Study on Knowledge, Attitude and Practice towards Cervical Cancer and Screening among Women in Butajira Town: A Cross Sectional Study.

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***Abstract*- Background:** worldwide three quarters of cervical cancer cases occur in developing countries where programmes for screening and treatment are seriously deficient. Ethiopia has a population of 29.43 million women over the ages 15 years and older who are at risk of developing cervical cancer. About 4,732 cervical cancer deaths occur annually in Ethiopia.

Objective: To assess the Knowledge, Attitude and Practice towards Cervical Cancer and Screening among women in Butajra town.

Methods: A cross sectional study design was used to assess the Knowledge, Attitude and Practice towards Cervical Cancer and Screening among Butajra town women. A total of 821 samples were selected from the target population. The data entry was undertaken using Epidata version 3.1 software and exported to SPSS version 23 software for analysis and p-value < 0.05 was considered as statistically significant.

Result: Among a total of 821 women participated in study the results showed that 591(72%) had poor knowledge. Majority, 453(55.2%) of the respondents were positive attitude about cervical cancer and 15.1% only have ever been screened for premalignant cervical lesion screening. From logistic regression result variables like; women who can't read and write [$\widehat{OR} = 2.052, 95\%\ CI\ 1.128 - 3.732$], Women with the age group 23-45 and 46-60 [$\widehat{OR}$=1.899, 95% CI, 1.099-3.281] and [$\widehat{OR}$=1.674, 95% CI, 1.575-4.873] and women in housewife work status [$\widehat{OR}$=1.346, 95% CI 1.535-2.129] were found to be statistical significant associated factors with Knowledge towards Cervical Cancer and Screening.

Conclusion: The study has shown that there is a lack of knowledge on cervical cancer and screening for premalignant cervical lesion. There is also poor utilization of screening services available in the study area. The reason for poor practice was lack of knowledge and information**.** There is a need to promote cervical cancer screening among women by informing them on their susceptibility to cervical cancer and encouraging a belief that active and regular screening can detect cervical cancer.

***Index Terms*-** Cervical Cancer, Knowledge, Attitude, Practice.

I. Introduction

Cervical cancer (cancer of the cervix; part of female reproductive organ) is a global health problem accounted as the fourth most common cancer in women, and the 7th overall with an estimated 528, 000 new cases and 266, 000 deaths in 2012 [1]. Eighty five percent of new cases and 87% of related deaths occur in developing and resource-poor countries like Ethiopia; affecting poor, vulnerable, and disenfranchised women at the prime of life. Over the past three decades, cervical cancer rates have fallen in most of the developed World largely as a result of screening and treatment programmes; in contrast rates in most developing countries have risen or remained unchanged more likely due to lack of effective prevention and early detection and treatment programmes, and the lack of equal access to such programmes. Without these interventions, cervical cancer is usually only detected when it is already at an advanced stage so that it is too late for effective treatment, and therefore mortality is high. Although other cofactors involved, the primary cause of cervical pre-cancer and cancer is persistent or chronic infection with one or more of the "high-risk" (or oncogenic) types of human papillomavirus (HPV) [2].

There are around 100 types of HPV, with different variations in their genetic and oncogenic potential [3]. The etiological role of HPV infection among women with cervical cancer is well-established, and there is growing evidence of its central role in other anogenital sites [4]. Ethiopia which has a population of 29.43 million women ages 15 years and older who are risk of HPV infection and subsequent development of cervical cancer; an estimated 7095 new case of cervical cancer are found with 4732 mortality each year [5].

In developing countries like Ethiopia, most of cervical cancer cases were detected at an advanced stages, when there is no hope of recovery, predominantly due to lack of awareness and information in the community about cervical cancer and absence of provision of screening and treatment services in the country especially in the rural/ resource poor settings, where majority of the victims are found [6].

