



**WOLKITE UNIVERSITY**  
**COLLEGE OF MEDICINE AND HEALTH SCIENCE**  
**DEPARTMENT OF NURSING**

ASSESSMENT OF KNOWLEDGE ABOUT THE WARNING SIGNS FOR  
CERVICAL CANCER AMONG WOMEN IN THE REPRODUCTIVE AGE  
GROUP (15-49) IN GURAGHE ZONE WOLKITE TOWN SOUTH NATION  
NATIONALITIES AND PEOPLE REGION, ETHIOPIA, 2022

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A research result to be submitted to Wolkite University, college of medicine and health science, department of nursing for partial fulfilment of bachelor of degree science in nursing.

**June, 2022**  
**Wolkite, Ethiopia**

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## **ACKNOWLEDGMENT**

First, we would like to thank the almighty God who made all things possible. We would like to acknowledge Wolkite University, college of medicine and health science, department of nursing for assigning us to perform this research. Our heartfelt and deep appreciation goes to our advisors Mr. Ayana B and Mr. Girma T for their continuous and unreserved guidance.

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## **ABBREVIATIONS**

CC .....cervical cancer

ETB.....Ethiopian Birr

HPV.....human papilloma virus

SPSS.....Software package for social science

WHO.....world health organization

## **ABSTRACT**

*Cervical cancer is a malignant tumor of the cervix and can be prevented by regular screening with pap tests and human papillomavirus tests to diagnose the pre-cancer stage and treat it. Even though breast cancer is the top raised cause of death, nowadays cervical cancer is also a big problem and women get to suffer from this. In 2025 the number of new cases diagnosed with cervical cancer will reach 720,415 and 394,905 deaths will be recorded globally.*

**Objective:** *To assess knowledge of women about cervical cancer warning signs in Guraghe, Zone Wolkite Town, south Ethiopia, and 2022G.C.*

**Method:** *A community-based cross-sectional study was conducted on women who are in the reproductive age group (15-49) in Wolkite Town, Guraghe Zone, South Ethiopia. Data was collected from May 01 to May 15, 2022 in Wolkite Town. We had 422 study subjects who were selected by random sampling method after identifying each household by systematic random sampling technique. Semi- Structured questionnaire was adapted in English and translated to Amharic. The collected data was analysed by SPSS version 21 and analysed data presented by graph and tables after represented by frequency and percentage. Out of 422 respondents with 100% response rate majority were married 221(52.4%) Concerning religion most of them were orthodox 167 (39.6). Regarding educational status 197(46.7%) of them were complete tertiary education. From cervical cancer awareness measurement tool 242 (57.3%) of them have good knowledge whereas 180 (42.7%) of them have poor knowledge. The studies showed that, majority of women have good knowledge about cervical cancer. Even though result revealed women have better knowledge as compared to majority of study raised but there is still a gap that needs. Great effort should be made to educate the public about cervical cancer in gurage zone by mobilizing heath extension worker at every village; health bureau in wolkite should have to support different awareness creation by preparing budget.*

**Keyword:** Cervical cancer, knowledge, women, guraghe zone Ethiopia.



# CHAPTER ONE: INTRODUCTION

## 1.1 Background

Cancer is a disease in which the normal cycle of cell growth is interrupted or beyond its boundary when the specific cell crossing over their normal sites should have to be present (1). In developing, country breast and cervical cancers are major gynecologic cancer that puts women's lives in danger. Cervical cancer is the upturn of cervical cells from its harness. The most common cervical cancer is squamous cell carcinoma, takes 70% of cases. Adenocarcinoma is less likely occurred about 25% of cases and it's also more difficult to diagnose because it starts in the internal part of the cervix (2). Almost all cases of cervical cancer are caused by the human papillomavirus (HPV); this is the major risk factor for cervical cancer. The other main risk factor for cervical cancer is smoking, age, oral contraceptive, sexually active women (who have multiple sexual partners), age, and immune system deficiency (1,3)

The warning signs for CC are vaginal bleeding (after sexual intercourse, after menopause, or between periods), pelvic pain, and decreased appetite pain during intercourse, and discharge which is considerable and also may have a foul smell (3). These cervical cancers can be diagnosed by HPV test and pap smear test but it's only for screening it does not give a secured result that indicates CC, but a biopsy can prove the result by taking the sample from the cervical cell also we can send magnetic resonance imaging (IF we suspect spread to other parts of the body), CT-scan and other (4).

Depending up on severity and it's metastasize character, cancer association stage and grade the cervical cancer. From this, stage 1, the cell looks small but might or might not visible through naked eye then stage 2, the growing cell move out from cervix and spread to vagina and tissue down to stage 3, CA spread to pelvic wall by passing the vagina and the last and severe one is stage 4, when the cancer goes to bladder and distant organs of body. There is also grading, grade 1, cell looks similar to a healthy cell which grows slowly. Grade 2, cells looks a little bit healthy but grows a bit quicker and grade 3, very different from a healthy cell and grows rapidly (5).

## **1.2. Statement of the problem**

Cervical cancer is the major cause that puts women's lives in danger. In 2015, the prevalence, incidence, and death rates for cervical cancer were 7.9%, 7.5%, and 9% respectively according to a WHO report. The WHO report suggests that the majority of women diagnosed with cervical cancer end with death. This shows that there is still a problem that needs to work on it. According to estimates, the number of cases may exceed one million per year by 2050(6). In India, 84.6 % of women had poor awareness of cc warning signs whereas 5.1 % of had good knowledge towards cc warning sign (7). Cervical cancer is responsible for around 90% of deaths of women in low and middle-income countries (8).

