



ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF ALLIED HEALTH SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY

THE KNOWLEDGE AND ATTITUDE OF PATIENT ON CHEMOTHERAPY
AND ITS ASSOCIATED FACTORS IN ONCOLOGY DEPARTMENT IN
TIKUR ANBESSA SPECILAIIZED HOSPITAL, ADDIS ABABA, ETHIOPIA,
2017

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A THESIS TO BE SUBMITTED TO ADDIS ABABA UNIVERSITY SCHOOL
OF ALLIED HEALTH SCIENCES DEPARTMENT OF NURSING AND
MIDWIFERY IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR
THE DEGREE OF MASTER OF ONCOLOGY NURSING

JUNE 2017

Addis Ababa, Ethiopia

Acknowledgment

First of all, I would like to express my deepest gratitude and appreciation to Mr. Leul Deribe and Sr. Nadia Worede for their unreserved and all round support and enriching comments in the development of this thesis.

I would also like to extend my pleasure to Addis-Ababa University, College of Health Sciences, School of Allied Health Sciences, Department of Nursing and Midwifery for providing me an opportunity to carry on my carrier.

I am highly indebted to oncology department and those participants (for the cancer patients taking chemotherapy).

My heartfelt thanks go to my beloved family and my mother for her unreserved encouragement and moral support all through my study next to GOD.

Abstract

Background: Chemotherapy is considered the primary treatment for chemotherapy which no effective alternative treatment is available or when the alternative treatment is less than optimal chemotherapy is a systemic treatment that enables the therapy to combat primary disease sites, area of known metastasis, and possibly microscopic spread of the disease.

Objective: The general objective of this study was to assess the knowledge and attitude of patients for anticancer chemotherapy and associated factors in the oncology clinic of Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia, 2017.

Methods: A cross sectional survey on sample population of 380 cancer patient receiving chemotherapy. A systematic random sampling technique was used. The strength of an association between dependent and independent variables and its significance was computed using odds ratio with 95% confidence interval. Multiple logistic regression analysis technique was employed to evaluate independent effect exposure variables on the outcome variable. Results was presented in tables, graphs, and texts

Result: Patient with knowledge and positive attitude were 33.3% and 51.1% respectively. Patient with no previously history chemotherapy were 21.5% times less likely to have knowledge of chemotherapy [AOR=0.215(0.058, 0.830)] than those who have take chemotherapy previously. Patient who has more income were 25.49% more likely to have knowledge [2.549(1.044, 6227)]. Patient who were male were to have 42.1% time less likely to have a positive attitude [AOR= 0.421(0.225, 0.786)] than the females. Patient with no family history of chemotherapy were 34.47% less likely to have a positive attitude [AOR= 3.447(1.278, 9.296)] than with family history cancer.

Conclusion and recommendation: The study found that almost half of the participants were with positive attitude and more than half of the participants were unknowledgeable. The care provides should give education repeatedly though out the each cycle and should give information to the level of the clintes and their family members.

Key word: -Knowledge, Attitude and Chemotherapy

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List of Acronyms

AAU- Addis Ababa University

TASH- Tikur Anbessa Specialized Hospital

HBV- Hepatitis B virus

HCV- Hepatitis C virus

HPV- Human papilloma virus

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Chapter 1

Introduction

Cancer is among the leading causes of morbidity and mortality worldwide, with approximately 14 million new cases and 8.2 million cancer related death in 2012. The number of new cases is expected to rise by about 70% over the next 2 decades (1). In Africa, cancer has become an emerging public health issue, with estimates of 715,000 new cases and 542,000 cancer related deaths. In Ethiopia, annual incidence and mortality of all cancer types reported in 2008 were 517,000 and 416,000 respectively (2).

Among women, the 5 most commonly diagnosed cancer cases were breast, colorectal, lung, cervix and stomach cancer. Around one third of cancer deaths are due to the 5 leading behavioral and dietary risks: high body mass index, low fruit and vegetables intake, lack of physical activity, tobacco use and alcohol use. Tobacco use is the most important risk factor for cancer causing around 20% of global cancer deaths and around 70% of global Lung cancer deaths. Viral infections such as HBV (hepatitis B virus), HCV (hepatitis C virus) and HPV (Human Papilloma Virus) are responsible for up to 20% of cancer deaths in-low and middle- income countries (3).

