeness every day by the principal investigator and supervisor. The entered data was checked for completeness at the beginning and middle stage of the work. Data cleaning was conducted at the end of the data entry.

Further, confirmatory principal component analysis was performed to validate and check whether items were loaded to their respective constructs. Factor loading score of $\geq 40\%$ and varimax method of rotation was considered to load items. It showed that the items measuring attitude towards cervical cancer, Here, Eigen value of >1 was considered for construct validity.

The Cranach's alpha confirmed internal consistency of the dimension was done.

4.6 Data Processing and Analysis:

After the data collection, data was checked manually for its completeness. The data was entered and coded by using EPI-Data3.1 and after its completion; it was exported to SPSS Version 21 for further analysis. Descriptive statistics, such as frequency distribution, mean, standard deviation and percentage was done for some variables. Variables reached a p-value of 0.2 on bivariate analysis were included in multiple logistic regression analysis. Multivariate analysis using backward stepwise selection method was employed and p-values of less than 0.05 were taken to represent significance. The degree of association between the independent and dependent variables was analyzed using odds ratios with 95% confidence intervals. Statistical significance was declared at P value < 0.05. Data were presented using tables and figures.

4.7 study variables

4.7.1 Dependent variables

Cervical cancer screening Practice.

4.7.2 Independent variables

Socio demographic Characteristics

- Age
- Marital status
- Educational status
- Religion
- Income
- occupation
- Knowledge towards cervical cancer screening practice
- Attitude towards cervical cancer screening practice
- sources of informations
- Life style and behavioral factors

4.8 Operational definitions

4.8.1 Knowledge about cervical cancer screening: was assessed by using items with Yes or No response format about sign and symptoms, risk factors, method of prevention, frequency of screening, procedure of screening and eligibility for screening. For each knowledge question, (sign and symptoms were assessed by four items, risk factors with six items, method of prevention assessed by five items ,procedure of screening assessed by one item, eligibility criteria with one item, cost of screening with one item and interval of screening with one item. Totally knowledge was assessed by nineteen items.

Finally Measures for knowledge about cervical cancer was scored and knowledge of study participants analyzed as continuous variable.

4.8.2 Attitude assessment

Attitude was assessed by six questions put on Likert's scale. The questions on Likert's scale had positive and negative responses that ranged from strongly agree, agree, neither agree nor disagree, disagree and strongly disagree. The scoring system used with respects to respondents' responses as follows: strongly agree scored 5, agree 4, neither agree nor disagree 3, disagree 2, strongly disagree 1. The responses were summed up and a total score computed for each respondent. Finally attitude of study participants analyzed as continuous variable.

4.8.3 Practice

To asses practice, 1 question was delivered in yes or no option to assess the past five year respondent's action towards screening and those who ever screened once or more within the past five years regarded as having screening practice and those who never screened was regarded as having no practice on screening.

Ethical consideration:

Ethical clearance was obtained from research Ethics committee of school of public health in Jimma University. Following this, SNNPR health bureau and Wolaita Zonal health department were informed on study objective and study permission was obtained. Then a written consent was secured from the study participants through informed consent. The participants assured that the information they were going to give was used only for the purpose of the study and confiden-

tiality was kept. The participants had long and short term benefits. The short term benefit was the study participants get an insight about cervical cancer and screening during the data collection period and long term benefit from study finding. There was no harm to the participants. Though having conversation about cervical cancer might cause anxiety. But to handle such conditions the data collectors assured the participants well about the objective of the study.

Dissemination of results: After completion of research, the results of the study will be Presented in Jimma University School of Public Health, HEBS as partial fulfillment of masters Degree in public health HEBS. In addition to this, the final result document will be presented to SNNPR health bureau, Wolaita Zonal health department and other responsible bodies working in the area. Beside to this, the findings of the study will be published through peer reviewed journals as scientific outputs.

CHAPTER FIVE

5.1 Result

A total of 401 women employees participated in this study with 393 (98%) response rate. Almost all participants 391(97.5%) heard about cervical cancer. About 120(31%) participants had screened for cervical cancer and among these 99(25.2%) screened due to self convection and 22(5.6%) due to health professionals request. The mean score of knowledge was $8.63 \pm$ (SD 8.67(S.D 4.127)), with the minimum knowledge score of 2 and maximum score of 18. Mean score of attitude was $22.46 \pm$ (SD 3.961), the minimum score was 11 and maximum score was 30.

5.1.1 Socio – Demographic Characteristics

The tables below shows that , of 391 total respondents, 203(51.5%) were in the age range 25-29yr. majority of the respondents, 270(68.7%) were married and two hundred thirty six (60.1%) of the study subjects were protestant Christian followers, 97 (24.7%) were orthodox. Of the study subjects 303 (77.1%) were Wolaita and 28 (7.1%) were gamo in their ethnicity. Concerning their educational status 186 (47.3%) were with first degree ,121(30.8) diploma and 47 (11.9%) of them were below certificate . More than half 240(61.1%) of study participants have monthly income greater than 2000 Ethiopian birr.

Table 1 Percentage distribution of the woman employees by selected socio demographic characteristics, Wolaita zone, Ethiopia (n=401) 2017.

		(n)	%
Age In (years)	25-29	203	51.5
	30-34	109	27.7
	35-39	44	11.2
	40-44	28	7.1
	45-49	9	2.3
marital status	Married	270	68.7
	Single	123	31.3
Religion	Protestant	237	60.2
	Orthodox	97	24.6
	catholic	50	12.9
	Muslim	9	2.3
Ethnicity	Wolaita	303	77.1
	Gamo	28	7.1
	Kembata	27	6.9
	Gurage	2	.3
	Others	33	8.7
Level of education	Below certificate	42	10.7
	Certificate	43	10.9
	Diploma	121	30.8
	First degree and plus	187	47.3
			.3
Occupation	Health care professionals	172	43.8
	Administrative staff	71	18.1
	Adherence sup-	24	6.1

	porter		
	Cleaner s	126	32.1
Monthly in- come	<1000	74	18.8
	1000-2000	79	20.1
	>2000	240	60.1

5.1.2 Source of information for cervical cancer screening

Figure 4 shows the source information for study participants. 391(97.5%) of study subjects heard about cervical cancer. But the source from which they heard for the first time was different. Media (Radio/TV) was the predominant source, 152 (38.6%) followed by health professionals 144 (36.5%).