Client access to screening and treatment services is essential to ensure the success of a cervical cancer prevention program; however, the mere availability of services is insufficient to guarantee their use. In addition, clients and community members must be aware of the problem of cervical

cancer, their potential risk of developing the illness, and the facilities where they can solicit screening services [7]. Providing accessible and affordable services and actively promoting them to the target population through well-designed, strategically targeted information and education efforts, can significantly increase the use of services and reduce cervical cancer incidence. Lack of awareness about the disease and its prevention, embarrassment or shame about having a pelvic exam, as well as fear of the screening procedure, fear of cancer, and common misconceptions, can negatively affect the use of cervical cancer prevention services [8].

"Knowledge, Attitudes, and Practices (KAP)" survey is a representative study of a specific population that aims to collect data on what is known, believed and done in relation to a particular topic. This study is aimed at assessing the knowledge, attitude, and practice of women in Butajra Town towards cervical cancer and screening so as to develop ways to improve the screening coverage and the effective follow-up of identified cases to reduce the incidence and mortality rates of cervical cancer in the town.

II. METHODS

Study Design

This is a cross sectional study which targeted women in Butajra town for assessment of their knowledge, attitudes and practice in relation to cervical cancer and screening service.

Study Population

According to the WHO guidelines, the target age group for Pap smear screening is women between 25-64 years. For the purpose of this study, women between the ages of 18-64 years were participated.

Study Area Description

This study was conducted in Butajira town. Therefore, Active resident women in the age group between 18-64 years are selected from Butajira town and they are interviewed. According to the National population and housing census carried out in 2007, the population of the town was 33,406.

Sample Size Determination

For this study the sample is determined by taking the proportion of women having knowledge about cervical cancer as 26.8% (p = 0.26), done in Gondar Town by (Getahun*et al, 2013) [9]*. With 95% confidence interval, and margin of error to be 3% (d = 0.03). Computing with the above formula gives a total sample size of 821. The sample size is determined by using single population proportion formula by considering the following assumptions:

Where:

n- The minimum sample size required

d- Margin of error

$Z\,\alpha/2$-Standard normal value at (1-α) 100% confidence level

$$n = \frac{Z^2 \times P(1-p)}{d^2} = \frac{1.96^2 \times 0.26 \times 0.74}{0.03^2} = 821$$

Sampling and Conduct of Survey

Single-stage sampling technique was utilized. Butajira Town has a total of five administrative areas. The number of households included in each administrative area was determined in proportion with the total number of households found in each administrative area. Then, a systematic random sampling method was applied to select the households. Trained investigators were conducted interviews and filed questionnaires. The interviewer informed the subjects that the information would be used for improvement of health care services and the anonymity of the respondent would be strictly maintained.

Research Instrument, Measurements and Data Collection

A standardized questionnaire was developed from questionnaires that had been used in previous studies and from various articles and books on information related to cervical cancer and its screening methods. The questions aimed to gather information regarding respondent's knowledge, attitude and practice towards cervical cancer and screening service. The questionnaire also designed to obtain relevant socio-demographic characteristics of the respondents.

A structured questionnaire was designed in local language (Amharic). Pre-testing was carried out on the target population for the purpose of validating the reliability of the instrument and familiarizing data collectors with the interview process.

Data Analysis

The hard copies of completed questionnaires were manually edited. Data were entered into EPI-DATA 3.1 and exported to SPSS version 23 for analysis. In statistics, descriptive statistics, chi-square test of association and binary logistic regression analysis was used. In the binary logistic regression analysis knowledge level was used as the dependent variable. Statistical significance level was determined as $p<0.05$.

III. RESULTS

A total of 821 women aged 18 and above years were included in the study making the response rate 100%.The mean knowledge score was 1.42 (SD 2.321), the minimum knowledge score was 0 and maximum score was 7. Mean score of attitude was 26.07 ± (SD 5.571), the minimum score was 9 and maximum score was 40. Descriptive and binary logistic regression methods are used to measure the effects of socio-demographic factor that affect the Knowledge, Attitude and Practice of women towards Cervical Cancer. The data were analyzed using the Statistical Package for Social Sciences (SPSS) version 23.