Chemotherapy is considered the primary treatment for which no effective alternative treatment is available or when the alternative treatment is less than optimal (4). Chemotherapy is a systemic treatment that enables the therapy to combat primary disease sites, areas of known metastasis, and possibly microscopic spread of disease. The goals of chemotherapy are targeted at three areas; cure, control or palliation (5).

Side effects of chemotherapy represent a major challenge for cancer patients and their treating physicians. In the setting of metastatic cancer, an improved toxicity profile contributes to a better quality of life. This is particularly helpful when single agents or combinations of drugs with similar efficacy are available, as it facilitates the choice of the least toxic agent or combination (6).

Generally physical side effects caused by chemotherapy have been well characterized. Among the most common chemotherapy induced side effect are bone marrow suppression, neuropathesis, gastrointestinal disorders, hair loss, fatigue and skin disorders. Some drug specific side effects have also been identified. Effective management of chemotherapy induced adverse

effects is improving quality of life of patient which may eventually influence their willingness to complete the treatment (7).

1.2 Problem statement

Studies show that cancer patients receiving chemotherapy have inadequate knowledge regarding their treatment and have poor attitude towards it. The side effects from cancer chemotherapy depend on the type of drug, dose, frequency and its duration of administration. Chemotherapy has a serious impact on patient well-being and quality of life. Patients report a higher existence of psychosocial problem among oncologic clients primarily problems associated with difficulties in the family, duty in the household, work and leisure, sexuality and finance and emotional distress (8).

Education patients regarding the type of chemotherapy treatment and expected side effects can provide a basic understanding of their treatment before initiation, and may improve their ability to cope with the disease. A study in European country shows that, before the initiating chemotherapy, the fact that 25% of them did not mention any side effects and the remainder mentioned only the most common (diarrhea and nausea) indicated the limited patients' knowledge of the full spectrum of side effects associated with chemotherapy. Out of 66 recruited patients, 22 patients did not reach cycle six from the result (9).

Several factors can contribute for inadequate knowledge and negative attitude toward chemotherapy. A study taken in Iran was shown that individuals experience of their own situation related to their cultural background, the value system that they are living in and their goals expectation, the other is while giving the education putting fear and anxiety (10). It is crucial that patients are educated about their chemotherapy and management of adverse effects prior to and during subsequent cycles of treatment to abate the anxiety and distress that may be associated with lack of knowledge (11).

In Ethiopia; limited study has been conducted to show the knowledge level and the attitude of patients towards chemotherapy thus, this study aimed at assessing the knowledge and attitude of patients towards chemotherapy at the oncology department.

1.3 Significant of the study

This study measures the level of knowledge that cancer patients have on their chemotherapy and their attitude towards it. Thus, the finding of this study increases our understanding regarding patients' knowledge and attitude towards anticancer chemotherapy in the study setup. It can pinpoint the gap between the health services providers and the patients. This is timely information so that it could be an input to improve the quality of care rendered to our cancer patients. By getting insight into the current patient knowledge status and attitude towards the anticancer treatment, nurses can change or improve their way of teaching their patients. The data generated can also be baseline information for other health care providers and scientific communities to do further research in the area.

Charter 2: Literature Review

2.1 Knowledge and Attitude towards chemotherapy

The start of chemotherapy treatment is a distressing event at which most cancer patients report high needs for information. Health professions provide information to prepare patient for their treatment, increase their adherence to therapy and abilities to cope with the illness, and promote recovery. Accurate knowledge has indeed established a broad range of outcome. Educational interventions for patients starting chemotherapy treatment have shown to increase patient satisfaction and adherence to advice given by professionals, to enhance self-care and coping and to decrease treatment-related symptom burden (12). Study in American shows that in general, the patients were mostly likely to accept intensive treatments for a potentially small benefit (13).

Side effects generated by chemotherapy have been characterized reasonably well; however, to our knowledge, less is known regarding what patients expect to experience in terms of side effects during treatment (14). . Study in American shows that in general, the patients were mostly likely to accept intensive treatments for a potentially small benefit (15). It is crucial that patients are educated about their chemotherapy adverse effects prior to and during subsequent cycle of treatment to abate the anxiety and distress that may be associated with a lack of knowledge (10).