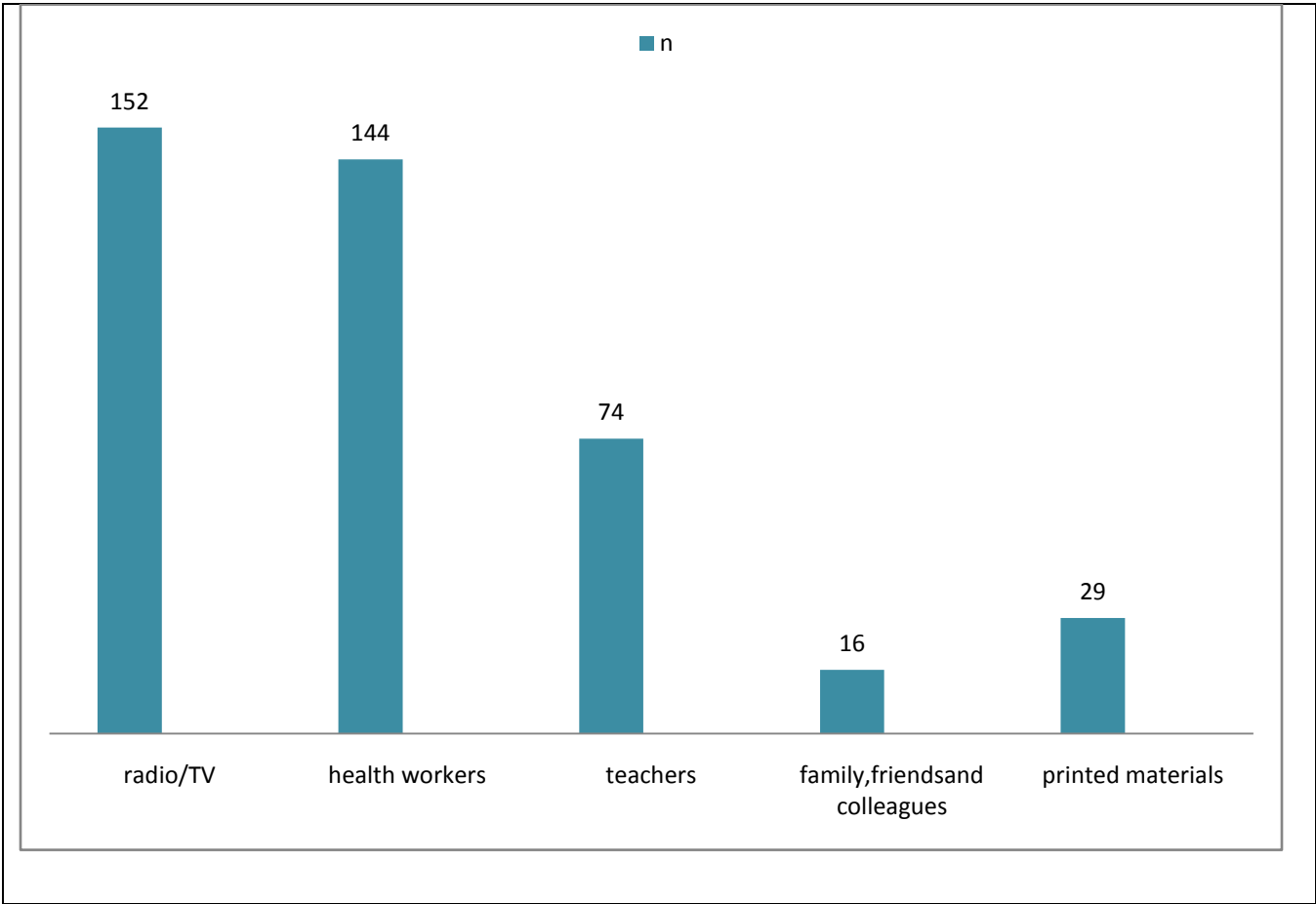


Figure 4 source of information for participants regarding to cervical cancer, Wolaita zone Ethiopia, 2017

5.1.3 Knowledge about cervical cancer screening

Knowledge about cervical cancer screening was assessed by nineteen items and analyzed as a continuous variable. With possible values ranging from minimum value 3 to maximum value 18. The mean score for study participants was 8.67(S.D 4.127)

5.5. Factor analysis

Before total score was computed, for items that were measured in scale, factor analysis was done to confirm whether items were loaded to their respective dimensions or not. Factor analysis was computed for items measuring attitude towards screening for cervical cancer. Factor with Eigen-value, 2.861 identified. The items were loaded on one factor, percentage variance explained was 47.68. One item with component matrix less than 0.5 was deleted. The Cronbach's alpha confirmed internal consistency of the dimension, which was 0.778 for attitude.

5.1.6 Attitude towards cervical cancer screening

Attitude was assessed by six questions put on Likert's scale. The questions on Likert's scale had positive and negative responses that ranged from strongly agree, agree, neither agree nor disagree, disagree and strongly disagree. The responses were summed up and a total score computed for each respondent. Finally attitude of study participants analyzed as continuous variable with possible values ranging from minimum value 11 to maximum value 30. The mean score for study participants was 22.46(S.D 3.961).

Life style and sexual behavior factors

Risk exposure of participants had assessed and out of all the study participants, 135(34.3%) had used modern contraceptives. Of those who used modern contraceptives 14 (10.4%) screened for cervical cancer. 34(8.6) study participants were used oral contraceptives for more than ten year. Over all participants, 15 (3.8%) smokes cigarette and, 21(5.3%), had sex before the age of fifteen year among these, 3(5.4%) and 1(4.76) screened for cervical cancer respectively. (Table 2).

Table2. Description of screening status of woman employees who were in Risky behavior among the study subjects, Wolaita Zone, Ethiopia, 2017.

Variable	Frequency	Percentage
Have you every use modern contraceptives?	138	35.3
Use Oral contraceptive	74	18.93
Use Injectable	53	13.6
Others	11	2.8
Used oral contraceptive for less five year	63	16
Used oral contraceptive for greater than or equal to five year	75	19.1
Have you every Smoke	50	12.7
Have every Use condom	224	57.28
Use with regular partner	120	30.5
Use condom with casual partner	97	24.7
Always	7	1.79
Have you ever had sexually transmitted infection	94	23.9
Had once	75	19.1
Had more than once	20	5.1
Have you ever had sex	366	93.1
What was your age at first sex		

<15yrs	21	5.3
15-20	220	56
21-25	117	29.8
>25	9	2.3

5.1.7 Practice of cervical cancer screening

Among all the study participants, 120 (31 %) screened for cervical cancer, among these 99(25.2%) were screened by self initiation and rest 22(5.6%) were initiated by health professionals.

Table3 distribution of screening practices of woman employees towards cervical cancer, Wolaita Zone, Ethiopia 2017

		Frequency (n)	Percentage (%)
Every screened for cervical cancer	Yes	120	31
	No	271	69.3
Screened by health professional request	Yes	22	6
Screened by self conviction	Yes	98	25
Screened once		112	29.2
Screened more than once	Yes	8	2

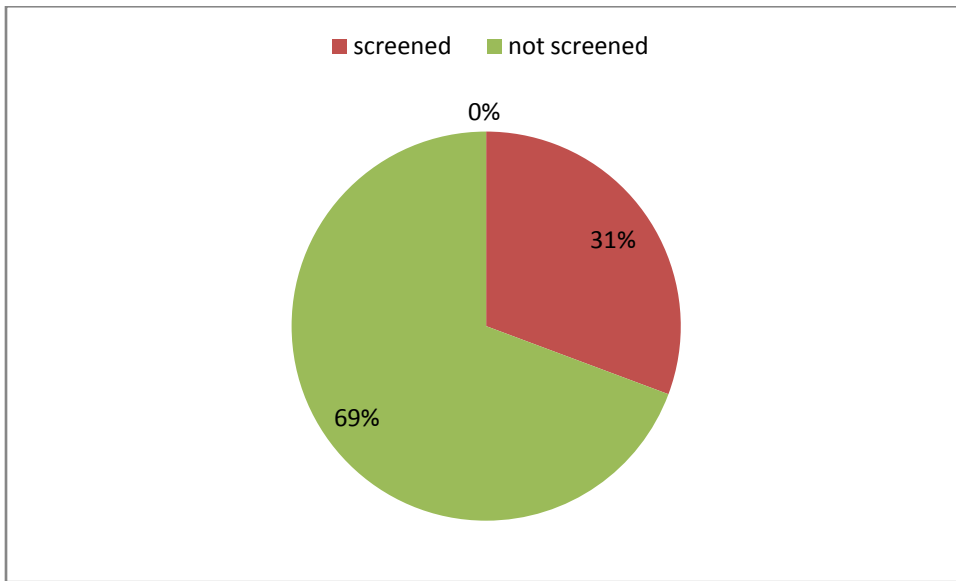


Figure 5 screening practice of woman employees in Wolaita Zone, Ethiopia, 2017

5.1.8 Reason mentioned for not to screen cervical cancer.

The majority of respondents never had cervical cancer screening. Respondents who have no screening practice were asked for their reasons for not to screen and among those who heard of screening ninety five mentioned as they were not informed well, 80, mentioned as they were healthy. (Figure 6)

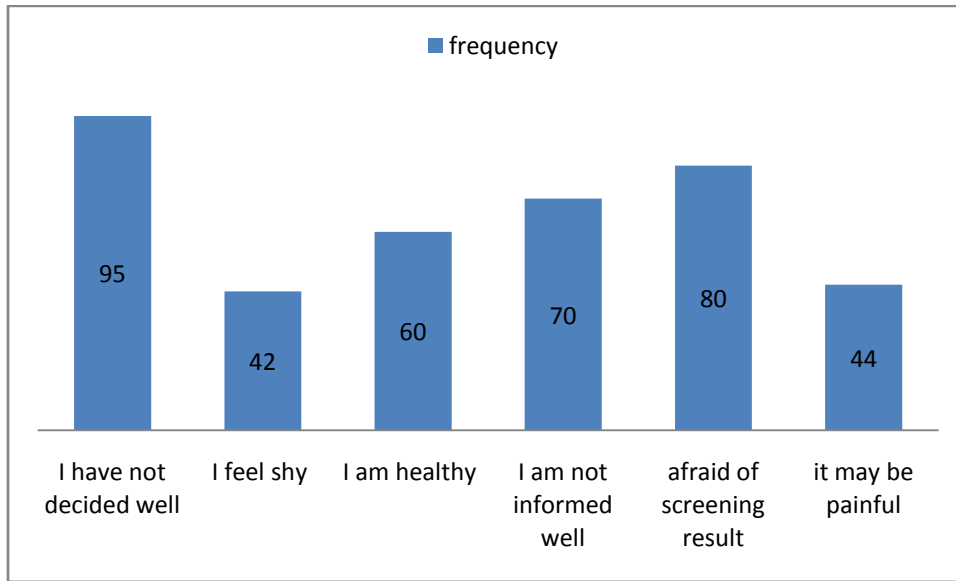


Figure 6 reason mentioned for not to screen for cervical cancer among women employees Wolaita zone, Ethiopia,

5.1.9 Predictors of cervical cancer screening practice

In Bivariate analysis socio-demographic variables i.e. age and occupation were associated with cervical cancer screening practice. Association of Age among female employees was revealed, that women employees with the age range of 25-29yr and occupational status working as counselor in ART and being health professionals were significantly associated with practice of cervical cancer screening

Source of information from health professionals and printed materials, having high knowledge score, high attitude score, sex with more than one partner and individuals with sexually transmitted infection were also some of variables found to be associated with cervical cancer screening practice.