According to WHO report in 2015, in Africa 34 women out of 100,000 diagnosed with cervical cancer and 23 out of 100,000 women got die(9). According to the current estimation, 3151 women are diagnosed with cc every year in Ghana with 2119 deaths recorded and lack of awareness of the warning signs has been identified as a contributing factor to the yearly new cases. Around 43 % of people have never heard of cervical cancer, while 75% of people have a limited understanding of the disease (10). In our country Ethiopia 17.3%, 16.5% and 18.2% of incidence, death and prevalence in Ethiopia(11). In Sub-Saharan Africa, the disease is on the rise, with over 75,000 new cases and 50,000 deaths reported each year (12). Sub-Saharan Africa is expected to account for 90 percent of the 443,000 women who will die by 2030 (13). Compared to industrialized countries, the rate of cc was five times higher in developing countries (14) .

The adoption of national screening programs has been linked to a decrease in CC incidence and death in high-income nations (15,16). Although cc can be detected at a precancerous stage, most women in Sub-Saharan Africa do not seek treatment until the disease has progressed to a severe level (17, 18). In impoverished nations, such as Ethiopia, screening is not widely available or used (19).

In our country Ethiopia Cervical cancer is the most prevalent and deadly disease next to breast cancer. According to 2019, HPV information Centre report, 4884 women died and 6294 new cases were reported (20). This suggests that as we get closer, the number of women who get cc and die as a result of this issue is increasing so, working on increasing awareness about cervical cancer warning sign is necessary. Around forty-six percent of people in ambo town are familiar with cc (21).

From research knowledge, Not being aware of what are those warning signs or if they do not even notice whether the sign they observe is normal or abnormal will be one factor for decreasing the number of women goes to a hospital for screening purpose so, the cc reaches to the severe stage this get things difficult to diagnose early and be treated and cured. Due to this the number of women dead related to this issue is increased. Although screening plays a key role in diagnosing and decreasing the burden of cervical cancer both on the women and countries too. Some reports indicate that insufficient knowledge about the cc is the major factor in increasing the yearly incidence and death. Expanding awareness creation programs on women and their partners are critical to support them to have regular check-up and for women diagnosed with this issue to continue to follow up until getting progress from treatment. Our scope is to assess women's awareness of this issue and to show their level of knowledge to take appropriate measures.

### **1.3. Significance of the study**

This study will have great benefit for women it lets them to test their awareness or knowledge and it will make them more curious to know what cervical cancer means. Hopefully, it will be one ingredient for the governmental and non-governmental body, especially for health sectors and health service provider who is interested in this topic also want to know the strength and weakness of this issue besides give a direction to where they should have to take an action.

## CHAPTER TWO: LITERATURE REVIEW

In the study that was conducted globally in 2018, 311,000 deaths were recorded, cervical cancer is the most commonly diagnosed or included in the top disease in 28 countries, and in 42 countries it is the leading cause of death (22). Research that was collected in China in 2015 by Jiangli Di, Shannon Rutherford and et.al through a cross-sectional study design showed that only 19.5% of the target population had better knowledge about CC lower level of knowledge regarding CC was recorded among older women who were aged from 55-65 years old (23).

From research done in the Saudi Arabia Quassim region through a cross-sectional study, in 2019 on CC knowledge 79% of respondents are highly educated and had moderate knowledge about CC these 23% risen non-cyclic bleeding as a symptom. The authors Aziza A Alsohaibani et al suggest that an awareness creation program on CC is needed (24).

According to a study conducted in Palestine from July 2019 to March 2020 by cross-sectional study. The total participants in number were 2655 from the Gaza strip. The knowledge of participants from Gaza was 29.7%. The most frequently identified warning sign was vaginal bleeding after menopause followed by extreme generalized weakness. The researchers Mohammed elshami, Ibrahim al-slabi, Hanan Abu Kamil, et al who were engaged in this study suggests health education programs are mandatory to increase the level of knowledge (25). In Africa, particularly the research done on women living in Bosore Kenyase, Ghana 2019. Data were collected by a community-based cross-sectional study by Ampofo Ama Gyamfua, Issac Nkrumah and et.al. Showed that the majority of respondents had heard about CC in assessing women's awareness level and their level of knowledge was high at 9.7% of respondents, 20.6 percent of participants had moderate knowledge on CC and 69.7% of study subjects from 200 total participants had poor knowledge besides women had no knowledge to warning sign or they do not even consider signs those like foul-smelling discharge, bleeding after menopause or after sexual intercourse and also bleeding between periods which are indicators of CC. The authors recommended that education targeting cervical cancer be provided to the community (26).

community-based cross-sectional study was conducted in Dessie town, Ethiopia, on women's knowledge about CC in January 2015, by Israel Mitku and Fasika Ayalew. Of 620 total participants, 51 percent of respondents had sufficient knowledge of risk factors, signs and symptoms, and preventive and treatment methods of CC. 57.7% of women answered that

they have awareness about CC. From the study subjects involved who have good knowledge raised vaginal bleeding or foul-smelling vaginal discharge as a symptom by 43.6 percent of respondents in contrast 53.7% of participants did not aware of one symptom at least. As suggestion raised by this study was prevention schedule should target increasing awareness for women who have less education and live in low socioeconomic status (27).