A study in America shows that 69% of patients with lung cancer did not report understanding that chemotherapy was not at all likely to cure their cancer (16). In a similar study in United Kingdom, shows that the patient compromised 60 consecutive women with breast cancer age from 24 to 66 years. The women's knowledge about their forthcoming treatment was limited. Eleven had no knowledge of the drug used and some of them did not even appreciate that chemotherapy took different forms. All women reported being warned about possible side effects, most commonly those of hair loss and sickness (17).

2.2 Factors affecting knowledge

Several factors could affect the level of knowledge by cancer patients regarding their chemotherapy. Old women were less likely than younger women (19% vs 31%) to report that their physicians presented more than one treatment option for their cancer. Only small proportion of older women declined treatments because of their perception of being too old to withstand or benefit from therapy 7% or due to transportation problem 5% (18).

Educational status of the patients could be an important factor affecting knowledge. In a study done in Malaysia, the majority of Malay were found to be willing to accept chemotherapy. This is in contrary with the general observation that a large proportion of Malay patients are avoiding chemotherapy. The difference is because the Malays recruited in the survey were those have higher education and living in city. They were more equipped with the modern medical knowledge if compared to rural Malaysia (19).

It is difficult to quantify the benefits of palliative chemotherapy. In addition, there is little information on what is expected by patients from these treatments. Slevin et al have reported that the majority of patients offered chemotherapy will accept only 1% chance of cure, and at least 40% would have accepted if it could prolong their life by only 3 months (18).

These various types of information the cancer patients need and, in the process, have also observed the effects of patients' demographics and situations on the specific type of information needed. Such demographic as age, education, and gender have been found to have a possible differential effect on the need for a particular type (20).

Other study has shown that patients' knowledge may be affected by demographic and disease related data. Data included age at diagnosis, marital status, highest level of education completed, and ethnicity (21).

2.3 Factors affecting attitude

Understanding treatment preferences is essential for optimal decision making. While some patients try intensive treatments that are unlikely to help, other avoids mild treatment that may cure. The health care professionals' view on the impact of treatment on patients view in this respect. Therefore, it is important to obtain insight into both patients' and physicians' attitudes towards chemotherapy (22).

Attitudes are affected by Social- culture issues, beliefs & strong religious value. In cases shows that information seeking has been demonstrated to play a critical role in individuals' efforts to cope with the distribution of quality of life associated with cancer diagnosis and treatment. The benefits of information for patients include in reduction in anxiety and mood disturbances (23).

Factors affecting the patient knowledge and perception of chemotherapy are having found that patients with advanced cancer are prepared to accept a lower chance of benefit and greater toxicity from chemotherapy. It is possible that they underestimated the extent of toxicity associated with chemotherapy. It is because of patient desire for extension of survival rather than alleviation of symptom (24).

Not giving up is an attitude for physician and patients to reinforce considerations about chemotherapy. Other factors include inability of physicians to communicate adequately about expected prognosis and using complex terminology, which is sometimes too difficult for patients to understand (25).

The literature has shown that there are several determinates that may affect patient's treatment preferences previous studies have shown that those who are actually ill are more likely to consider treatment acceptable. Other studies have shown that respondents tends to favour treatment that they had experienced, patients who had expericed chemotherapy on the past might be less fearful of its potential negative effects and more comfortable with their ability to cope with the physical, social and emotional aspects of treatment other studies have shown that treatment preferences may be affected by demographic variables: young age, living with other (eg, a husband or a child), being a parent and having children living at home. All these variables are related to more willingness to accept treatment (26).

Some of the potential barriers for in adequate knowledge and negative attitude is inadequate information about the anticancer treatment, having a low socioeconomic, not understanding the term used by physicians, having anxiety during visit with physician can hinder the hearing and the ability of understanding.

2.4 Conceptual frame work

According to different studies conducted globally (11) show that the cause of the version of the knowledge and different attitude may be multi-factorial like socio- demographic, socio-economic, environmental, and psychological factor. This factor may impact the patient's knowledge and attitude. The following conceptual framework is designed to show the link between the outcome variable and the factors associated to it.