In multivariate analysis age, occupation, source of information from health professionals, having high knowledge score and high attitude score were found to be statistically significant.

Respondents with age range 25-29yrs two point nine times more likely to practice cervical cancer screening than women whose age range 34-44yrs(AOR= 2.987, 95% CI (1.626, 5.49).

Women those who got information from health professionals were two point six times more likely to practice screening than those who did not mention health professionals as source of information (AOR=2.521, 95% CI (1.487,4.275) and having high knowledge score were

Table 4 Bivariate and Multivariate analysis of factors associated with cervical cancer screening practice among women employees in Wolaita zone, Ethiopia, 2017

Variables	Cervical cancer screening		COR,95%CI	AOR,95%CI
	Yes	No		
Age (yr)				
25 -29	40	155	1.714(.731,4.021)	
30-34	68	83	3.191(1.995,5.106)	2.987(1.626,5.49)
35-49	7	21	2.008(.865,4.660)	
40-44	4	6	2.891(.745,11.224)	
45-49	3	5	.277	
Occupation				
Health care professionals	76	96	3.299(1.927,5.647)	4.103(2.282,7.377)
Administrative staff	8	63	.529(.224,1.25)	
Adherence supporters	12	12	4.167(1.667,10.412)	3.741(1.414,9.899)
Cleaners	24	100	1	1
Source of information from health professionals				
Yes	79	63	2.696(1.734,4.191)	2.521(1.487,4.275)
No	192	57	1	
Source of information from printed materials				
Yes	10	19	1.908(.888,4.102)	
No	110	252	1	

Sex with more than one partner				
Yes	73	60	2.712(1.734,4.242)	2.289(1.336,3.922)
No	60	198	1	
STI				
Yes	50	44	3.685(2.267,5.99)	3.13(1.784,5.493)
No	70	227	1	
Knowledge			1.268(1.291,1.542)	1.267(1.192,1.346)
Attitude			1.468(1.374,1.716)	1.468(1.334,1.616)

CHAPTER SIX

6.1 DISCUSSION

Study was conducted to assess screening practice and associated factors among women employees towards cervical cancer screening practice. The study revealed that 120(31%) of age eligible women have been screened for cervical cancer. The current cervical cancer-screening practice (31%) is higher when compared to study done in Gondar ,mekele town and In Uganda where 19.8% ,19%,14.7% of age eligible women were screened respectively [36,41,44].This is might be due to socio demographic characteristics and Screening has become a routine procedure in current study area. Working environment exposure and awareness creation interventions such as health education on cervical cancer screening might be high when compared to previous one.

On the contrary, but the current screening practice is lower than study conducted in Botswana. This may partly be due to difference in the socio-demographic characteristics of the study subjects and priority given by two countries. In Botswana Ministry of Health's had set goal to reach cervical cancer screening for at least 75% and more nationally.[47]

From this study it was found that, age of study participant was one of the significant predictors of cervical cancer screening uptake. Women from age 30-34 was 2.9 times more likely to be screened compared to women in age range 25-29yr (AOR = 2.987(1.626, 5.49)95%CI. The higher screening rates among this age group are consistent with study done in mekele ((AOR = 1.799, 95%CI = 1.182–2.739) and study done in somewhere in Africa [44, 20].

This might be due to informations and related facts dissemination .Nowadays informations about cervical cancer are more probably focused on age group greater than 30years and WHO recommendations put age range from 30-49 for all women and below that for women at high risk to be screened. Most of the individual woman sees her as being at risk and seeks care after recognizes symptoms and perceive susceptibility. Finally, willingness to undergo gynecological examination and screening is performed more likely during their thirties [47]

Occupation of study participants was one of the significant variables associated with cervical cancer screening practice. Working as counselor or as adherence supporter in ART was 3.41times more likely associated with screening practice (AOR=3.741(1.414, 9.899)) and being health professionals was 4.103 times more likely associated with screening practice

(AOR=3.741(1.414, 9.899)).this might be perception of risk exposure status and educational back ground . The finding was consistent with findings of a community-based study done in Uganda. The study showed respondents who admitted as they were at risk of developing cervical cancer were 2 times more likely to seek screening for cervical cancer compared with those who believe they had a low risk[47].

Another finding of the present study is that history of multiple sexual partners is also important predictor of cervical cancer screening uptake. Women who have admitted having a recent history of multiple sexual partners were 2.289 times more likely to undergo screening compared to those who did not have such history2.289(AOR=1.336,3.922) this finding was higher than finding from study done in mekele (AOR = 1.635, 95%CI = 1.094–2.443).and study done in africa [44,45].

Another finding related to this was women with sexually transmitted infection was 3.13 times more likely to be screened than those without STI.(AOR=3.13(1.784,5.493).The same result was also reported from Botswana, where women with history of sexually transmitted diseases were 1.66 times more likely to undergo the screening than those without STDs [47]. this was revealed by another study done on sexual behavior of women in association to screening service uptake and that Women with frequent use of physician services and those requesting annual general and gynecological examinations had a higher probability of also having had cervical cancer screening. [43]

Source of information from health care professionals were predictor variable and women who heard information from health care professional were4.103 times more likely to practice cervical cancer screening compared women did not hear from health professionals. ((AOR=4.103(2.282,7.377)).this was consistent in study done in gonder[36].the reason might be health professionals are more acceptable in community and information heard from them could be loyal .Another reason might be study participants in current study were those health professionals and those working with them.

Knowledge and attitude was another important variable predicts screening practice. as knowledge score increases screening practice increases by 1.267(AOR=1.267(1.192,1.346) and those having high score in attitude practice 1.468 more likely (AOR=1.334,1.616)

This was consistent with a cross-sectional study conducted in Onitsha, South-East, Nigeria shows that low performance of the test was due in adequate knowledge.[39].

A study conducted in Uganda health workers (physicians, nurses and others) showed that 65% of female health workers who are eligible for screening did not think they were susceptible to cervical cancer [41]

Another study conducted in Botswana witnessed that negative attitude of health service providers and limited access to the doctors were among the major barriers to cervical cancer screening services [42].

In Bivariate analysis at p-value, 0.2 attitude, knowledge, age, occupation, source of information from health care professionals, source of information from printed materials, sex with more than one partner and women every had STI were associated with cervical cancer screening practice. However, when it was adjusted by controlling all the variables that having association in the crude analysis, in multivariate logistic regression, attitude, knowledge, occupation, age and source of information from health professionals, sex with more than one partner and women with STI were significantly associated at p-value, 0.05. Except occupation the findings was consistent with the study done in mekele [44]

7. STRENGTH AND LIMITATIONS OF THE STUDY

7.1 Strength of the study

- An attempt to keep the validity, a pre- testing and appropriate analysis was employed.
- Self administered questionnaire with the help of data collector also used to avoid fear in some sensitive questions.
- The study revealed the need to inform about cervical cancer, Information obtained from this study serves as base line information for researchers and program planners.

7.2 Limitations of the study

- The respondent's feelings, attitude, social interaction and failure to respond to certain items in the questionnaire due to individual's culture and values were not easy to control .
- Social desirability bias might be introduced.

8. CONCLUSIONS

8.1 Conclusions

Magnitude of cervical cancer screening service uptake among age eligible women is still low. Age of the women, working as counselor in ART clinic, marital status, and source of information from health care professionals, history of multiple sexual partners, sexually transmitted disease, Knowledge and attitude were important predictors of cervical cancer screening practice. Common reasons given by women for not undergoing screening were feeling of healthiness because of absence of symptoms followed by lack of adequate information.

Study also showed respondents who admitted as they were at risk of developing cervical cancer were practice cervical cancer screening more likely compared to those who believe they had a low risk.

9 .Recommendations

At ORGANIZATION LEVEL.

- Even if the study showed as below half of study participants were screened, still the finding was higher than similar studies done throught the country.

Therefore,

Organizations like Adis Tesfa, Path finder in Ethiopia, Pink red ribbon can use the finding and they can further asses the best practice of the study area.

AT ZONAL LEVEL

Wolaita zonal health department in collaboration with other stake holders should make efforts to promote cervical cancer screening among women , hence efforts should focus on informing women about risk factors and Disseminating information that focuses on educating the women

about cervical cancer risks, cervical cancer screening, hence enabling early treatment and prevention of cancer development.

Emphasis on media coverage through local Radio regarding the problems of female cervical cancer to create community awareness should be made.

AT INSTITUTION LEVEL

Private and public Hospitals working in Wolaita Zone should create awareness regarding cervical cancer since screening services like VIA is already available.

