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Background: Cervical cancer is the most common cause of cancer death in Africa with 10.4 deaths, accounting for one in five deaths from cancer in African women Munoz et al. Sub-Saharan Africa carries the highest global burden of this deadly but entirely preventable disease. The problem is particularly serious in sub-Saharan Africa, where the age-adjusted incidence rate is 45 per 100,000 women, Ethiopia at 35.9 per 100,000 women. Data from the Addis Ababa population cancer registry showed that breast and cervical cancer were the main causes of cancer, accounting for 22.6% and 10.8% of all cases, respectively. cancer.

Methods: A community cross-sectional survey based on the NCD Stepwise approach of the World Health Organization (WHO) was carried out. The survey was conducted in the 9 regions and two municipal administrations (Addis Ababa and Dire Dawa) in Ethiopia. The target population for this survey included all men and 15-69 year olds who consider Ethiopia as their main place of residence. A single population proportion formula was used to determine the design effect coefficient of 1.5, the Z score = 1.96, the proportion = 35.2 and the marginal error = 0.04. A total of 513 environmental assessments were covered nationally. Thus, 5823 women were included in this study. A mix of sampling approach, namely three-stage stratified cluster sampling, simple random sampling and the Kish method were used to select study parameters and study participants.

Results: Cervical cancer screening rate in Ethiopia is extremely low (2.9%). When adjusted for demographic and residence confounders (age, location, income, education), cervical cancer screening is significantly associated with being at urban area (AOR=2.5, 95% CI: 1.1, 5.7), age 30-49 years (AOR=2.4, 95% CI: 1.2, 4.8), having annual household income of more than 30,000 ETB (AOR=7.1, 95% CI: 4.8, 10.4) and college and above level of education (OR=2.8, 95% CI: 1.1, 7.8). Conclusions: tion (F10(n)650 Co-