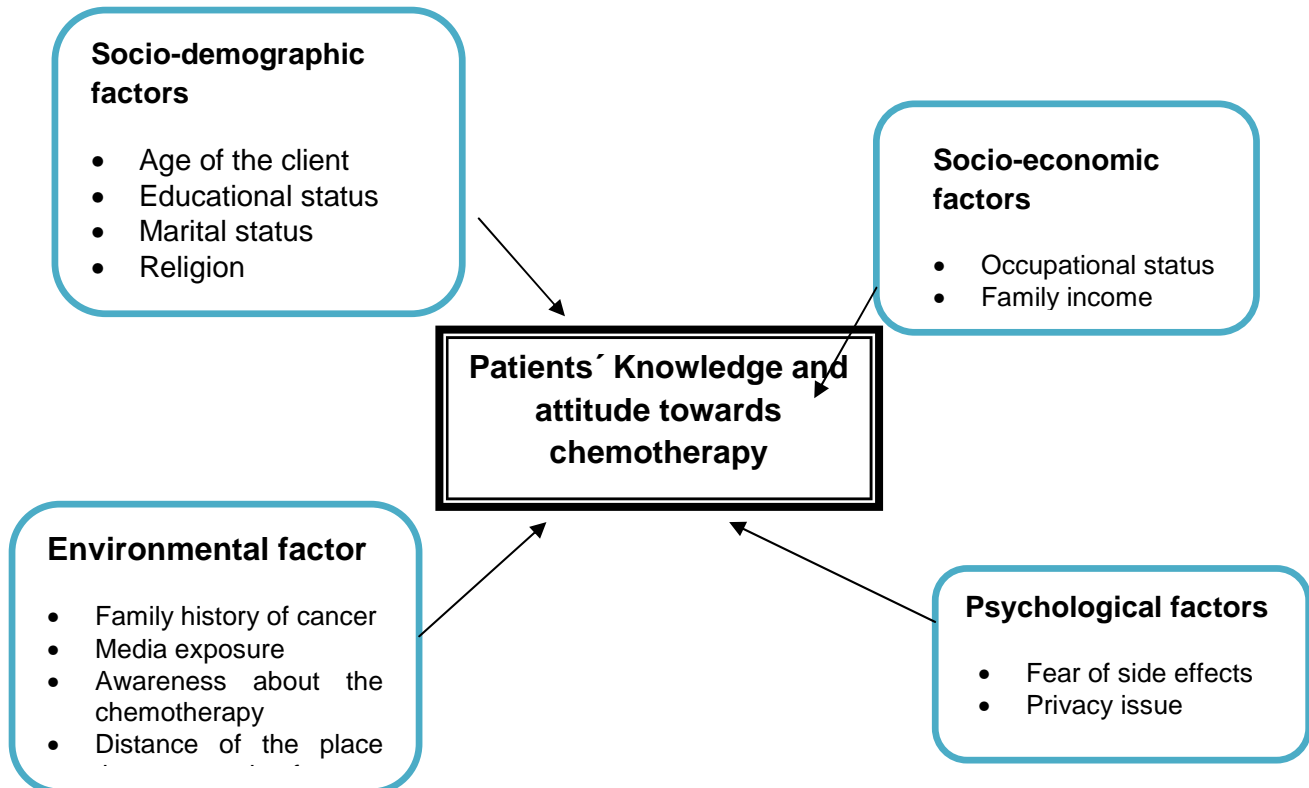


Figure 1: Conceptual framework developed by principal investigator as it appears in different literature

Chapter 3: Objective

3.1 General objective

The general objective of this study is to assess the knowledge and attitude of patients for anticancer chemotherapy and associated factors in the oncologic clinic of **Tikur Anbessa Specialized** hospital, Addis Ababa, Ethiopia, 2017.

3.2 Specific objectives

- To measure the knowledge of cancer patients about chemotherapy in the oncology department of Tikur Anbessa Specialized hospital, Addis Ababa, Ethiopia
- To measure the attitude of cancer patients towards chemotherapy in the oncology department of Tikur Anbessa Specialized hospital, Addis Ababa, Ethiopia
- To identify factors associated with knowledge level and attitude of patients towards chemotherapy in the oncology center of Tikur Anbessa Specialized hospital, Addis Ababa, Ethiopia

Chapter 4: Methods

4.1 Study area and period

The study was conducted in the department of oncology (radiotherapy center) at Tikur Anbessa Specialized hospital from February 15 to May, 15 2017. Tikur Anbessa Specialized hospital is a public teaching specialized referral hospital with 800-beds under Addis Ababa University and provides both teaching and clinical care service in different medical disciplines. A total of 16,622 new cases of cancer in TASH registry data set were diagnosed between 1997 up to 2012. In 2015 new cases registered were 2,150. At present, the oncology clinic of Tikur Anbessa Hospital is the major referral center that provides oncology care service in the country. Currently, the clinical service is run by 3 senior oncologists, 22 resident doctors and 30 clinical nurses.