Public hospitals in collaboration with town administration should put priority on cervical cancer prevention by establishing awareness campaign, spreading screening services to health centers to make them available to all.

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ANNEXES

Verbal Invitation and Consent Script guide for data collectors

Good morning/afternoon! My name is.....and I am going to conduct an interview with you on behalf of **Ato Getachew Tesfaye** a post graduate Student at Jimma University, school of public health education and behavioral science. He is now conducting a study to better understanding the practice of female employee to cervical cancer screening practice.

I am looking and inviting you to fill out a questionnaire about your Screening practice and associated factors regarding to cervical cancer screening. This questionnaire is completely voluntary and would take about -----minutes of your time today. If you are interested,

I have an information sheet that explains a little more about the study .

Thank you for letting me talk to you about my study if you would like to talk to me or have any questions about this study, please ask me, since I can make it clear .

After participants read the information sheet .do you have any questions?

Some key points:

This is a study about cervical cancer screening practice and associated factors among female employees

It is completely voluntary questionnaire study. I will not share your answers with your supervisor or chain of command.

Please do not place your name, unit, or phone number on the questionnaire.-Some questionnaire may make you feel uncomfortable and you may leave questions blank.

Participants will not receive money to complete the questionnaire; however for completing the study I will give you an informational handout (Brochure) on cervical cancer and pen.

**JIMMA UNIVERSITY INSTITUTE OF HEALTH FACULTY OF PUBLIC HEALTH
DEPARTMENT OF HEALTH EDUCATION AND BEHAVIORAL SCIENCES
QUESTIONNAIRE**

This questionnaire was designed to assess Cervical cancer screening practice and associated factors among woman employees in three hospitals Wolaita Zone, SNNPR ,Ethiopia

Code _____ Date of filling /___/___/_____ DD/MM/YY

Instruction one:Read the information sheet about the study presented in the first page of this document, that may help you to understand the overall purpose of the study and makes you rational to decide autonomously to participate or not in the study. Read the informed consent sheet in the second page of this document and fill the blanks on the alternatives based on your desired decision

Instruction Two: Read each questions listed from page - and choose your response from the options listed in frontof each item.For those questions which has alternatives encircle the answer of your choice such as or For questions which required to be filled, write your response in the space provided.**1. Yes 0. No**

Information sheet for participants

Dear participant You are invited to participate in a cervical cancer study that is currently carried out in woman employees in hospitals providing the service. Please read this information sheet carefully before you decide whether or not to participate. If you do decide to participate we thank you. If you decide not to take part there will be no disadvantage to you of any kind and we thank you for considering our request.

What is the aim of the study? This study has been designed to investigate what the actual practice of cervical cancer screening and associated factors looks like. The study will summarize your thoughts on the issues raised and will be disseminated for those who uses the data to come up with better plan of how to provide training and this service for all women. Your answer will be confidential (i.e. not shown with identification). Honesty is needed to make this information relevant.

Who are eligible to this study? Participants should be female employees in selected hospitals

What is expected of you as participant?

A Nurse will administer a questionnaire to you which discusses the issue of cervical cancer. The interview may take between --- minutes complete you are requested to answer the

Question as honestly as you can. There will be no tests done to you and you may withdraw at any points should you change your mind with no disadvantage to you.

If you need further clarification about the study, please contact any time

Name Getachew Tesfaye

Mobile +251913382592

Email: gechabula@gmail.com

Consent form for participant

Date ----- Time ----- Code -----

I have heard and understood an explanation of the study that I have been invited to take part in. I have been given

a written and verbal explanation of what is asked of me and I have had an opportunity to ask question and to have

They answered.

I understand that I may withdraw from the study at any time, that my consent to take part does not alter my legal rights and that all information is confidential to the researchers.

I understand that any information collected will be in a secure site.

I consent to taking part as a participant in this study.

Signature of the consenting interviewer-----

Result of the interview: 1. Completed 2. Partially completed

3. The interviewee refused 4. Others-----

Data collector's Name: 1. ----- **Signature** -----

2. ----- **Signature** -----

Supervisor's name----- Signature -----

I hope you will participate in the study as your feedbacks are important. Thank you for your willingness to be my study participant and taking time to fill study questionnaire.

PART I Socio-Demographic Information

Sir .No	Questions	Response	Remark /skipping
Q 1	What is your age		
Q 2	Sex	Female	
Q 3	What is your current marital status	1married 2-single 3- divorced 4 widowed	
Q 4	What is your religion?	1. Protestant 2. Orthodox 3. Catholic 4. Muslim 5 other, please specify..	
Q 5	To what ethnic group you belong to?	1. Wolaita 2. Gamo 3. kembata 4.Gurage 5.sidama 6.other specify..	
Q 6	What is level of education?		
Q7	What is your occupation	1 health professional 2 administrative staff 3 adherence supporter	
Q 7	What is your current monthly income?		

PART II source of information

Q8	Have you ever heard about cervical cancer?	1 yes 0.no	If no exit study ,
Q9	From where did you first hear about cancer of the cervix? (only one choice allowed)	1. From Radio/TV 2. printed materials(brochures, posters) 3. Health workers 4. Family, friends, and colleagues 5 Religious leaders 6. Teachers 7.other specify----	1.yes 0.no

Part III Knowledge on cervical cancer questions (1=yes, 0=no)

Q10	What are the symptoms of cancer of the cervix? (multiple choice available)	1. Vaginal bleeding 2. Vaginal foul smelling discharges 3. Post-coital bleeding 4. Pain during sex. 5. I do not know	1.yes 0.no
Q11	What are the risk factors for cancer of the cervix?(Multiple choice	1. Having multiple sexual partners	1.yes 0.no

	questions available)	<ul style="list-style-type: none"> 2. Early sexual intercourse <15yrs 3. HPV infection 4. Cigarette smoking 5. Using birth control pills for a long time(more than five year) 6 .HIV infection 7 I do not know 	
Q12	How can a person prevent getting cancer of the cervix?(multiple choice available)	<ul style="list-style-type: none"> 1. Avoid multiple sexual partners 2. Avoid early sexual intercourse <15yrs 3. Quit smoking 4. HPV vaccination 5.prevent STI 6.I do not know 	<p>1.yes</p> <p>0.no</p>
Q13	How expensive do you think cancer of the cervix treatment in your hospital?(only one choice allowed)	<ul style="list-style-type: none"> 1. It is free of charge 2. It is reasonably priced 3. It is somewhat/moderately expensive 4. It is very expensive 5. don't know 	<p>1.yes</p> <p>0.no</p>
Q14	How frequent is screening for cervical cancer done? (only one choice allowed)	<ul style="list-style-type: none"> 1. Once every year 3. Once every 5 years 3once every year and every five year depending on the result 	<p>1.yes</p> <p>0.no</p>

		4.i don not know	
Q15	Who should be screened?(only one choice allowed)	1. Women of 30-49 years and above 25yr high risk group 2. Prostitutes 3. Elderly women 4. I do not know	1.yes 0.no
Q16	Can you mention any of the procedures used in screening for cervical cancer in your hospital ? (only one answer allowed)	1. VIA (visual inspection with acetic acid) 2. Pap Smear 3. Biopsy	1.yes 0. no

PART IV ATTITUDE

Q17	Cancer of the cervix is highly prevalent this country	1. strongly agree 2. agree 3. neither agree nor disagree 4. disagree 5. strongly disagree	
Q18	Cervical cancer is leading cause of deaths amongst all malignancies.	1. strongly agree 2. agree 3. neither agree nor disagree 4. disagree 5. strongly disagree	

Q 19	Any young woman including you can acquire cervical cancer	1 strongly agree 2 agree 3. neither agree nor disagree 4. disagree 5. strongly disagree	
Q20	Screening helps in prevention of carcinoma of the cervix	1. strongly agree 2. agree 3. neither agree nor disagree 4. disagree 5. strongly disagree	
Q 21	Screening causes no harm to the client	1. strongly agree 2. agree 3. neither agree nor disagree 4. disagree 5. strongly disagree	
Q 22	If screening is free and causes no harm, I will decide to go for screen	1. Strongly agree 2. Agree 3. neither agree nor disagree 4. Disagree 5. Strongly disagree	

PART V cervical cancer screening practice questions (yes-1, no-0)

Q 23	Have you ever screened for cancer	1. Yes	If no, thanks can exit
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	of the cervix	0. No	the study
Q24	If yes to question No-29 what was the reason for up taking screening (only one choice allowed)	1 .Dr. request 2 .self conviction 3.Part of general screening program 4. I don't know	1.yes 0.no
Q 25	If yes to Q No.29 how many times you screened before	1.once 2. more than once	1.yes 0.no
Q 26	When was the last time you screened?	1. within the past five years 2. More than five years ago	1.yes 0.no
Q 27	If no to question no-29 Why shouldn't you screen for cervical cancer?	1. It may be painful. 2. I feel shy 3. I am healthy 4. My husband would not agree 5. I am afraid a screening test would reveal cervical cancer 6. it is expensive 7. I am not informed well	1.yes 0.no