Socio-Demographic Characteristics of Women in Butajira Town

The table below reveals that of 821 total respondents, 251(30.57%) was in the age range 23-45, the mean age was 30 ± (SD 7.56) years, minimum and maximum age was 18 and 60 years. From the total respondents 553(67.36%) of women are currently married and 268(32.64%) of women are currently not married. Likewise most of the respondents are Gurage 541(66%) followed by Amhara 111(16%).

Results on educational level shows that majority of the participants reached primary level of education 259(31.55%) followed by Secondary level of education 180(21.92%). A small proportion 121(14.74%) had completed Technical /Vocational level (TVT) and above.

Most of the participants stayed at home 375(48.68%) followed by women who are Merchants 227(27.65%). A small proportion 63(7.67%) are daily laborer. Majority 426(51.89%) of the participant were Muslim followed by women who are follower of Ethiopian Orthodox 280(34.10%)

Table 1:-Socio-demographic characteristics of women in Butajira Town

		Count	Column N %
Age group of the respondent	18-22	120	14.62%
	23-45	673	81.97%
	46-60	28	3.41%
Marital Status	Currently not Married	268	32.64%
	Currently Married	553	67.36%
Ethnicity	Oromo	62	7.55%
	Amhara	111	13.52%
	Gurage	541	65.90%
	Others	107	13.03%
Religion	Orthodox	280	34.10%
	Muslim	426	51.89%
	Others	115	14.01%
Educational level	Can't read and write	128	15.59%
	Can read and write	133	16.20%
	Primary level	259	31.55%
	Secondary level	180	21.92%
	TVT and above	121	14.74%
work status	House Wife	375	45.68%
	Merchant	227	27.65%
	Daily laborer	63	7.67%
	Governmental employee	101	12.30%
	Others	55	6.70%
Monthly income	$< 1400\ Birr$	518	63.09%
	$\geq 1400\ Birr$	303	36.91%

Knowledge about Symptoms and Risk Factors of Cervical Cancer

Table 2 displays knowledge about symptom and risk factors of cervical cancer. Vaginal foul smelling discharge was the most known symptom by respondents accounted for 258(66%). Vaginal bleeding during sexual intercourse was mentioned by 218(56%) as the symptom of cervical cancer followed by post-coital bleeding and pain during sexual intercourse respectively. Similarly on the knowledge about the risk factors for cervical cancer, 227(58%)respondents said early pregnancy(15yrs age and below)as a risk factor, followed by 194(50%) sex at an early age less than 15 years,179(46%) sexually transmitted infection and only 81(21%) respond acquiring HPV viruses as a risk factors

Table 2:-Percentage distribution of women Knowledge about symptoms and risk factors of cervical cancer

Symptoms of Cervical Cancer		**Count**	**Column N %**
Vaginal bleeding	No	173	44%
	Yes	218	56%
Vaginal foul smelling discharges	No	133	34%
	Yes	258	66%
Post-coital bleeding	No	231	59%
	Yes	160	41%
Pain during sex	No	234	60%
	Yes	157	40%
I don't know	No	331	85%
	Yes	60	15%

Risk factor for Cervical Cancer			
Having multiple sexual partners	No	231	59%
	Yes	160	41%
Sex at an early age less than 15 years	No	197	50%
	Yes	194	50%
Acquiring HPV virus	No	310	79%
	Yes	81	21%
Cigarette smoking	No	278	71%
	Yes	113	29%
Using birth control pills for a long time	No	275	70%
	Yes	116	30%
Early pregnancy(15yrs age and below)	No	164	42%
	Yes	227	58%
Sexually transmitted infection	No	212	54%
	Yes	179	46%
Repeated abortion	No	226	58%
	Yes	165	42%
Multiparty	No	273	70%
	Yes	118	30%
Excessive sex	No	246	63%
	Yes	145	37%
Lack of hygiene	No	202	52%
	Yes	189	48%
Heredity/family history	No	349	89%
	Yes	42	11%
I don't know	No	353	90%
	Yes	38	10%

The Table below shows cervical cancer prevention, treatment and screening options. Out of the total of 391 participants 254(65%) knew that cervical cancer is prevented by avoiding sexual intercourse at an early age less than 15yrs. 237(61%) participants knew that cervical cancer is prevented by avoiding multiple sexual partners, 224(57%) reported that avoid early pregnancy (at age of 15yrs and below), 184(47%) prevent STIs by safe sex and only 90(23%) knew that cervical cancer is prevented by through vaccination of HPV vaccine.