4.2 Study Design

A cross sectional survey was employed.

4.3 Source populations

All patients in the oncology department who came for chemotherapy.

4.4 Study populations

All patients at the oncology center who were receiving anticancer chemotherapy in the inpatient and outpatient wards of the oncology clinic and fulfilling the inclusion criteria.

4.5 Inclusion and Exclusion criteria

4.5.1 Inclusion criteria

- Patients taking first line and /or second line chemotherapy

4.5.2 Exclusion criteria

- Seriously ill
- In-patients on both chemotherapy and radiotherapy

4.6 Sample techniques

Systematic random sampling was used to gather information from patients receiving chemotherapy in Tikur Anbessa specialized hospital. Based on the registry from the oncology inpatient and outpatient wards, there were about 3,324 patients who visited the hospital from August 1 up to January 31 for chemotherapy. Based on this in average 554 patients were have visited the hospital for a

mouth. Therefore, every 2nd case will be selected to participate in the study for one mouth to achieve the required sample size.

4.7 Sample size determination

The sample size was determined using single proportion formula. In this case the research was done for the first time so the proportion was taken as 50%.

$$n = [(z /2).p(1-p)]/d^2$$

- $z /2=1.96$
- p =proportion of knowledge and perception towards chemotherapy =50%
- $(1-p)=50\%$
- Confidence level=95%
- Desired precision (d)=5%

Therefore, $n = 1.96*0.5*0.5/(0.005)^2 = 384$

$$n/1+n/N=384/1+384/554=384/1.69=227$$

After using correction formula and adding 10% non-response rate the final sample size was found to be 251.

4.8 Data collection instruments

The data was collected by using structured questionnaire designed in such a way that it includes all the relevant variables to meet the study objectives. The questionnaire was developed in English then translated into Amharic version for better understanding. And then the Amharic version was translated back to English to ensure consistency.

4.9 Data quality Assurance

To ensure the validity (if the tool collect the information we need) and reliability (if the tool collect the data in a precise way); the pretest of the tool was out by interviewing 12 patient taking chemotherapy. Then the tool was reified incorporated the issues observed during per-test. The data collection tool was in English then translated in to Amharic then back to English to check the consistence, and then the Amharic version. Qualified BSC nurses were recruited and two days of training by the investigator was given. The data collectors were focuses on the inclusion & exclusion criteria, how to approach and get consents from patients and assess of variables

based on the questionnaires. The collected data was checked every day for completion, accuracy and consistence by the investigator.

4.10 Data entry cleaning and analysis techniques

The data entry and cleaning was done using Epi-data version 3.1 and SPSS 20.0 for windows was used for data analysis. The strength of an association between dependent and independent variables and its significance was computed using odds ratio with 95% confidence interval. Multiple logistic regression analysis technique was employed to evaluate independent effect exposure variables on the outcome variable. Those with $p < 0.05$ was considered as statistically significant. Results were presented in tables and texts.

Study variables

Independent variables

- Socio-demographic data (age, sex, education status, marital status)
- Socioeconomic data (monthly income, occupational status, family size)
- Environmental factor(Family history of cancer, Media exposure, Awareness about the chemotherapy, Partner education, Distance of the place they are coming from)

Dependent variable

- Patient knowledge of chemotherapy
- Attitude towards anticancer treatment.

4.11 Operational definitions

Knowledge on chemotherapy: clients are defined knowledgeable if they have knowledge score at or above the mean knowledge score

Attitude towards chemotherapy: clients are defined to have positive attitude towards chemotherapy if they have attitude score at and above the mean attitude score.

4.12 Ethical considerations

Ethical clearance was obtained from the ethical clearance committee of school of nursing and midwifery before the study permission was obtained from the department of oncology in Tikur Anbessa specialized hospital. The purpose of this study, the time taken to interview an eligible patients and the benefit of the study findings was read to the potential. Participation were voluntarily. Every patient has the right to participate or to refuse to participate in the study.