		8. I haven't just decided	
		9.other	

E. PART VI life style and sexual behavior factors

Q 28	Have you ever had sexually transmitted Infections?	1 yes 0 no	
Q 29	If your answer to question No. 44 is yes how many times did you have sexually Transmitted infections?	1.once 2 more than once	1.yes 0. no
Q30	Have you ever had sex	1 yes 0.No	
Q31	If your answer to question No.37 is yes what was your age at first sex		
Q32	If yes to question No.37 with how many sexual partners do you have sex?	1.one 4.more than one	
Q 33	Have you ever use condom?	1. yes 0.No	

Q 34	If your answer to question No. 40 is yes, when you are you using condom?	1. Having sex with regular partner 2. Having sex with casual partner 3. Always	1.yes 0.no
Q 35	Have you ever used contraceptive pills?	1.Yes 2.No	
Q 36	If yes to Qn.42 what type?	1.Oral contraceptive 2. Pills..... 3.Injectables 4.Others	
Q 37	If your answer to question No. 42 is yes, How long did you use?	1 less than five year 2.greater than five year	
Q 38	Are you currently using oral Contraception?	1 yes 0 no	
Q 39	Do you smoke	1 yes 0 no	
Q 40	Do you Have HIV-virus in your blood	1 yes 0 no	

ጅምዬን ቨርሲቲ ጠፍሳይን ስኮሌጅዩ ህብረተሰብ ጠፍት/ትቤት

መጥይቅ

ወላይታሰዶዞን ባለ-ትሆስፒታሎች ወስጥባለ-ትቤት ሠራታኞች ማህፀን ጭካኑን ሰርናዩ ቅድመካን ሰርምር መራክ ልግሎቱክ ጠቃቀም ላይያላቸውን ልምድ እና ተግደርትለ ማጥናትዩ ተዘጋጀ መጥይቅ፡

የ መኪጠር ቁጥር ----- መጥይቁዩ ተሞላ በትቀን / ----- ወር / ----- / ዓ/ም ----- /

መጠርያ አንድ፡ -

በዚህ ጥናት ላይ መኪጠር ወይም ሌላ ጥናት መወሰን ይረዳዝን ደብዚህዩ ጥያቄ ሰነድ ያላቸው ሰርምር ስለ ጥናቱ በተመለከተ የቀረበውን መረጃ በመግባት ላይን በብት፡ :

ቀጥለ ወክህላ ተኛን ፅዕ ደረጃውን የ ስምምነት ሰነድ ማን በብቀረበው ያሞር ጭካኑን ታስምህ ትያይግለፅ፡ :

መጠርያ ሁለት፡ -

ከገፅ 1-12 የ ሰፈሩት እያንዳንዳቸው ጥያቄ በመግባት ማን በብቀረበው መረጃ ስለ ሠራታኞች ሠራተኛው ስለ ጥናቱ በተመለከተ የሠራተኛውን ወይም ሌላውን ስምምነት ሰነድ ያላቸውን ማሳያ ማረጋገጥ፡ :

በያንዳንዳቸው ሠራተኛው ላይ ስምምነት ሰነድ 1. አዎ 0. የ ለምግብ ማሰባሰቢያ የቀረበትን እንደሚሰጡ ወይም ሌላውን ስምምነት ሰነድ ያላቸውን ማሳያ ማረጋገጥ፡ :

በፅሁፍ ወይም በቀጥታ ስምምነት ሰነድ ላይ ስምምነት ሰነድ ያላቸውን ስምምነት ሰነድ ያላቸውን ማሳያ ማረጋገጥ፡ :

ለ ጥናት ተሳታፊዎች ስለ ጥናቱ የቀረበ መረጃ

ክብርትዩ ዚህ ጥናት ተሳታፊ

በከምግብ ታጠቃሚ ርዞን በመግባት ጠፍተው ጥባለ-ትቤት ጠፍተው በላይ ያላቸው ስምምነት ሰነድ ማህፀን ጭካኑን ሰርናዩ ማህፀን ጭካኑን ሰር/ነ ቀርሳ ቅድ መምህራን ስምምነት ሰነድ ላይ ስምምነት ሰነድ ያላቸውን ማሳያ ማረጋገጥ፡ : በዚህ ጥናት

ለ መኪጠር ወይም ሌላ ጥናት መወሰን ይረዳዝን ደብዚህዩ ጥያቄ ሰነድ ያላቸው ስምምነት ሰነድ ያላቸውን ማሳያ ማረጋገጥ፡ : መረጃውን

አን በብቀረበው ወላ መኪጠር ወይም ሌላ ጥናት መወሰን ይረዳዝን ደብዚህዩ ጥያቄ ሰነድ ያላቸው ስምምነት ሰነድ ያላቸውን ማሳያ ማረጋገጥ፡ :

ርያቸውን አክብሮት መስጠት ያለፈውን ስምምነት ሰነድ ያላቸውን ስምምነት ሰነድ ያላቸውን ማሳያ ማረጋገጥ፡ :

ለጠየቁት ጥያቄዎች ተገቢ ሆኖ ስለሚገኝ ለሆኑ ፡ በተጨማሪም በዚህ ጥናት ውስጥ ለመሳተፍ በመለጠፍ ታደጁትን ትተሙረተ፤
 ማራከራዊነት ቱየ ተጠብቀና በማገናኘት ለሌሎች ጥናት መመዘኛ ብራህ ማመዘኛ እንደሚሆን ስለሚታወቅ ፡
 ስለዚህ ጥናት ላይ ማጠቃለያ ላይ ተረዳህ ስለሆነ በዚህ ጥናት ለመሳተፍ በመለጠፍ ታደጁትን ትመዘኑ በፊርማ አረጋግጧል፡፡

በጥናት ውስጥ ለመሳተፍ ታደጁትን ዎት?

አዎ ወይ ሳይሆን ማለት
 አይደለም ማለት ግና ለሁሉ

የስምዎን ትፍቃድን ወስደው (የተቀበለው) ጠየቁትም ----- ፊርማ -----
 የቃለ ምልልስ መጠኑ
 1. የተሟላ ----- 2. በከፊል የተሟላ ----- 3. ፍቃድ ስለሆነ ----- 4. ሌላ -----
 የሚጀምሩት ጠባቢዎ ----- ፊርማ -----
 የተቆጣጠሩት ጠባቢዎ ----- ፊርማ -----

ክፍል አንድ የ ማህበራዊ፣ ኢኮኖሚያዊ፣ ስነ - ተዋልዶና ስነ - ህዝብ መረጃ

- 1. ዕድሜዎን ማሳያውን ትገቡ? -----
- 2. በአሁኑ ሰዓት የ ጋብቻ ህይወት ስምዎን ድንገት ወይ?
- 1. ብድር/ያላገባ

2.ያገባ

3. የተለያየ

4. የተፋታ

5. የሞተባት

3.ከየትኛውባህር / ብሄረሰብ ወይ ተገኝት?

1. ወላይታ

2. ከምባታ

3. ጋማን ፋ

4. ሀድያ

5. አሜራ

6. ጉራጌ

7. ሲዳማ

8. ሌላ ካለይግለፁ---

4.ሃየ ማየትዎምን ደነ ወ?

1. አርቶዶክስ

2. ሙስሊም

3. ፕሮቴስታንት

4. ካቶሊክ

5.ሌላይግለፁ

5. የትምህርትደረጃዎምን ደነ ወ:.....

6. በአሁኑ ሰዓት የስራ ዓይነትዎ ምንድነወ.

1. ጤና ባለሙያ

2. አስተዳደር ሰራተኛ

3. አዴራንስ ባለሙያ

4. ጽደት ሰራተኛ

6. በአሁኑ ሰዓት ወርሃዊገቢዎ በብር ስንት ነው?-----

ክፍል 2 ስለየ ማህፀን ጭካኑን ስርና የ ማህፀን ጭካኑን ስር ቅድመምር መረብተላክተ

17. ስለ ማህፀን ጭካኑን ስር/ነ ቀርሳ

ሰምተዎቻ ወቃሉ?

1. አዎ. የ ለም መልስዎ የ ለም ከሆነ እና መስግናን

18. ስለ ማህፀን ጭካኑን ስር/ነ ቀርሳ በሽታ 1. አዎ. የ ለም

ለ መጀመር ያ ጊዜ የ ሰመት ከየ ትነ ወ፡

1. ከ ጌደዮ/ ቴሌቪዥን (1. አዎ. የ ለም)

2. ህትመት ወጠቶች (1. አዎ. የ ለም)

3. ከ ጠፍባለ መቻ (1. አዎ. የ ለም)

4. ከ ቤተሰብ፤ ደኛ፤ ጎረቤት (1. አዎ. የ ለም)

5. ከ መሪዎች (1. አዎ. የ ለም)

6. ከ መሥሪያ ቤቅ/ት/ት አገልግሎት (1. አዎ. የ ለም)

7. ሌላ ካለ ይገለፅ ----- (1. አዎ. የ ለም)

19. የ ማህፀን ጭካኑን ስር በሽታ ምልክት/ቶች ምን ምን ናቸው?