Also, another study was conducted in western Ethiopia, Harar city in 2019 through a facility-based cross-sectional study from January 01 to May 30. Of the 1181 total sample population, 48.6% of the study participants have ever heard. Among respondents 24.2% did not hear and also know any signs and symptoms of CC. The majority of the study participants (83.3%) know at least one sign of CC. Around 19% of respondents answered all the symptoms mentioned in the questionnaire while 16.7% of the respondents did not know any of the listed symptoms. The majority of the respondents mentioned bleeding after intercourse 57.4% and irregular menstrual bleeding 57.7% as a symptom of CC. Overall knowledge assessment showed, that out of those who heard about CC, 55.7% of study participants had adequate knowledge about CC. The researchers are Elias Bekele wakoya et al raised, giving continuous counselling and education at health institutions, as a recommendation (28).

An institution-based cross-sectional study was conducted in Gonder in April 2018, indicating that people who have better access to increase awareness regarding this issue have still a gap need to fill. This research was done, on female students in the university, by Alem Getaneh et al indicate that of the respondents 239 (59.3%) had good knowledge, whereas the remaining 164 (40.7%) of the study group were characterized by poor knowledge. From the study group who have good knowledge of CC 211 (52%) knew about the sign and symptoms, 84 (20.8%) of study subjects said that foul-smelling discharge from the vagina raised as symptoms of the disease. Whereas, 83 (20.6%) of the study group reported that irregular vaginal bleeding is a symptom of the disease. However, from the study group that had poor knowledge one-third of them which means 57 participants had no idea about the sign and symptoms of CC. This study counsel that strengthening the screening program is important for the study subject (29).

Another study was done in a similar city on the reproductive age group by Ayelign Mengesha et al through a descriptive community-based cross-sectional study in 2017. Of the 770 sample size, only 153 have good knowledge contrary to this 617 participants do not have clue. This study enjoined that a huge scale community awareness campaign should be performed (30).

From the 392 responses out of 422 total sample population that was included in the study done in ambo town 2017, from December 01 to January 30 through community-based cross-sectional study design by whom shewaye f.natae and et al. only 180 of them know about cervical cancer and 54.1% of them do not have awareness about cc. This research recommends that increasing the screening service facility in the study area should have to accomplish (31).

A community-based cross-sectional study was utilized in research conducted in hosanna June 2015, through structured questionnaire showed that from 583 respondents 270 participants 46.3 percent had poor knowledge of cervical cancer the rest of the respondents have better knowledge. This research was done by yitagesu habtu aweke et al. This research suggests that having strategies for the prevention of cervical cancer is essential (32).

The study was conducted in the wolaita zone, 2019 by Tadesse tekle, eskinder wolka, et al through a facility-based cross-sectional study design. Of 516 responses out of 520 total participants 297 or 57.6% of participants had poor knowledge of cc symptoms the most common symptom raised by the involvers are vaginal bleeding and foul-smelling vaginal discharge. This research suggests that an awareness creation program on cervical cancer at the community and primary health care institute level should be performed (33).

A study conducted in guraghe zone by Daniel adane et. al on cervical cancer knowledge and its associated factors among reproductive age group 26.2% of them had good knowledge for cc and its risk factor from total 260 respondents. The data was collected by using community-based cross sectional study and finally the researcher, working on the reproductive age group to increase the level of knowledge, put this as recommendation (34).

## **CHAPTER THREE**

### **3.1 General objective**

To assess the knowledge of women under reproductive age group (15-49) on cervical cancer warning signs in the gurage zone, south region, Ethiopia, 2022, G.C.

## **CHAPTER FOUR: METHODOLOGY**

### **4.1. Study area**

This study was conducted in wolkite town, gurage zone, southern Ethiopia. It is found at 158km south of Addis Ababa and 271.6km from Hawassa respectively. Wolkite town is one of the two reform towns with 43,455 total population in the gurage zone, SNNPR. The town is located at 3706400"latitude E and 0801753" longitude N, & it is bordered by kebena worda from north, south & northeast & abeshege worda from Southeast, and West. It is found at latitude of 1710-1950m (Average 1850m) above sea level. In addition to being the capital town of the gurage zone, it serves as an administrative site for abeshege& kebena worda. The major inhabitants of the town are gurage, Amhara, kebena and Oromo, and most of them are Islamic & Orthodox Christianity followers. In addition to these Catholic, Protestant, Adventist & Jehovah's Witness believers are also found within the town. Most of the town populations speak Amharic, in addition to this guraghna and oromighna are also common. The climatic condition of the town is weinadega with daily temperatures ranging from 190c-210c & annual rainfall of 1137.4mm<sup>3</sup>.

### **4.2. Study design and period**

A community-based cross-sectional study was employed from May 01 to May 15, 2022 G.C.

### **4.3. Source population**

The source population were women living in wolkite town aged from 15-49.

### **4.4. Study subjects**

Women who were selected randomly from the source population.

#### **4.5. Study unit**

All households where women found in selected kebeles from source population.

#### **4.6. Eligibility criteria**

##### **4.6.1. Inclusion criteria**

Women in reproductive age group who live in the study area for greater than 6 months.

##### **4.6.2. Exclusion criteria**

Women who are mentally ill and women who are not willing to involve.