4.13 Dissemination of result

The result of this study was presented to the school of nursing and midwifery of Addis Ababa University College of health science as partial fulfillment of master's degree in oncology nurses. Furthermore, the result of this study was shared with the department of oncology.

Chapter 5: Result

5.1 Socio-demographic

There were 251 intended for sample size but the data were collected from 238 participants with 13(5.78%) non respondent. The age range is from 18-78 years old (mean 44.51). The highest number 104(43.7) of participants were among the 36 and 55 years of age category. The highest number of participants were male with 51.1%, 43.0% of participant were unemployed, 79.7 of patient were currently single, 43.5% and 57.8% of participant were with primary educational level and with income more than 1000 birr respectfully.

Table 1: Distribution of socio-demographic characteristics of patient knowledge and attitude toward chemotherapy in oncology department in TASH, Addis Ababa, 2017

Characteristics	Frequency	Percent
Age		
18-35	67	28
36-55	105	44
56 and above	67	28
Gender		
Female	116	48.9
Male	121	51.1
Occupational		
Employed	65	27.4
Farmer	35	14.8
Unemployed	102	43.0
Others (student, house wife, retired)	35	14.6
Monthly Income		
Les then 500	58	24.5
500-1000	42	17.7
Greater then 1000	137	57.8
Marital states		
Currently single	189	79.7
Currently married	48	20.3
Number of Family		
1-3	64	27.0
4-6	119	50.2
7 and above	54	22.8
Educational Level		
Primary	118	26.6
Secondary	58	43.5
Diploma and above	61	30.0
Distance from the Hospital		
Less than a day	128	54.0
Greater than a day	109	46.0
Information about chemotherapy		
From different media	63	26.6
Friends and Family	103	43.5
I don't know	21	30.0
Family History of Cancer		
Yes	29	12.2
No	208	87.8
Previous chemotherapy		
Yes	19	8
No	218	92

5.2 Respondents' knowledge & Attitude towards chemotherapy

There were 7 questions on knowledge; each question was given one mark. The question have more than one answer were give one if the respondent answer at or above the mean score whereas the respondent answered below mean there were given no mark. Then score was divided into two levels which were knowledgeable and unknowledgeable using the knowledge mean score as cut point. The proportion of participants with knowledgeable was 33.3 with 95% confidence interval.

Eight attitude questions were used to assess the attitude of the patients towards chemotherapy. Patients who respond agree and strongly agree were considered as agree and those who respond disagree and strongly disagree were considered disagree. The attitude score was divided into two levels which were positive and negative attitude using the mean score attitude score as a cut point. The proportion of participant with positive attitude was 51.1% with 95% confidence interval.

Table 2. Distribution of a patient's knowledge and attitude towards chemotherapy in oncology department in TASH, Addis Ababa, Ethiopia, 2017 (N=554)

Characteristics	Frequency	Percent
Knowledgeable	79	33.1
Unknowledgeable	160	66.9
Positive Attitude	121	51.1
Negative Attitude	116	48.9

5.3 Factors Associated with Knowledge of Patient towards Chemotherapy

Result of Bivairate regression showed that patient taking second line of chemotherapy was the only association found, while respondents' age, sex, educational states, occupation, marital states, number of family, monthly income, distance of the hospital, family history, and information different media were not associated.

In multivariable logistic regression two of variables i.e. patient who have taken previous chemotherapy and a better income were associated.

Patient with no previously history chemotherapy were 21.5% times less likely to have knowledge of chemotherapy [AOR=0.215(0.058, 0.830)] than those who have take chemotherapy previously. Patient who has more income were 2.549 more likely to have knowledge [2.549(1.044, 6227)] (Table3).