1. በ ማህፀን በ ከ ልደ ምጣና ስስ

2. መጠጫ ጊዜ ያለ ወደ ብልት ፈሳሽ

3. ከ ግብረ-ስጋ ግንኙነት ትደምጣና ስስ

4. በ ግብረ-ስጋ ግንኙነት ትወቅት ህመም ማስማት

5. ሌላ ይገለፅ

20. ለ ማህፀን ጭካኑን ስር አጋላጭ 1. አዎ. የ ለም

ሁኔታዎች የ ትኞቹ ናቸው?

1. ከ አንድ በላይ የ ወሲ ብአጋር መኖር

2. ከ 15 ዓመት እድሜ በፊት ቀደም በሌላ ምጣና ወሲ ባደግንኙነት

3. ለ ህመም ፓርሎማየ ተባለ ቫይረስ መጋለጥ

4. ስጋ ራሱ ማጠፊ

5. ለ ረጅም ጊዜ የ እርግዝና መቆጣጠር ያ እንክብል መወሰድ

6. በ አባላዘር በሽታ መቆየት

7. ሌላ ካለ ይግለጹ---

21. የ ማህጸን ጭክን ስር እንዴት መከላከል ይቻላል? **1. አዎ 0. የለም**

- 1. በአንድ የትዳር ጓደኛ በመሆን
- 2. ከ15 ዓመት እድሜ በፊት ቀደም በሎው ሲባዎት የግንኙነት አለመጀመር
- 3. ሲጋራ አለመጠቀም/ማቆም
- 4. ለሂንፓር ለመቸገር ስክት ባት ማግኘት
- 5. ከ15 ዓመት እድሜ በታች አለመገዝ

6. ሌላ ካለ ይግለጹ----

23. አንድ የ ማህጸን ጭክ ያለ ባት ሴት እንዴት ነ ወደ ምት ታከመዎ? (አንድ ምርጫ ይምረ) **1. አዎ 0. የለም**

- 1. የባህል መድሃኒቶች በመሰደድ
- 2. በቀድሞ ህክምና
- 3. በሆስፒታል በሚሰጡ ተለያዩ መድሃኒቶች
- 4. በጨራህ ክምና
- 5. ሌላ ካለ ይግለጹ

24. ሀገራችን ወስጥ የ ማህጸን ጭክ ካንሰር ህክምና ምን ያህል ወድ **1. አዎ 0. የለም**

ነው በሰው ደረጃ ስብሰታ? (አንድ ምርጫ ይምረ)

- 1. ማንም ሊከፍለው ማቸል ዋጋ ነ ወያለው
- 2. በተመጣጣኝ ዋጋ ይሰጣል
- 3. በጣም ወደ በሆን ዋጋ ይሰጣል

26. የ ማህጸን ጭክ ካንሰር ቅድመ ምርመራ ማድረግ ለግለሰብ ማግኘት ያለባቸው እነ ማን ናቸው? **1. አዎ 0. የለም** (አንድ ምርጫ ይምረ)

- 1. ዕድሜ ቸው 30-49 ዓመት ና ከዚያ በላይ የሆኑ ሰዎች
- 2. ሴተኛ አዳሪዎች
- 3. በእድሜ ገ ፍሴቶች ባቸው
- 4. ሌላ ካለ ይግለጹ ...

27. በአገራችን የ ማህጸን ጭክ ካንሰር ቅድመ ምርመራ ማድረግ ወብ የትኞቹ ደዎች

ነው? (አንድ ምርጫ ይምረ)

- 1. የአሴቲክ አሲድ እየ ታና ምልክታት **(1. አዎ 0. የለም)**

33. የህግ ጭንቀት ምን ዓይነት ምርመራ ማድረግ ጉዳት

የለውም።

- 1. በጣም አልሰማምም 2. አልሰማምም
- 3. ደምጽ አልሰጥም 4. እስማማ ለሁ
- 5. በጣም እስማማለሁ

35. የህግ ጭንቀት ካንሰር ምን ዓይነት ምርመራ ነፃና ጉዳት

የማይሰከትል ከሆነ ለመመርመር እወስናለሁ፡፡

- 1. በጣም አልሰማምም 2. አልሰማምም
- 3. ደምጽ አልሰጥም 4. እስማማለሁ
- 5. በጣም እስማማለሁ

ክፍል አንድ የህግ ጭንቀት፣ አካላዊ ጭንቀት፣ ስነ - ተዋልዶና ስነ - ህዝብ መረጃ

ክፍል 4 ስለ አናኖርዎ እና የግል ባህሪ በተመለከተ ያለውን ሁኔታ የሚጠይቅ መጥይቅ

7. ግብረ - ስጋ ግንኙነት አድርገው ወያ ወቃሉ? **1. አዎ**. የለም መልስ ያለ ለምክርቤት ወደ ጥያቄ ቁጥር ----- ይለፉ

8. ለጥያቄ ቁጥር -7 የሰጠችሁ ስለ አዎ ከሆነ ፣ ለመጀመሪያ ጊዜ ግብረ - ስጋ ግንኙነት የፈጸመችሁ ስንት ጊዜ ይህ ዓይነት ጭንቀት ስለዎት?
ነበር?-----

9. ኮንዶሚኒየም ስለሆነው ወያ ወቃሉ? **1. አዎ**. የለም መልስ ያለ ለምክርቤት ወደ ጥያቄ ቁጥር ----- ይለፉ

10. ለጥያቄ ቁጥር 9 የሰጠችሁ ስለ አዎ ከሆነ ኮንዶሚኒየም

የሚጠቀሙት ጊዜ ነው?

- 1. ከመጀመሪያ ጉድጓድ ጋር
- 2. በድንገተኛ ወሲብ አጣጥዞቅት
- 3. ህሊና ግብረ - ስጋ ግንኙነት

በሚፈጸምበት ጊዜ

ክፍል 4: የህግ ጭንቀት ካንሰር ምን ዓይነት ምርመራ ስለማድረግ ቻልኩ የሚጠይቅ መጥይቅ

10. የአባላዘር በሽታ ይዞ ያለው ወያ ወቃሉ? **1. አዎ**. የለም መልስ ያለ ለምክርቤት ወደ ጥያቄ ቁጥር ----- ይለፉ

11. ለጥያቄ ቁጥር 10 የሰጠችሁ ስለ አዎ ከሆነ ለምን ያህል ጊዜ የአባላዘር በሽታ አጣጥመውት ወያ ወቃሉ? -

1 አንድ ጊዜ

2 ከአንድ ጊዜ በላይ

15. የእርግዝና መከላከያ እንክብካቤ ተጠቅሞ ወያ ወቃሉ? **1. አዎ**. የለም

16. የእርግዝና መከላከያ እንክብካቤ ተጠቅሞ ለምን ያህል ጊዜ ተጠቅሞ? በዓመት/ ወራት ይግለጹ-----

::

36 .የሚህፀን ጭክ ካንሰር ቅድመ ምርመራ አድርገው ያውቃሉ?

(1. አዎ 0. የለም)

ሚልስዎ የለም ከሆነ ወደ ጥያቄ ቁ-- ይሂዱ

37 ለጥያቄ ቁጥር 36 ሚልሶ አዎ ከሆነ ስንት ጊዜ ተሚርምረዋል

1 አንድ ጊዜ(1. አዎ 0. የለም) 2. ከአንድ ጊዜ በላይ(1. አዎ 0. የለም)

1. በሃኪም ትእዛዝ

2. በራሴ ፍላጎት

37. የሚህፀን ጭክ ካንሰር ቅድመ ምርመራ ማድረግ ያልቻሉበት ምክንያቶች ምን ምን ናቸው?

1. የሚህፀን ጭክ ካንሰር

ቅድመ ምርመራ ማድረግ

ያልቻሉበት ምክንያቶች

ምን ምን ናቸው?

1. ስለሚህፀን ጭክ ካንሰር የመረጃ ውስንነት

ስላለኝ

2. ስለሚህፀን ጭክ ካንሰር ቅድመ ምርመራ

ለማድረግ የሚያስችሉ የጤና ት/ት ፕሮግራሞች

አለማገኘቴ

3. ምርመራው ምን እንደሆነ ስለማላውቅ

4. ቀደም ሲል አደገኛ ወሲባዊ ባህርያት

ያልነበሩኝ በመሆኑ

5. ሃይማኖቴ ምርመራውን የማይደግፍ

በመሆኑ

6. ባህሌ ምርመራውን የማይደግፍ በመሆኑ

7. ባለቤቱ ምርመራውን እንዳደርግ የማይፈቅድ

በመሆኑ

8. ምርመራው ያሳምማል ቢዬ ስለ ምገምት

9. ስለ ማፍር

10. ካንሰር አለብሽ የሚል የምርመራ ውጤት

መስማት ስለምፈራ

11. ሌላ ካለ ይገለፅ: -----

በዚህ ጥናት ውስጥ ከእርስዎ የሚጠበቅ ምንድን ነው

በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ከሆኑ ዘንድ በመጠየቁ ወስጥ የቀረቡ ጥያቄዎች በሚገባ በማንበብና በመረዳት አስፈላጊ ከሆነ

ደግሞ ለመረጃ ሰብሳቢው በመጠየቅ ማብራሪያ በማግኘት ተገቢውን ጊዜ በመውሰድ ምላሽ ይሰጡ ዘንድ በአክብሮት

ስንጠይቅዎ የሚሰጡን መረጃ ታማኝነት ያለው እንደሆነ በመተማመንና ለወደፊቱ በዚህ ረገድ ለሚደረገው ስራ ትልቅ

ግብአት መሆኑን እገልጻለሁ። ይህንን ጥናት የሚካሄድበት ዋነኛ አላማ በወላይታ ሶዶ ዞን ውስጥ በሚገኙ ሆሲፒታሎች ተቀጣሪ

ሴት ሠራተኞችን ያሳተፈ ማህፀን ጫፍ ካንሰርና የቅድመምርመራ ህክምና ዙርያ ያላቸው የእውቀት ደረጃና አመለካከት ሳይንሳዊ

ግምገማ በማድረግ ለማህፀን ጫፍ ቅድመምርመራ አገልግሎት ለመጠቀም ያላቸው ፍለጎትና እቅድ መለካት ነው። ከጥናቱ በማንኛውም

ጊዜ መወጣት ይቻላል።

ለበጠ መረጃ በማንኛውም ጊዜ የተመራማሪው አድራሻ፤

አቶ ጌታቸው ተስፋዬ

በጅማ ዩንቨርሲቲ የጤና ሃይንስ ኮሌጅ የህብረተሰብ ጤና ትምህርት ቤት የማስተርስ ዲግሪ ተማሪ።

ስልክቁጥር 0913382592

ለታሳታፊዎች የቀረበው የስምምነት ሰነድ

ቀን.....ስዓት.....የቃለ መጠይቅ መለያ ቁጥር.....

እንደምን አደሩ/ዋሉ?

ከላይ በቃል በንባብም ሆነ በጽሁፍ ጥናቱን አስመልክቶ በቂ መረጃ የቀረበልኝና በቀረበው መረጃ ላይ ጥያቄዎች እንዲጠይቅ

እድል ተሰጥቶኝ ለጠየቁት ጥያቄዎች ተገቢ ምላሽ አግኝቼአለሁ። በተጨማሪም በዚህ ጥናት ውስጥ ለመሳተፍ በሙሉ

ፈቃደኝነት ተመስረተኝ፤ ሚሥጢራዊነቱ የተጠበቀና በማናቸውም ጊዜ ከጥናቱ መውጣት ቢፈልግም መውጣት እንደሚችል

ተገደልኝል። ስለዚህ የጥናቱ አላማ በሚገባ የተረዳሁ ስለሆነ

በዚህ ጥናት ለመሳተፍ በሙሉ ፈቃደኝነት መወሰኔ በፌርማዬ አረጋግጣለሁ።

በጥናቱ ውስጥ ለመሳተፍ ፍቃደኛ ነዎት? አዎ ወደ ሚቀጥለው ገፅ ይለፉ አይደለሁም አመሰግናለሁ

የስምምነት ፍቃዱን የወሰደው (የተቀበለው) ጠያቂ ስም ----- ፊርማ-----የቃለ
ምልልሱ ውጤት

1. የተሟላ----- 2. በከፊልየተሟላ----- 3.ፍቃደኛያልሆነ ----- 4. ሌላ -----የመረጃ
ሰብሳቢዉ ስም ----- ፊርማ -----የተቆጣጣሪዉ ስም -----
----- ፊርማ -----

ጥያቄዎች	መልስ		
1	.ዕድሜዎ በሙሉ ዓመትስንት ነው		
2	.በአሁኑ ሰዓትዎ ጋብቻ ሁኔታዎን ደንነ ወን?	1. ብቸኛ/ያላገባ 2.ያገባ 3. የተለያየ 4. የተፋታ 5. የሞተባት	
3	.ከየትኛው ብሔር / ብሄረሰብ ነ ወይ ተገኝተዎት?	1. ወላይታ 2. ከሞባታ 4. ጋማክ ፋ	

		5. ጉራጌ 6. ሌላ ካለ	
	ሃየማኖትዎ ምንድን ነው	አርቶዶክስ 2. ሙስሊም ፕሮቴስታንት 4. ካቶሊክ 5. ሌላ ይገለፁ	
	የትምህርት ደረጃዎ ምንድን ነው	1. ጤና ባለሙያ 2. አስተዳደር ሰራተኛ 3. አዴራጊስ ባለሙያ 4. ጽደት ሰራተኛ	
	. በአሁኑ ሰዓት የስራ ዓይነትዎ ምንድን ነው		
	በአሁኑ ሰዓት ወርሃዊ ገቢዎ በብር ስንት ነው		
	ብረ-ስጋ ግንኙነት አድርገው ያውቃሉ?	1. አዎ 2. አላወቅም	መልስዎ አላወቅም ከሆነ ወደ ጥያቄ ቁጥር--9 ይለፉ
	ለጥያቄቁጥር-7 የሰጡት ምላሽ አዎ ከሆነ፣ ለመጀመርያ ጊዜ ግብረ-ስጋ ግንኙነት የፈፀሙት በስንት አመት ዕድሜዎ ነበር?		

ክፍል 2 ስለ ማህፀን ጫፍ ካንሰርና የማህፀን ጫፍ ካንሰር ቅድመ ምርመራ በተመለከተ

	ስለ ማህፀን ጫፍ ካንሰር ሰምተው ያውቃሉ?	1. አዎ 2. አላወቅም	1. አዎ (0. የለም)
	ስለ ማህፀን ጫፍ ካንሰር ለመጀመርያ ጊዜ የሰሙት ከየት ነው	1. ከፊደሉ/ ቴሌቪዥን 2. ከህትመት ውጤቶች 3. ከጤና ባለሙያ	

		<p>4. ከቤተሰብ፤</p> <p>5. ከመምህራን</p> <p>6. ሌላ ካለ ይገለጽ</p>	
	<p>የማህፀን ጫፍ ካንሰር ምልክት/ቶች ምን ምን ናቸው?</p>	<p>1. በማህፀን በኩል ደም መፍሰስ</p> <p>2. መጥፎ ጠረን ያለው የብልት ፈሳሽ</p> <p>3. ከግብረ-ሰጋ ግንኙነት ደም መፍሰስ</p> <p>4. በግብረ-ሰጋ ግኑኝነት ወቅት ህመም መስማት</p> <p>5. ሌላ ይገለጻል ----- -----</p>	1. አዎ 0. የለም)
	<p>ለማህፀን ጫፍ ካንሰር አጋላጭ ሁኔታዎች የትኞቹ ናቸው? (ከአንድ ምርጫ በላይ መምረጥ ይችላሉ)</p>	<p>ከአንድ በላይ የወሲብ አጋር መኖር</p> <p>2. ከ15ዓመት እድሜ በፊት ቀደም ብሎ የምጀመር ወሲባዊ ግንኙነት</p> <p>3. ለሁመን ፓፒሎማ የተባለ ቫይረስ መጋለጥ</p> <p>4. ሲጋራ ማጨስ</p> <p>5. ለረጅም ጊዜ የእርግዝና መቆጣጠርያ እንክብካቤ መውሰድ</p> <p>6. በአባላዘር በሽታ መያዝ</p>	1. አዎ 0. የለም)
	<p>የማህፀን ጫፍ ካንሰር እንዴት መከላከል ይቻላል (ከአንድ ምርጫ በላይ መምረጥ ይችላሉ)</p>	<p>1. በአንድ የትዳር ጓደኛ በመወሰን</p> <p>2. ከ15ዓመት እድሜ በፊት ቀደም ብሎ ወሲባዊ ግንኙነት አለመጀመር</p> <p>3. ሲጋራ አለማጨስ</p> <p>4. ለሁመን ፓፒሎማ ቫይረስ ከትባት ማግኘት</p> <p>5. ከ15ዓመት እድሜና በታች</p>	1. አዎ 0. የለም)