#### **4.7. Sample size determination**

The sample size was determined by using a single proportion formula at a 95% confidence interval which is equal to 1.96, 5% margin of error. The proportion of the population is 50% (due to no available research done) and we consider the non-response rate of 10% in the estimation of the sample size required for the study.

$$n = \frac{(Z \alpha/2)^2 \times p(1 - p)}{d}$$

Where, n = is the required sample size,  $Z\alpha/2$ -is the standardized normal distribution value at 95% confidence interval, which is 1.96

P – 50% (no available research done)

d- Margin of error taken as 5%=0.05

$$n = (1.96)^2 \times 0.5(1-0.5)/(0.05)^2 = 384$$

384 x 10% none response rate = 38.4 ~ 38

$$= 384 + 38 = 422$$

Therefore, the final sample size was 422 women taken as the study population.

#### **4.8. Sampling technique**

A total of seven kebeles are found in wolkite town five of them are in wolkite city administration and the rest two are found in the gubreye sub-city. From this 3 kebeles from Wolkite city administration and 1 from gubreye sub-city are selected purposively we select kebeles based up on their household and population number from this we select kebele 1,2,3 and 4 with (10,952 and 1253), (10,079 and 1085), (8336 and 1390) and (8088 and 909) population number and households respectively. From selected kebeles households were

selected by probability sampling technique which was systematic random sampling which have different k-value for each one depending up on kebeles household number so, for the first, second, third and fourth was 4,4,3 and 2 k-value respectively for each kebeles to identify the house which included in the study unit and pick out the study subject from each kebele proportional to the number of women living. we took 128 from kebele1,119 from kebele 2, 96 from kebele 3 and 79 from kebele 4. The women who become part of a study from one household selected by lottery method if the number of women in one house is greater than one and women be part of study in that household.

#### **4.9. Data collection tool**

A standardize questionnaire which is cervical cancer awareness measurement tool. It has 16 items, 5 socio demographic and 11 knowledge assessment questions, was utilized to collect data from each study subject the questionnaire had both English and Amharic versions. Data was collected by Questionnaire-based data collection technique was conducted after obtaining the signature of study subjects on the written consent form, which was prepared in Amharic version, that shows their willingness to participate or give complete information.

#### **4.10. Data processing and Analysis**

After the collection of data, checked its completeness and consistency then data was entered and processed through SPSS version 21 was utilized for analysis and put the result by tables, graphs, and also interpreted by text.

#### **4.11. Operational definition**

We used questionnaire which had 11items help to assess knowledge level which contain signs of cervical cancer. The cumulative mean score of respondents referenced as base point, based on this respondent who scored equal and above to the mean value have good knowledge and those who scored below mean value considered as poor knowledge.

#### **4.12. Data quality control**

We had done a pre-test on our questionnaire before performing actual data collection this pre-test was collected in gunchere woreda on 5% of the source population which means almost 21 women who participate in this pre-test are females in the reproductive age group (15-49).

#### **4.13. Ethical consideration**

The study was approved by research committee of nursing department and we received a letter of cooperation from nursing department. Throughout the whole journey of collecting

data all members of the research must have to respect the society's norms and culture. During data collection respondents were asked for informed consent.

#### **4.14. Dissemination**

The result of the study will be disseminated to the wolkite university department of nursing and the wolkite town health office.

## **CHAPTER FIVE: RESULTS**

### **5.1. Socio demographic data**

A total of 422 questionnaires distributed and all were returned also filled correctly with 100% response rate. All of the respondents were females with age group range from 15-49 from those, majority of them were found in the age group of 25-29 who were 104(24.6%) in number followed by women in the age group of 35-39 who were 86(20.4%) in number. When we look for marital status, majority were married, 221(52.4%) followed by single 145 (34.4%). Concerning religion. Most, 167(39.6%) of them were orthodox followed by protestant, 94(22.4%). Regarding educational status, 197(46.7%) of them completed tertiary education and 99(23.5%) completed secondary education and most of the women were government employee, 120(28.4%) and 118(28%) of them were house wife.

**Table 1:socio demographic characteristics of house hold at gurage zone, wolkite town for the selected kebeles SNNPR,Ethiopia,2022 G.C.**

| Variable       | Category              | Frequency | Per cent(%) |
|----------------|-----------------------|-----------|-------------|
| Age            | 15-19                 | 24        | 5.7         |
|                | 20-24                 | 42        | 10          |
|                | 25-29                 | 104       | 24.6        |
|                | 30-34                 | 71        | 16.8        |
|                | 35-39                 | 86        | 20.4        |
|                | 40-44                 | 57        | 13.5        |
|                | 45-49                 | 38        | 9           |
| Marital status | Married               | 221       | 52.4        |
|                | Divorced              | 21        | 5           |
|                | Widowed               | 35        | 8.3         |
|                | Single                | 145       | 34.4        |
| Religion       | Islam                 | 82        | 19.4        |
|                | Protestant            | 94        | 22.3        |
|                | Orthodox              | 167       | 39.6        |
|                | Catholic              | 64        | 15.2        |
|                | Other                 | 15        | 3.6         |
| Education      | Cannot read and write | 37        | 8.8         |
|                | Can read and write    | 38        | 9           |
|                | Primary               | 51        | 12.1        |
|                | Secondary             | 99        | 23.7        |
|                | Tertiary              | 197       | 46.7        |
| Occupation     | Self employed         | 104       | 24.6        |
|                | Gov't employee        | 120       | 28.4        |
|                | Daily labourer        | 31        | 7.3         |
|                | House wife            | 118       | 28          |
|                | NGO                   | 6         | 1.4         |
|                | Student               | 43        | 10.2        |

## 5.2. Cervical cancer awareness measure tool

Out of 422 study participants 242(57.3%) of women are aware of the cervical cancer warning signs while, 180(42.7%) of the women have poor knowledge (no awareness towards this issue). We got our cumulative mean of 2.81 after we add all the response of respondents and calculate mean for each respondents, then we got our cumulative use it as limit and 242 score above mean the rest 180 score below mean value.

Table 2: knowledge assessment responses of women for all items at guraghe zone, wolkite town for the selected kebeles SNNPR, Ethiopia, 2022 G.C.

| Variables | Category | Frequency | Percent(%) |
|-----------|----------|-----------|------------|
|-----------|----------|-----------|------------|

|   |                   |     |      |
|---|-------------------|-----|------|
| Do you think vaginal bleeding between period is a sign of cervical cancer         | Strongly Disagree | 74  | 17.5 |
|   | Disagree          | 62  | 14.7 |
|   | Neutral           | 181 | 42.9 |
|   | Agree             | 78  | 18.5 |
|   | Strongly Agree    | 27  | 6.4  |
| Do you think persistent lower back pain could be sign of cervical cancer          | Strongly Disagree | 50  | 11.8 |
|   | Disagree          | 102 | 24.2 |
|   | Neutral           | 171 | 40.5 |
|   | Agree             | 78  | 18.5 |
|   | Strongly agree    | 21  | 5    |
| Do you think persistent vaginal discharge could be sign of cancer                 | Strongly disagree | 34  | 8.1  |
|   | Disagree          | 90  | 21.3 |
|   | Neutral           | 179 | 42.4 |
|   | Agree             | 97  | 23   |
|   | Strongly agree    | 22  | 5.2  |
| Do you think discomfort or pain during sex could be sign of cancer                | Strongly disagree | 41  | 9.7  |
|   | Disagree          | 98  | 23.2 |
|   | Neutral           | 178 | 41.2 |
|   | Agree             | 84  | 19.9 |
|   | Strongly agree    | 21  | 5    |
| Do you think menstrual bleeding that are heavier and longer than usual could sign | Strongly disagree | 44  | 10.4 |
|   | Disagree          | 98  | 23.2 |
|   | Neutral           | 158 | 37.4 |
|   | Agree             | 88  | 20.9 |
|   | Strongly agree    | 34  | 8.1  |
| Do you think persistent diarrhea be sign  | Strongly disagree | 89  | 21   |
|   | Disagree          | 118 | 28   |
|   | Neutral           | 172 | 40.8 |
|   | Agree             | 30  | 7.1  |
|   | Strongly agree    | 13  | 3.1  |
| Do you think bleeding after menopause be sign                                     | Strongly disagree | 37  | 8.8  |
|   | Disagree          | 84  | 19.9 |
|   | Neutral           | 181 | 42.9 |
|   | Agree             | 89  | 21.1 |
|   | Strongly agree    | 31  | 7.3  |
| Do you think persistent pelvic pain could be sign                                 | Strongly disagree | 32  | 7.6  |
|   | Disagree          | 97  | 23   |
|   | Neutral           | 197 | 46.7 |
|   | Agree             | 73  | 17.3 |
|   | Strongly agree    | 23  | 5.5  |
| Vaginal bleeding during or after sex  | Strongly disagree | 58  | 13.7 |
|   | Disagree          | 121 | 28.7 |
|   | Neutral           | 187 | 44   |
|   | Agree             | 42  | 10   |
|   | Strongly agree    | 14  | 3.3  |
| Do you thin blood in the stool or urine could be sign                             | Strongly disagree | 65  | 15.4 |
|   | Disagree          | 87  | 20.6 |
|   | Neutral           | 207 | 49.1 |
|   | Agree             | 41  | 9.7  |

|  |                   |     |      |
|--|-------------------|-----|------|
|  | Strongly agree    | 22  | 5.2  |
| Do you think unexplained weight loss could be sign | Strongly disagree | 40  | 9.5  |
|  | Disagree          | 78  | 18.5 |
|  | Neutral           | 186 | 44.1 |
|  | Agree             | 89  | 21.1 |
|  | Strongly agree    | 29  | 6.9  |

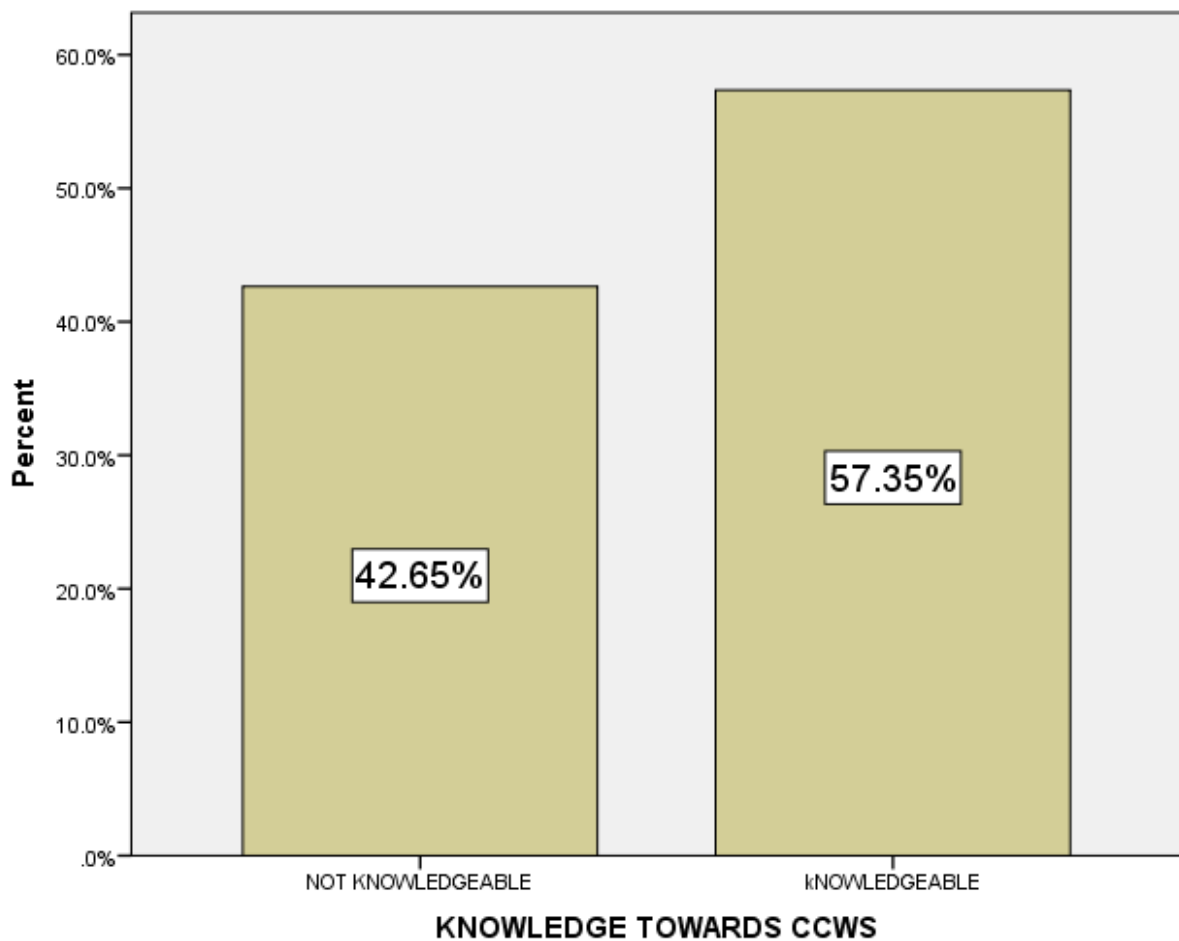


Figure 2: knowledge towards cervical cancer warning sign characteristics among house hold at house hold at guraghe zone, SNNPR, Ethiopia, 2022G.C.

## **CHAPTER SIX: DISCUSSION**

During the current study among 422 women participated in the study around 42.7% of women had no awareness about cervical cancer and do not know any of the listed signs. The current finding is better than the study conducted in Dessie through community based cross sectional study 53.7% of participants did not aware for signs from total of 620 participants and majority(43.6%) of them raised foul smelling vaginal discharge as a sign (26). This difference might be because of the sample size disparity to our study. Similarly, in wolaita zone 2019 G.C which was facility based cross sectional study 57.6% of participants had poor knowledge of cc symptoms. This could be due to similar reason to previous one higher number of sample sizes.

The study conducted in ambo town through cross sectional study with 422 participants with 92% response rate in 2017 G.C. among them 54.1% of women had poor knowledge as compared to our study 11.5% gap. This difference might be due to response rate disparity with our study(31).

The study that was conducted in ambo town which had similar sample size to our study through community based cross sectional study in 2017G.C around 54.1% of women were not aware for cervical cancer warning signs (31). Still there is 11.4% higher in the previous study. This gap might be because of the decreased respondents (92% response rate). Even though there is similarity in sample size and study design.

An institution-based cross-sectional study was conducted in Gonder in April 2018 on under graduated students, revealed that 52% students have good knowledge about sign and

83(20.6%) put irregular vaginal bleeding as a sign (29). This finding is almost similar to our study it could be due to the students' level of knowledge and their exposure to have involvement in different youth friendly services in their institution when we see(compare) the time from our study.

The study that was conducted in gurage zone through community based cross sectional study in march, 2019 G.C. around 26.2% from 260 respondents had good knowledge (have information cervical cancer). There is 31.1% gap from our study this difference might be due to sample size disparity from our study (34).

#### Strength

- We collect data practically.

#### Limitation

- The study assess knowledge only.

## **CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION**

### **7.1. Conclusion**

The study finding indicates that good knowledge among reproductive age group was observed. Even though most of women scored above mean. Around 56 of them, from 180 who have poor knowledge, do not even heard about cervical cancer. Most of the study that we discussed has under achievement as compared to our study but some of them have similar finding with our result. Therefore, nowadays there is much more improved awareness towards the cc.

### **7.2. Recommendation**

This study revealed that, there is some improvement on women regarding to awareness to the cervical cancer signs but the numerical data indicates still there is gap in our community that we need to fill it through by working on women especially under reproductive group.

- Availability of screening program is not enough, focus of attention should be on preparing awareness creation campaign which targets cervical cancer.
- University and city administration health bureau should organize and support different programs which aim to increase the level of knowledge of women through mass media by using aspirator and artistic way in order to be captured by community easily or other women association club at the university, primary and secondary school level.

- Health worker should have mobilized to different institutions where the women can be attended rather we cannot achieve our dream that we want to see in our community.

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ANNEX 1

Consent Amharic version(የአማርኛ መጠይቅ ቅጽ)

ቀን ----- ሰዓት -----

እንደምን አደሩ /እንደምን ዋሉ?

እኛ የወልቂጤ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ ነርሲንግ ትምህርት ክፍል

አራተኛ አመት ተማሪዎች ነን። እዚህ የተገኘነው/ ያለነው የመመረቂያ ጽሁፋችንን የምንሰራበት ርእስ

የሆነውን የሴቶች እውቀት በማህጸን በር ጫፍ ካንሰር ቅድመ - ምልክቶች ዙሪያ መሠረት በማድረግ

መረጃ ለመሰብሰብ ነው። የዚህ ጥናት ዓላማ ምንደህል ሴቶች ለዚህ ካንሰር ቅድመ - ምልክቶች ግንዛ

ቤው/እውቀቱ አላቸው የሚለውን ለማወቅ/ ለመገምገም ነው። እዚህ የተሰበሰቡ መረጃ

ሚስጥራዊነቱ

የተጠበቀና የእርስዎ ሥምም ሆነ የእርስዎን ማንነት የሚገልጽ ምንም አይነት ነገር አይኖርም ። በዚህ

ጥናት ላይ የእርስዎ ተሳትፎ በፈቃደኝነት ላይ የተመሰረተ በመሆኑ በየትኛውም መንገድ ጥናቱ ላይ

መሳተፍ የማይፈልጉ ከሆነ አይገደዱም። መመለስ ያልፈለጉትን ጥያቄ ማለፍ ይችላሉ። በየትኛውም ሰዓት ቃለ-መጠይቁን መሙላት መተው ይችላሉ። ለዚህ ጥናት መሳካት የእርስዎ ትክክለኛ መልሶች ትልቅ ሚና አላቸው። ጥናቱ ላይ ለመሳተፍ ፍቃደኛ ከሆኑ ከመጀመሪያ በፊት ግልጽ ያልሆነ ነገር ካለ ማንሳት ይችላሉ። መልስዎ የለም ከሆነ ፈርማዎን ያስቀምጡ። ስለ ትብብርዎ እናመሰግናለን!

ፊርማ -----

የቀበሌ ኮድ -----

**Annex I: Questionnaire (English)**

A Questionnaire prepared to collect data about cervical cancer warning signs in women under (15-49) age group who live in wolkite city administration.

Questionnaire Number \_\_\_\_\_

Hello, we are forth year nursing students from Wolkite University. We will ask you a few questions about cervical cancer warning signs. We are trying to assess your knowledge regarding to this health issue. We would like your honest opinion regarding to the questions. This study is being done under the supervision of Mr. ayana and Mr. girma.

**Part 1: Demographic characteristics**

Socio-demographic details

| S.no | Question       | Response   |
|------|----------------|--|
| 1.1  | Age            | _____  |
| 1.2  | Marital status | 1. Married<br>2. Divorced<br>3. Widowed<br>4. Single     |
| 1.3  | Religion       | 1. Muslim<br>2. protestant<br>3. orthodox<br>4. catholic |

|     |            |  |
|-----|------------|--|
|     |            | 5. other , specify   |
| 1.4 | Education  | 1. cannot read and write<br>2. can read and write<br>3. primary school<br>4. secondary school<br>5. college<br>6. university |
| 1.5 | Occupation | 1. self employed<br>2. government employed<br>3. daily laborer<br>4. house wife<br>5. NGO                                    |

## Part 2: Cervical Cancer Awareness Measure (Cervical CAM)

The following may or may not be warning signs for cervical cancer. We are interested in your opinion:

| S.no | Question  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|------|---|-------------------|----------|---------|-------|----------------|
| 2.1  | Do you think vaginal bleeding between periods a sign of cervical cancer?        |                   |          |         |       |                |
| 2.2  | Do you think persistent lower back pain could be a sign of cancer?              |                   |          |         |       |                |
| 2.3  | Do you think a persistent vaginal discharge sign of cervical cancer?            |                   |          |         |       |                |
| 2.4  | Do you think discomfort or pain during sex sign of cervical cancer?             |                   |          |         |       |                |
| 2.5  | Do you think menstrual periods that are heavier or longer than usual a sign?    |                   |          |         |       |                |
| 2.6  | Do you think persistent diarrhea is a sign of cervical cancer?                  |                   |          |         |       |                |
| 2.7  | Do you think vaginal bleeding after the menopause is a sign of cervical cancer? |                   |          |         |       |                |
| 2.8  | Do you think persistent pelvic pain could be a sign of cervical cancer?         |                   |          |         |       |                |

|      |   |  |  |  |  |  |
|------|---|--|--|--|--|--|
| 2.9  | Do you think vaginal bleeding during or after sex could be a sign of cervical cancer? |  |  |  |  |  |
| 2.10 | Do you think blood in the stool or urine could be a sign of cervical cancer?          |  |  |  |  |  |
| 2.11 | Do you think unexplained weight loss could be a sign of cervical cancer?              |  |  |  |  |  |

ሰላም እኛ የወልቁጤ ዩኒቨርሲቲ አራተኛ አመት ነርሲንግ ተማሪዎች ነን። ስለ ማህጸን በር ጫፍ ካንሰር ቅድመ ምልክቶች ዙሪያ ጥቂት ጥያቄዎችን እንጠይቅዎታለን። የዚህ ጥናት አላማ በዚህ የጤና ርዕስ ዙሪያ የሮሶን ግንዛቤ ለመገምገም ነው። ለጥያቄዎቹ ትክክ ውን መልስ በማስቀመጥ ይተባበሩን። ይህ ጥናት እየተከናወነ ያለው በመምህር አያና እንዲሁም በመምህር ግርማ ድጋፍ ሰጪነት ነው።

ክፍል 1

| ተ.ቁ | ጥያቄ      | የጥያቄ ምላሽ  |
|-----|----------|---|
| 1.1 | ዕድሜ      | _____   |
| 1.2 | የጋብቻ ሁኔታ | 1. ያገባች<br>2. የተፋች<br>3. ባል የሞተባት<br>4. ያላገባች   |
| 1.3 | ሃይማኖት    | 1. ሙስሊም<br>2. ፕሮቴስታንት<br>3. ኦርቶዶክስ<br>4. ካቶሊክ<br>5. ሌላ, ይግለጹ :-----   |
| 1.4 | ትምህርት    | 1. ማንበብና መጻፍ አልችልም<br>2. ማንበብ እና መጻፍ<br>3. የመጀመሪያ ደረጃ ትምህርት ቤት<br>4. ሁለተኛ ደረጃ ትምህርት ቤት<br>5. ኮሌጅ<br>6. ዩኒቨርሲቲ |

|     |    |  |
|-----|----|--|
| 1.5 | ሙያ | 1. በግል ሚተዳደር<br>2. የመንግስት ሰራተኛ<br>3. የቀን ሰራተኛ<br>4. የቤት እመቤት<br>5. ለትርፍ ያልተመሰረተ ድርጅት |
|-----|----|--|

ክፍል 2: የማህፀን በር ካንሰር የግንዛቤ መለኪያ (የሰርቪካል CAM) የሚከተሉት ለማህፀን በር ካንሰር የማስጠንቀቂያ ምልክቶች ሊሆኑም ላይሆኑም ይችላሉ። የእርስዎን አስተያየት እንፈልጋለን፡-

| ተ.ቁ | ጥያቄ  | በጣም አልስማማም | አልስማማም | አላውቅም | እስማማለሁ | በጣም አስማማለሁ |
|-----|--|------------|--------|-------|--------|------------|
| 2.1 | በወር አበባ መካከል ያለው የሴት ብልት ደም መፍሰስ የማጎጸን ካንሰር ምልክት ነው ብለው ያስባሉ?                |            |        |       |        |            |
| 2.2 | የማያቋርጥ የታችኛው ጀርባ ህመም የካንሰር ምልክት ሊሆን ይችላል ብለው ያስባሉ?                           |            |        |       |        |            |
| 2.3 | የማያቋርጥ የሴት ብልት ፈሳሽ የማጎጸን ካንሰር ምልክት ይመስላችኋል?                                  |            |        |       |        |            |
| 2.4 | በወሲብ የማህፀን በር ጫፍ ካንሰር ምልክት ወቅት ምቹት ማጣት ወይም ህመም የካንሰር ምልክት ሊሆን ይችላል ብለው ያስባሉ? |            |        |       |        |            |

|      |  |  |  |  |  |  |
|------|--|--|--|--|--|--|
|      |  |  |  |  |  |  |
| 2.5  | የወር አበባ ጊዜያት ከወትሮው የከበዱ ወይም የሚረዝሙ ምልክቶች ናቸው ብለው ያስባሉ?                        |  |  |  |  |  |
| 2.6  | የማያቋርጥ ተቅማጥ የማጎጸን ነቀርሳ ምልክት ነው ብለው ያስባሉ?                                     |  |  |  |  |  |
| 2.7  | ከማረጥ በኋላ የሴት ብልት ደም መፍሰስ የማጎጸን ነቀርሳ ምልክት ነው ብለው ያስባሉ?                        |  |  |  |  |  |
| 2.8  | የማያቋርጥ የዳሌ ህመም የማጎጸን ነቀርሳ ምልክት ሊሆን ይችላል ብለው ያስባሉ?                            |  |  |  |  |  |
| 2.9  | በግብረ ሥጋ ግንኙነት ወቅት ወይም በኋላ የሴት ብልት ደም መፍሰስ የማጎጸን ነቀርሳ ምልክት ሊሆን ይችላል ብለው ያስባሉ? |  |  |  |  |  |
| 2.10 | በሰገራ ወይም በሽንት ውስጥ ያለው ደም የማጎጸን ነቀርሳ ምልክት ሊሆን ይችላል ብለው ያስባሉ?                  |  |  |  |  |  |
| 2.11 | ያልታወቀ ክብደት   |  |  |  |  |  |

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|  | <p>መቀነስ የማገዳገን<br/>በር ካንሰር ምልክት<br/>ሊሆን ይችላል<br/>ብለው ያስባሉ?</p> |  |  |  |  |  |
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