Regarding the treatment, 344(88%) participants knew that cervical cancer is curable and 47(12%) participants said cervical cancer cannot be cured. Of those, who responded that cervical cancer is treatable herbal therapy, surgery, specific drugs given by hospital (Chemotherapy) and radiotherapy were reported as treatment means by 16%, 35%, 84% and 34%, respectively. Only 29(8%) did not mention any type of treatment.

Respondents were asked about the cost of cervical cancer treatment 163(47%) responded that it is somewhat expensive, 131(38%) said it is very expensive and 50(15%), it is affordable price. Concerning how frequent one should be screened for cervical cancer, 183(56%) participants answered once a year, 58(18%) every three years and 29(9%) every five years. Similarly 213(65%) responded that women of above 25 years of age should be screened, while 85(26%) said that prostitutes and only 18(6%) answered elderly women should be screened. Majority of the participant 131(40%) knew that visual inspection of acetic acid is used as one method of screening procedures of cervical cancer, 108(33%) Pap-smear and 61(19%) don't know any type of screening procedure

Table 3:- Knowledge about Prevention, Treatment and Screening modalities of Cervical Cancer.

		Count	Column N %
Avoid multiple sexual partners	No	154	39%
	Yes	237	61%
Avoid sex at an early age less than 15yrs	No	137	35%
	Yes	254	65%
No smoking/quit smoking	No	259	66%
	Yes	132	34%
Through vaccination of HPV vaccine	No	301	77%
	Yes	90	23%
Avoid early pregnancy(at age of 15yrs and below)	No	167	43%
	Yes	224	57%
Prevent STIs by safe sex	No	207	53%
	Yes	184	47%
I don't know	No	349	89%
	Yes	42	11%
Cancer of the cervix can be cured at earliest stages	No	47	12%
	Yes	344	88%
By using herbal remedies	No	290	84%
	Yes	54	16%
Surgery	No	224	65%
	Yes	120	35%
Specific drugs given by hospital(Chemotherapy)	No	55	16%
	Yes	289	84%
Radiotherapy	No	227	66%
	Yes	117	34%
I don't know	No	315	92%
	Yes	29	8%
Cost of treatment	It is affordable charge	50	15%
	It is somewhat expensive	163	47%
	It is very expensive	131	38%
Cervical cancer screening interval	Once every year	183	56%
	Once every three years	58	18%
	Once every five years	29	9%
	Others	57	17%
Who should screen	All women of 25 years and above	213	65%
	Prostitutes	85	26%
	Elderly women only	18	6%
	Others	11	3%
Visual inspection of acetic acid	No	196	60%
	Yes	131	40%
Pap smear	No	219	67%
	Yes	108	33%
Don't know	No	266	81%
	Yes	61	19%

Logistic Regression Analysis of Knowledge towards Cervical Cancer and Screening

Binary Logistic regression analysis was also performed to examine the relationship between Socio-demographic characteristics of participants and knowledge towards cervical cancer and screening. For the variable "educational status" the reference category is "women who can't read and write". Participants with primary education were about two times [$\widehat{OR} = 2.052, 95\%\ CI\ 1.128 - 3.732$] more likely to be knowledgeable than women who can't read and write.

For women with secondary education it is also twice [$\widehat{OR}$=2.384, 95% CI 1.407—4.039] more likely to have knowledge about cervical cancer compare to the reference category. The odds of women who have knowledge about cervical cancer is 68% [$\widehat{OR}$=1.683, 95% CI 1.132—2.503] higher for women who have diploma compared to the reference category.