		<p>አለማርገዝ</p> <p>6. ጥንቃቄ የገደለው ወሲብ በማስወገድ</p> <p>7. አባላዘር በሽታ በመከላከል</p>	
	<p>አንድ የማህጸን ጫፍ ካንሰር ያለባት ሴት እንዴት ነው የምትታከመው?</p>	<p>1. የባህል መድሃኒቶች በመውሰድ</p> <p>2. በቀዶ ህክምና</p> <p>3. በሆስፒታል በሚሰጡ የተለያዩ መድሃኒቶች</p> <p>4. በጨረራ ህክምና</p> <p>5. ሌላ ካለ ይገለፅ</p>	1. አዎ 0. የለም)
	<p>ሀገራችን ውስጥ የማህፀን ጫፍ ካንሰር ህክምና ምን ያህል ውድ ነው ብለው ያስባሉን?</p>	<p>ማንም ሊከፍለው የሚችል ዋጋ ነው ያለው</p> <p>2. በተመጣጣኝ ዋጋ ይሰጣል</p> <p>3. በጣም ውድ በሆነ ዋጋ ይሰጣል</p> <p>4 በነፃ የሚሰጥ ነው</p>	1. አዎ 0. የለም)
	<p>የማህፀን ጫፍ ካንሰር ቅድመ ምርመራ አገልግሎት ማግኘት ያለባቸው እነማን ናቸው (አንድ ምርጫ ይምረጡ)</p>	<p>ዕድሜያቸው 30-49 እና በልዩ በሽታ የታመሙ 25ዓመትና ከዚያ በላይ የሆናቸው ሴቶች በሙሉ</p> <p>2. ሴተኛ አዳሪዎች</p> <p>3. በእድሜ የገፉ ሴቶች ብቻ(50 ዓመት በላይ)</p> <p>4. ሌላ ካለ ይገለፅ</p>	1. አዎ 0. የለም)
	<p>በአገራችን የማህፀን ጫፍ ካንሰር ቅድመ ምርመራ የሚደረገው በየትኞቹ ዘዴዎች ነው?(አንድ ምርጫ ይምረጡ)</p>	<p>1. የአሴቲክ አሲድ እየታና ምልክታ</p> <p>2. ፓፕ ስሚር ቴስት</p> <p>3. ሌላ ካለ ይግለጹ</p>	1. አዎ 0. የለም)

ክፍል 3 ስለ የማህፀን ጫፍ ካንሰርና የማህፀን ጫፍ ካንሰር ቅድመ ምርመራ በተመለከተ ያለው አመለካከት የሚጠይቅ

መጥይቅ፡፡

	<p>በሃገራችን ኢትዮጵያ፤ የማህፀን ጫፍ ካንሰር ስርጭት ከፍተኛ ነው</p>	<p>1.በጣም አልሰማም 2.አልሰማም 3.ድምጽ አልሰጥም 4.እሰማ ለሁ 5.በጣም እሰማለሁ</p>	
	<p>በሃገራችን ኢትዮጵያ፤ የማህፀን ጫፍ ካንሰር ሞት መጠን ከሁሉም የካንሰር አይነት ሞቶች መጠን የበለጠ ነው</p>	<p>1.በጣም አልሰማም 2.አልሰማም 3.ድምጽ አልሰጥም 4.እሰማ ለሁ 5.በጣም እሰማለሁ</p>	
	<p>ማንኛውም ሴት እርስዎን ጨምሮ በማህፀን ጫፍ ካንሰር ልትጠቃ ትችላለች?</p>	<p>1.በጣም አልሰማም 2.አልሰማም 3.ድምጽ አልሰጥም 4.እሰማ ለሁ 5.በጣም እሰማለሁ</p>	
	<p>የማህፀን ጫፍ ካንሰር ቅድመ ምርመራ የማህፀን ጫፍ ካንሰርን በሽታን ለመከላከል ያግዛል</p>	<p>1.በጣም አልሰማም 2.አልሰማም 3.ድምጽ አልሰጥም 4.እሰማ ለሁ 5.በጣም እሰማለሁ</p>	
	<p>የማህፀን ጫፍ ቅድመ ምርመራ ማድረግ ጉዳት የለውም</p>	<p>1.በጣም አልሰማም 2.አልሰማም 3.ድምጽ አልሰጥም 4.እሰማ ለሁ 5.በጣም እሰማለሁ</p>	
	<p>የማህፀን ጫፍ ካንሰር ቅድመ</p>	<p>1.በጣም አልሰማም 2.አልሰማም</p>	

	ምርመራ ነፃ አይደለም	3.ድምጽ አልሰጥም 4.እስማማ ለሁ 5.በጣም እስማማለሁ	
	የማህጸን ጫፍ ካንሰር ቅድመ ምርመራ ነፃና ጉዳት የማያስከትል ከሆነ ለመመርመር እወስናለሁ	በጣም አልስማማም 2.አልስማማም 3.ድምጽ አልሰጥም 4.እስማማ ለሁ 5.በጣም እስማማለሁ	

ክፍል 4 ስለ አናኖርዎ እና የግል ባህሪ በተመለከተ ያለዉን ሁኔታ የሚጠይቅ መጥይቅ

	ኮንደም ተጠቅመው ያውቃሉ	1. አዎ 2. አላወቅም	
	ለጥያቄ ቁጥር 31 የሰጡት ምላሽ አዎ ከሆነ ኮንደም የሚጠቀሙት ምን ጊዜ ነው	1.ከመደበኛ የኑሮ አጋር ጋር 2.በድንገተኛ የወሲብ አጋጣሚ ወቅት 3.ሁሌ የግብረ-ሰጋ ግንኙነት በሚፈፀምበት ጊዜ 4.ተጠቅሜ አላወቅም	
	የአባላዘር በሽታ ይዘዎት ውቃልን	1. አዎ 2. አያቅም	
	የእርግዝና መከላከያ እንክብል ተጠቅሞ ያውቃሉ	1. አዎ 2. አላወቅ	
	የእርግዝና መከላከያ እንክብል ተጠቅሞ ከሆነ ለምን ያህል ጊዜ ተጠቀሙ? በዓመታት/ ወራት ይግለፁ-----		
	ስጋራ አጭሰሽ ተወቀለሽ	1. አዎ	

		2. አላዉቅ	
	ለ HIV ምርመራ አድርገሽ ታዉቅያለ	አዎ 2. አላዉቅም	
	ለጥያቄ ቁጥር -43 አዎ ከሆነ መልሶ ስንት ጊዜ ተመረማሩ	1.አንድ ጊዜ 2.ሁለት ጊዜ 3. ሦስት ጊዜ 4 ሌላ ካለ ይግለፁ	

ክፍል 5 : የማህፀን ጫፍ ካንሰር ቅድመ ምርመራ ስለማድራጋቸዉ የሚጠይቅ መጥይቅ

	የማህፀን ጫፍ ካንሰር ቅድመ ምርመራ አድርገው ያውቃሉ?	1. አዎ 2. አላዉቅም	
	ለጥያቄ ቁጥር 45 መልሶ አዎ ከሆነ ስንት ጊዜ ተማርምሮዋል	1 አንድ ጊዜ 2.ከአንድ ጊዜ በላይ	
	ምርመራውን ያደረጉባት ምክንያት ምንድነ ዉ	1. በሃኪም ትእዛዝ 2. በራሴ ፍላጎት	
	ምርመራውን ካደረጉ ስንት ጊዜ ሆኖታል	1. ከአንድ እስከ አምስት ዓመት 2.ከአምስት ዓመት በላይ	
	የማህፀን ጫፍ ካንሰር ቅድመ ምርመራ ማድረግ ያልቻሉበት ምክንያቶች ምን ምን ናቸው?	ስለማህፀን ጫፍ ካንሰር የመረጃ ውስንነት ስላለኝ 2. ስለማህፀን ጫፍ ካንሰር ቅድመ ምርመራ ለማድረግ የሚያስችሉ የጤና ት/ት ፕሮግራሞች አለማገኘቴ	

	<p>3. ምርመራው ምን እንደሆነ ስለማላውቅ</p> <p>4. ቀደም ሲል አደገኛ ወሲባዊ ባህርያት ያልነበሩኝ በመሆኑ</p> <p>5. ሃይማኖቴ ምርመራውን የማይደግፍ በመሆኑ</p> <p>6. ባህሌ ምርመራውን የማይደግፍ በመሆኑ</p> <p>7. ባለቤቴ ምርመራውን እንዳደርግ የማይፈቅድ በመሆኑ</p> <p>8. ምርመራው ያሳምማል ቢዩ ስለ ምገምት</p> <p>9. ስለ ማፍር</p> <p>10. ካንሰር አለብኝ የሚል የምርመራ ውጤት መስማት ስለምፈራ</p> <p>11. ሌላ ካለ ይገለፅ:</p>	
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