Knowledge, attitude and practice of cervical cancer/ reproductive cancer and its screening : a cross-sectional study

Questionnaire for women, version 06.02.2018

Questionnaire number:

HDSS Number:

Name of interviewer:

Date of interview:

District:

Kebele:

Start time:

Finish time:

Part 1: socio demographic characteristics of the respondents

| Number | questions                                      | answers                     |
|--------|-----------------------------------------------|-----------------------------|
| 101    | what is your age?                             | …years                      |
| 102    | What is your Religion?                        | 1. orthodox                 |
|        |                                               | 2. muslim                   |
|        |                                               | 3. protestant               |
|        |                                               | 4. catholic                 |
|        |                                               | 5. other                    |
| 103    | what is your marital status?                  | 1. single                   |
|        |                                               | 2. married                  |
|        |                                               | 3. divorced                 |
|        |                                               | 4. widowed                  |
|        |                                               | 5. separated                |
| 104    | what is your ethnicity?                       | 1. gurage                   |
|        |                                               | 2. silite                   |
|        |                                               | 3. hadiya                   |
|        |                                               | 4. kambata                  |
|        |                                               | 5. oromo                    |
|        |                                               | 6. amhara                   |
|        |                                               | 7. Tigire                   |
|        |                                               | 8. other                    |
| 105    | what is the level of school you attended?     | …years                      |
|        |                                               | higher education            |
### Part 2: Respondents Reproductive Data

| Number | Questions                                      | Answers                           |
|--------|-----------------------------------------------|-----------------------------------|
| 201    | Have you ever been pregnant?                  | 1. Yes                            |
|        |                                               | 2. No                             |
|        | **If No, Skip Question 202**                  |                                   |
| 202    | If yes, how many times have you been pregnant?| … Times                          |
| 203    | Have you ever given birth?                    | 1. Yes                            |
|        |                                               | 2. No                             |
|        | **If No, Skip Question 204 and 205**          |                                   |
| 204    | How old were you when you first gave birth?   | … Years                          |
| 205    | How many children do you have?                | …                                 |
| 206    | How old were you when you first had sexual intercourse? | 1. … Years |
|        |                                               | 2. I don’t know                   |
|        |                                               | 3. Never                          |
| 207    | Did you use any contraceptive methods?        | 1. Yes                            |
|        |                                               | 2. No                             |
| 208    | Are you currently using contraceptive methods?| 1. Yes                            |
|        |                                               | 2. No                             |
|        | **If No, Skip Question 209**                  |                                   |
Part 3: general knowledge about cervical cancer/ reproductive cancer

| number | question                                                                 | answer                                                                 |
|--------|--------------------------------------------------------------------------|------------------------------------------------------------------------|
| 209    | if yes which method are you currently using?                             | 1. IUD  
2. injectable  
3. implants  
4. pills  
5. male condom  
6. female condom  
7. others |

| number | question                                                                 | answer                                                                 |
|--------|--------------------------------------------------------------------------|------------------------------------------------------------------------|
| 301    | have you ever heard of cervical cancer/ reproductive cancer?             | 1. yes  
2. no  
3. I don’t know |
| 302    | Have you ever had contact with someone with cervical cancer/ reproductive cancer? | 1. yes  
2. no  
3. I don’t know |
| 303    | Do you know symptoms of cervical cancer/ reproductive cancer?            | 1. yes  
2. no  
3. I don’t know  
if no/I don’t know skip question 304 |
| 304    | which symptoms do you know?                                              | 1. abnormal bleeding  
2. discharge  
3. pelvic pain  
4. bleeding after sex  
Participant can name more than one answer |
| 305    | do you think that there is a way to reduce the risk of developing cancer? | 1. yes  
2. no  
3. I don’t know  
if no/I don’t know, skip question 306 |
| 306    | if yes how can you reduce your risk?                                     | 1. modifying lifestyle  
2. vaccine  
3. screening  
4. use of condom  
Participant can name more than one answer |
| 307    | Can you get vaccinated against cervical cancer/ reproductive cancer?     | 1. yes  
2. no  
3. I don’t know |
| 308    | is it possible to screen for cervical cancer/ reproductive cancer?       | 1. yes  
2. no  
3. I don’t know |
| number | question                                                                                                                                                                                                 | answer                                                                                     |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 309    | do you know any women that have been screened?                                                                                                                                                         | 1. yes  
2. no  
3. I don’t know                                                                 |
| 310    | Do you know any method of screening?                                                                                                                                                                     | 1. yes  
2. no  
3. I don’t know                                                                 |
| 311    | have you heard of VIA?                                                                                                                                                                                  | 1. yes  
2. no  
3. I don’t know if no/ I don’t know, skip question 315                                            |
| 312    | how often should a women go for VIA                                                                                                                                                                     | 1. every year  
2. every 3 year  
3. every 5 years  
4. every 10 years  
5. only once  
Please take down only one answer |
| 313    | have you heard of HPV test?                                                                                                                                                                             | 1. yes  
2. no  
3. I don’t know                                                                 |
| 314    | have you heard of the cytological examination?                                                                                                                                                          | 1. yes  
2. no  
3. I don’t know                                                                 |
| 315    | do you think early detection is helpful?                                                                                                                                                                | 1. yes  
2. no  
3. I don’t know                                                                 |

**Part 4: participant’s perception of risk factors of cervical cancer/ reproductive cancer**

| number | question                                                                                                                                                                                                 | responses                                                                                     |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 401    | Which age group has the highest risk of developing cervical cancer/ reproductive cancer?                                                                                                               | 1. 15-30  
2. 30-49  
3. 50-70  
4. >70  
5. I don’t know participant can name more than one answer |
| 402    | Is HPV infection a risk factor for cervical cancer/ reproductive cancer?                                                                                                                                  | 1. yes  
2. no  
3. I don’t know                                                                 |
| 403    | Is HIV infection a risk factor for cervical cancer/ reproductive cancer?                                                                                                                                    | 1. yes  
2. no  
3. I don’t know                                                                 |


### Part 5: attitude towards the disease and it’s screening

| number | question                                                                                   | responses               |
|--------|-------------------------------------------------------------------------------------------|-------------------------|
| 501    | Cervical cancer/ reproductive cancer is a serious disease and can be deadly.                | 1 2 3 4 5               |
| 502    | Cervical cancer/ reproductive cancer is a serious disease in my community                  | 1 2 3 4 5               |
| 503    | I can get cervical cancer/ reproductive cancer.                                             | 1 2 3 4 5               |
| 504    | It is possible to screen for cervical cancer/ reproductive cancer.                          | 1 2 3 4 5               |

| number | question                                                                                   | answer                  |
|--------|-------------------------------------------------------------------------------------------|-------------------------|
| 501    | Cervical cancer/ reproductive cancer is a serious disease and can be deadly.                | 1 2 3 4 5               |
| 502    | Cervical cancer/ reproductive cancer is a serious disease in my community                  | 1 2 3 4 5               |
| 503    | I can get cervical cancer/ reproductive cancer.                                             | 1 2 3 4 5               |
| 504    | It is possible to screen for cervical cancer/ reproductive cancer.                          | 1 2 3 4 5               |
| number | question                                                                 | answer |
|--------|---------------------------------------------------------------------------|--------|
| 505    | I am scared of the screening process                                      | 1      |
|        |                                                                           | 2      |
|        |                                                                           | 3      |
|        |                                                                           | 4      |
|        |                                                                           | 5      |
| 506    | I want to know if I have cervical cancer/ reproductive cancer.            | 1      |
|        |                                                                           | 2      |
|        |                                                                           | 3      |
|        |                                                                           | 4      |
|        |                                                                           | 5      |
| 507    | Cervical cancer/ reproductive cancer can be treated.                       | 1      |
|        |                                                                           | 2      |
|        |                                                                           | 3      |
|        |                                                                           | 4      |
|        |                                                                           | 5      |
| 508    | I want to get treated, if I have cervical cancer/ reproductive cancer.    | 1      |
|        |                                                                           | 2      |
|        |                                                                           | 3      |
|        |                                                                           | 4      |
|        |                                                                           | 5      |
| 509    | My husband allows me/ supports me to get tested for cervical cancer/ reproductive cancer. Skip question 509 and 510, if the woman is not married | 1      |
|        |                                                                           | 2      |
|        |                                                                           | 3      |
|        |                                                                           | 4      |
|        |                                                                           | 5      |
| 510    | My husband allows me/ wants me to get treated if I have cervical cancer/ reproductive cancer. | 1      |
|        |                                                                           | 2      |
|        |                                                                           | 3      |
|        |                                                                           | 4      |
|        |                                                                           | 5      |
| 511    | I feel supportive and positive towards people with cervical cancer/ reproductive cancer in your community | 1      |
|        |                                                                           | 2      |
|        |                                                                           | 3      |
|        |                                                                           | 4      |
|        |                                                                           | 5      |
| 512    | My community feels supportive and caring for people with cervical cancer/ reproductive cancer. | 1      |
|        |                                                                           | 2      |
|        |                                                                           | 3      |
|        |                                                                           | 4      |
|        |                                                                           | 5      |

**Likert scale**
1 for sure no
2 no
3 maybe
4 yes
5 for sure yes

**Part 6: practice of cervical cancer/ reproductive cancer screening**
### Part 7: sources of information

| number | question | answer |
|--------|----------|--------|
| 601    | Have you ever been screened for cervical cancer/ reproductive cancer? | 1. yes 2. no |
| 602    | Do you want to get screened for cervical cancer/ reproductive cancer? | 1. yes 2. no |
| 603    | Do you have access to cervical cancer/ reproductive cancer screening? | 1. yes 2. no |

| number | question | answer |
|--------|----------|--------|
| 701    | Do you feel well informed about cervical cancer/ reproductive cancer? | 1. yes 2. no |
| 702    | Do you want to learn more about cervical cancer/ reproductive cancer? | 1. yes 2. no |
| 703    | What is your source of knowledge? | 1. none 2. newspaper/magazine 3. Radio 4. Television 5. Billboards, posters 6. brochures 7. health workers 8. family, friends, 9. neighbors, colleges 10. religious leaders 11. teachers 12. others |

**Participant can name more than one answer**