For the variable age in group the reference category is "18-22 years". Women with the age group 23-45 and 46-60 were found to have more knowledge about cervical cancer, with estimated odds ratio of 89%[$\widehat{OR}$=1.899, 95% CI, 1.099-3.281] and 67%[$\widehat{OR}$=1.674, 95% CI, 1.575-4.873] respectively than women whose age range between 18-22.

For the variable work status, the reference category is "housewife women". The odds of women who are knowledgeable about cervical cancer is 34.6% higher [$\widehat{OR}$=1.346, 95% CI 1.535-2.129] for women working as government employee as compared to those women who are not working. Similarly, women who are working as private/NGO employee is 1.994[1.711-5.593] times more knowledgeable than women who are housewife controlling other variables in the model

Table 4:- Binary logistic regression analysis of factors that affect knowledge towards cervical cancer screening

	B	S.E.	Wald	df	Sig.	Exp(B)=Odds Ratio	95% C.I.for EXP(B) Lower	Upper
Age group of the respondent			5.310	2	.030			
18-22(ref.)								
23-45	0.641	.279	5.280	1	.022	1.899	1.099	3.281
46-60	0.515	.545	.894	1	.044	1.674	1.575	4.873
Monthly income								
<1400birr(ref)								
>1400birr	0.214	.198	1.165	1	.002	1.239	1.840	2.828
Educational status of the respondent			26.105	6	.000			
Can't read and write(ref)								
Can read and write	0.782	.300	.298	1	.011	2.185	1.471	3.529
Primary level	0.719	.262	.041	1	.018	2.052	1.128	3.732
Secondary level	0.869	.269	10.435	1	.001	2.384	1.407	4.039
Technical and vocational	-.426	.629	.459	1	.498	.653	.190	2.241
Diploma	.521	.437	1.309	1	.010	1.683	1.132	2.503
Degree and above	.663	.513	1.671	1	.196	1.940	.710	5.297
Work status			3.536	5	.018			
House wife(ref)								
Merchant	-.018	.214	.007	1	.932	.982	.646	1.493
Daily laborer	.307	.309	.987	1	.320	1.359	.742	2.488
Gov't employee	.297	.352	.034	1	.001	1.346	1.535	2.129
Private/NGO employee	.690	.526	1.722	1	.009	1.994	1.711	5.593
Others	-.353	.507	.485	1	.486	.703	.260	1.897
Constant	-1.855	.351	27.945	1	.000	.156		

Attitude towards Cervical Cancer and Screening

As shown in the Table below 380(46.3%) perceived that they could have pre-cancer lesions and therefore could be susceptible to cervical cancer. Out of the total respondents 463(56.4%) disagree that Cervical Cancer is highly preventable and 231(28.1%) of the respondents agreed that carcinoma of the cervix causes death. Majority of the respondent 545(66.4%) agreed that screening helps in the prevention of cervical cancer. Similarly, most of the respondent 519(63.2%) believe that screening causes no harm to the client. 379(46.2%) participants responded that cervical cancer screening is not expensive and 684 (83.3%) respondents volunteered to be screened if screening for cervical cancer is free

Table 5:- Attitude of respondents towards cervical cancer and screening.

	Disagree		Neither agree nor disagree		Agree		Total	
	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
Cervical Cancer is highly prevent	463	56.4%	114	13.9%	244	29.7%	821	100.0%

Cervical Cancer is leading cause of death	484	59.0%	106	12.9%	231	28.1%	821	100.0%
any women can acquire Cervical cancer	305	37.1%	136	16.6%	380	46.3%	821	100.0%
Cervical Cancer cannot transmitted	281	34.2%	151	18.4%	389	47.4%	821	100.0%
Screening helps prevention of Cervical Cancer	119	14.5%	157	19.1%	545	66.4%	821	100.0%
screening causes no harm to the client	145	17.7%	157	19.1%	519	63.2%	821	100.0%
Cervical Cancer screening is not expensive	309	37.6%	133	16.2%	379	46.2%	821	100.0%
if screening is free and causes no harm, will you screen	83	10.1%	54	6.6%	684	83.3%	821	100.0%