Table 3. Factors Associated with knowledge of patient towards chemotherapy TASH, Addis Ababa, 2017

Category	Knowledge		OR 95 % CI	
	Poor	Good	COR	AOR
Age				
18_35	36(53.7)	31(46.3)	1	1
36_55	56(54.4)	47(45.6)	0.975(0.526,1.807)	1.091(0.469,2.540)
56 and above	43(64.2)	24(35.8)	0.648(0.324,1.296)	0.734(0.270,1.995)
Gender				
female	64(55.6)	52(44.8)	1	1
male	71(58.7)	50(41.3)	0.867(0.518,1.450)	0.974(0.531,1.785)
Monthly income				
less than 500	35(60.3)	23(39.7)	1	1
500-1000	31(73.8)	11(26.2)	0.540(0.227,1.284)	0.691(0.245,1.949)
greater than 1000	69(50.4)	68(49.6)	1.500(0.804,2.798)	2.549(1.044,6227)*
Line of Chemotherapy				
Second line	16(84.2)	3(15.8)	1	1
First line	119(54.6)	99(45.4)	0.225(0.640,0.796)*	0.215(0.058,0.830)*

5.4 Factors Associated with Attitude of Patient towards Chemotherapy

Result of Bivairate showed that sex, family history of cancer were associated, while age, educational states, occupation, marital states, number of family, monthly income and distance of the hospital were not associated.

In multivariable logistic regression the same three variables were associated.

Patient who were male were to have 42.1% time less likely to have a positive attitude [AOR= 0.421(0.225, 0.786)] than the females. Patient with no family history of chemotherapy were 3.447 less likely to have a positive attitude [AOR= 3.447(1.278, 9.296)] than with family history cancer. (Table 4).

Table 4. Factors Associated with Attitude of patient towards chemotherapy TASH, Addis Ababa, 2017

Category	Attitude		OR 95 % CI	
	Poor	Good	COR	AOR
Age				
18_35	36(53.7)	31(46.3)	1	1
36_55	52(50.5)	51(49.5)	1.139(0.615,2.109)	1.111(0.474,1.604)
56 and above	28(41.8)	39(58.2)	1.618(0.817,3.202)	0.292(0.327,1.398)
Gender				
female	49(42.2)	67(57.8)	1	1
male	67(55.4)	54(44.6)	0.589(0.353,0.986)*	0.421(0.225,0.786)*
Family History				
Yes	22(75.9)	7(24)	1	1
No	94(45)	114(54.8)	3.812(1.560,9.312)*	3.447(1.278,9.296)*
Information about chemo				
From different media	29(34.9)	41(65.1)	1	1
Friends and family	59(57.3)	44(42.7)	0.400(0.209,0.765)*	0.864(0.425, 1.755)
I don't know	35(49.3)	36(50.7)	0.552(0.275,1.107)	0.654(0.275, 1.557)
Line of Chemotherapy				
First line	104(47.7)	114(52.3)	1	1
Second line	12(63.2)	7(36.8)	0.532(0.202,1.403)	0.647(0.218,1.921)

Chapter 6

Discussion

This study has attempted to assess the knowledge and attitude of patient on chemotherapy and its associated factors in TASH, Addis Ababa, Ethiopia.

The study shows that the levels of knowledge of participant were very low, 33.1% of the participating were knowledgeable on chemotherapy. The study finding were almost constant with the study finding in India, about 30% of the participant were knowledgeable on chemotherapy (27). The similarity might be both countries are three world countries with limited resources.

Regarding the side effects of chemotherapy the most common chosen side effect was nausea and vomiting followed by alopecia (hair loss). The study finding in France were inconstant, side effect of cancer chemotherapy reported by patient, alopecia was ranked first, followed by fatigues (28). This unsimilarity might be that the participants do not take fatigues as a side effect of chemotherapy.

Relating to the association of factors, participant monthly income and history of previous chemotherapy were associated. This result where inconstant with study conducted in India shows that, the selected variables like age, gender, education, area of living and history previous of chemotherapy have no significant association with the knowledge of chemotherapy(27). This inconstancy might be the different area of study.

The magnitude of attitude of patient to ward chemotherapy among surveyed is currently is found to be 51.1%. Regarding the willing to accept and continue with chemotherapy were 96.3% while study Malaysia shows that 63% of the patient willing to accept and continue with chemotherapy (19). This unsimilarity might be lack of knowledge towards chemotherapy.

In the present study 19.7% of the participants were having anxiety whereas study in Australia shows that over 50% of the patient reported anxiety of the treatment (29). This inconstancy might be that the participants are unknowledgeable towards the chemotherapy.

Relating to the association of factors, there was association with sex of the patient and previous family history of cancer and patients attitude on chemotherapy in current study. This result was inconsistent with the study in Malay, where there was association between education and living in the city with the attitude of chemotherapy (19). In the other hand a study in London shows that there were no significant associations between the socio demographic factors and the attitudes towards chemotherapy (7). This inconstancy might be the different geographical area of study.

Chapter 7

7. Strengths and limitation of the study

7.1 Strengths of the study

- Give information about level of knowledge and attitude of a patient towards the chemotherapy they are taking.
- Found base line information for future health plan.
- Can be used as base line data for future study.

7.2 Limitation of the study

- Presence of very limited similar studies in the country for comparison purpose.

Chapter 8: Conclusion and Recommendation

8.1 Conclusion

The study found that almost half of the participants were with positive attitude and more than half of the participants were unknowledgeable. The main reason for unknowledgeable participant and participant with positive attitude were monthly income and participant with previous history of chemotherapy, participant sex and family history of cancer respectively. There is a need to design knowledge increasing intervention plan and implementation.

8.2 Recommendation

Federal ministry of Health

- The counter's federal health office should be committed on perparefliers and papelets that includes information about cancer, stages of cancer and its treatment (chemotherapy). They should have programs on mas mideia.

Health care provides

Nurses should give education repetedly thoug out the each cycle and should give information to the level of the clintes and their family members.

Researchers:

- Researchers should carry out further studies at different levels.

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Annex 1: English version information sheet and structured questionnaire

English version information sheet and consent form

English version information sheet and consent form for the questionnaire developed for the assessment of patients' knowledge and attitude toward chemotherapy in oncology department, Addis Ababa, Ethiopia.

A. Information Sheet

Greeting

My name is -----, I am collecting data on behalf of a masters student in AAU college of nursing & midwifery, who want to conduct this survey

The objective of this study is to assess the level of patients' knowledge and the attitude of chemotherapy in oncology department. Your cooperation and willingness for the interview is very much helpful in identifying the level of knowledge and factors affecting the attitude for chemotherapy.

This study can help the health service provider's insight into the current patient knowledge and attitude. And can pin point the gap between the health services providers and patients. Also could be an input to improve the quality of care rendered to our cancer patients. We would be thankful if you spend some time with us answer questions related to the issues described above.

Your cooperation and willingness for the interview is very helpful in identifying the problems related to the issue. Your name will not be written in the form and I assure you that all information that you give will be kept strictly confidential. Your participation is voluntary and you are not obliged to answer any question you do not wish to answer. If you are not still comfortable with interview, please be free to stop me any time you like there is no harm if you not answer the questions and no special benefit you get if you answer the question the interview will take 25- 35 minutes . We would be thankful if you spend some time with us answering questions related to the issues described above.

1. If yes, Name of interviewer_____ Signature_____

2. If not, skip to the other participant

For more information and question here is the contact address of investigator.

Elleni Yohannes

0913136181

Annex II. Consent sheet

B. Consent form

I am informed on study to be conducted by masters student in AAU, college of nursing and midwifery on the level of patients knowledge and attitude on chemotherapy, objective of the study and participation to this study is voluntary no obligation to answer any questionnaire.

There is no harm by not answering the questions and no special benefit by answer the question and also the interview will take 25-35 minutes willing to participate in the interview.

Name of interview -----

Signature -----

Annex III. English questionnaire

Addis Ababa University

College of health science

Department of nursing & midwifery

Data collection format (English version)

A structured questionnaire to assess the knowledge and attitude toward chemotherapy in oncology department in Tikur Anbessa specialized hospital

Part 1. Demographic data

101. Age _____

102 Genders

- a) Female
- b) Male

103 Ethic group

- 1) Amhare
- 2) Tigre
- 3) Oromo
- 4) Gurage
- 5) other

104 Educational level

- a) Illiterate
- b) Grade 1-8
- c) Grade 9-12
- d) Diploma and above

105 Religion

- a) Orthodox
- b) Muslim
- c) Protestant
- d) Catholic

e) Other (specify)

106from where are you coming from

- a) Amhara region
- b) Tigray region
- c) Oromya region
- d) Souther region
- e) Other specifiy

107How long does it take you to get to the hospital

- a) Less than an hour
- b) One - two hours
- c) Three-six hours
- d) Eight hour and more

108If you are from outside of Addis Ababa do you have a place to stay while taking chemotherapy

- a) