| Variables | AOR | 95% CI | | P-value |
|---|---|---|---|---|
| | | Lower | Upper | |
| Full model | | | | |
| **Age group** | | | | |
| 30-34 | 0.129 | 0.03 | 0.555 | 0.006 |
| 45 | Ref | | | |
| **Marital status** | | | | |
| Single | 1.687 | 0.262 | 10.866 | 0.582 |
| Married | 3.712 | 0.784 | 17.57 | 0.098 |
| Widowed | Ref | | | |

## Conclusion

Moreover, educational interventions, especially those utilizing peer or community health educators and use of mobile clinics or mHealth implementation strategies may further increase the level of knowledge of women living in rural areas such as in Gakenke District. Innovative service delivery, including community-based self-sampling, acting on environmental constraints, striving to make services more available, accessible, and appropriate to women, would be most effective.

Policy makers are encouraged to institute campaigns, personalized encouragements, and provide affordable and friendly health care