Note: Agree and strongly agree were combined together to form agree, disagree and strongly disagree into disagree, n=821

Cervical Cancer Screening Practice

The table below shows that the majority of respondents 697(84.9%) never had cervical cancer screening. The main reason for not intending to have cervical screening was poor knowledge about the test 452(64.8%), no health education programs to promote screening 394 (56.5%) and lack of information about cervical cancer in the city 303 (43.5%). Similarly, 229(32.9%) participants also responded that they don't know of any screening site in the city. A small number of participants 126(18.1%), 143(20.5%), 163(23.4%) and 173(24.8%) responded that there partner would not allow them to go for screening, they felt that the screening procedure may be painful, they feel shy and they afraid the screening test would reveal cervical cancer respectively

Table 6:- Practice towards screening for Cervical Cancer and Reason for not having cervical cancer screening,

	No Count	Row N %	Yes Count	Row N %
Have you ever screened for Cervical cancer	697	84.9%	124	15.1%
Reason for not having intention to use Cervical Cancer Screening				
No screening site in the nearest health center	481	69.0%	216	31.0%
Limited information about cervical cancer in the city	394	56.5%	303	43.5%
Screening sites are too far from where i live	549	78.8%	148	21.2%
No health education programs to promote screening	303	43.5%	394	56.5%
Don't know what the test is all about	245	35.2%	452	64.8%
Not engaged in risky sexual behaviors	537	77.0%	160	23.0%
Against my beliefs and cultural values to go for screening	581	83.4%	116	16.6%
Partner would not allow me to go for screening	571	81.9%	126	18.1%
The screening procedure may be painful	554	79.5%	143	20.5%
I feel shy	534	76.6%	163	23.4%
Afraid of screening test would reveal cervical cancer	524	75.2%	173	24.8%
Don't know of any screening site	468	67.1%	229	32.9%
Others	590	84.6%	107	15.4%
Plan to have cervical cancer screening	194	27.8%	503	72.2%

IV. Discussion

In this study, knowledge, attitude and practice towards cervical cancer and its screening were identified. The study found that women were not aware of cervical carcinoma and also screening for premalignant cervical lesions. The study showed that 47.6% of women had heard about cervical cancer which is less than the study conducted in Gonder town, northwest Ethiopia (78.7%) and higher than the finding in Tikur-Anbesa, Ethiopia (21.7%). This gap might be due to the difference in time period and nature of the population the studies conducted. In addition awareness creation interventions such as health education on cervical cancer and its screening in the community were very low [9, 10].

The level of knowledge was found to be low in this study; only 28% of respondents were knowledgeable about carcinoma of the cervix and screening. This finding was consistent with studies conducted in Tanzania (19.2%) and Cameroon (3.6%). Judging by the results of the level of knowledge of the participants, more awareness programs should be directed to the target group of women to provide them with information they need to know about cervical cancer so that they understand the purpose of the screening test [12, 13].

About 66% of the participants knew that Foul smelled vaginal discharge was the commonly mentioned symptom; this finding is higher than the finding in a study done in Gondar town North West of Ethiopia in 2010 [9], which was 35% of participants mentioned that vaginal discharge as symptom of cervical cancer.

Having early onset of sexual activity was the major risk factor reported for cervical cancer, followed by having sexually transmitted infection, having multiple sexual partners and multiparty. This finding is similar with the finding in a study conducted in Gabon [14], in which some of the risk factors which frequently cited by the study participants are abortion, sexually transmitted infection, smoking, multiple sexual partner. In contrast this finding is different from the finding in a study done in Ilala Municipality, Dares-Salaam where the most common mentioned risk factors were early marriage and multiparty [15]. The knowledge on risk factors is an important element in the prevention of cervical carcinoma. Knowing the risk factors can make someone avoid them and hence prevent herself from acquiring the disease. Knowledge on Risk factors was poor in this study and hence education on this important part with respect to prevention should be provided.

Most of the Respondents were also lack information about the link between HPV infection and cervical cancer. Of all the respondents in this study only 21% mentioned HPV as an important factor in causation of cervical carcinoma. This study higher than the finding of a cross-sectional survey conducted among college women in the University of Ghana that showed that 7.9% of study participants are aware of the link of HPV with cervical cancer [16]. This can affect prevention as it difficult for these women to go for screening if they don't know the link between HPV and cervical cancer

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, by avoiding causal sex and quitting smoking. Prevention and early detection are keys to the reduction of incidence and progression of many chronic diseases including cancer. 88% of the respondents knew that cervical cancer can be prevented. This is higher than the study done in Gondar town North West of Ethiopia (63.9%) [9].

Women's knowledge of who should receive cervical cancer screening was good, 65% of the respondent in this study knew the age (according to WHO) at which one has to undergo screening. More than half of the respondents, who were aware of cervical carcinoma, knew that carcinoma of the cervix can be cured, majority of the participants mentioned VIA (40%) and 33% mentioned Pap smear. This is similar with the study conducted in Onitshh, South-East, Nigeria (2013) shows that cervical cancer screening (Pap smear) knowledge was 35.56% [17].

This study also reveal that the respondent's attitude on cervical cancer and screening. In general, more than half of the respondent had a positive attitude towards cervical cancer and screening. However, only 28.1% perceived it as a leading cause of death. 66.4% of the respondents agreed that screening is important in prevention of cervical carcinoma. Susceptibility perception was also a problem; we know that the perception of one's susceptibility to cervical cancer can affect screening behavior. A significant number of women (half of the respondents) expressed lack of personal susceptibility to cervical cancer and therefore believed it was unnecessary for them to have any screening done. A similar finding in a study done in Ghana showed that 48% of women expressed lack of susceptibility to cervical carcinoma [16]. Among all the respondents 83.3% of them agreed that they could avail themselves to screening if they were knowledgeable and if screening was free of charge and causes no harm. This means that if some barriers are eliminated many women could go for screening.

The practice of cervical cancer screening among participants of this study was very much low (15.1%); compared to studies done in South Africa (18%) [18] and consistent with the study done in Gondar town, Northwest Ethiopia showed that only 14.1% of all the respondents ever had a Pap smear screening test. The difference is because Pap smear is widely available as a screening tool in South Africa and there is also national Pap smear policy whereas in Ethiopia Pap test is available only in some health institutions.

Reason for not having intention to use Cervical Cancer Screening has been shown to exist in many countries. The greatest reason in this study was lack of knowledge about the screening tests and No health education programs to promote screening which was mentioned by 64.4% and 56.5% of respondent's respectively. The other reasons were limited information about cervical cancer in the city, not engaged in risky sexual behaviors, fear of pain, shyness and don't know of any screening site.

V. Conclusion

In Ethiopia, cervical cancer continues to be a major public health problem. This study revealed the lack of knowledge about cervical cancer and low rate of screening for premalignant cervical lesions. The general attitude, even though is showing

positivity, there are still women out there who have a more negative attitude towards cervical cancer and screening and these women needs to be targeted. There are also a certain percentage of women who have no idea at all about their level of susceptibility and risks to developing cervical cancer and with this attitude, they will never be able to participate in any screening or treatment programs unless they are well informed and educated accordingly. Women's reluctance to undergo cervical cancer screening appears to be based on lack of knowledge about the cervical cancer, the risk factors of cervical cancer and also lack of knowledge on the eligibility and availability of screening services. Education, communication and reassurance are required to overcome such resistances. Women's attitude was generally positive as most of them showed a positive attitude towards screening for premalignant cervical lesion. This attitude however did no improve practice and this could have been contributed by barriers that were lack of knowledge, thinking that screening is costly, and perception that the procedure is painful and other barriers as shown in the results.

List of Abbreviations

Human Papillomavirus (HPV), Knowledge, Attitudes, and Practices (KAP), Technical /Vocational level (TVT),

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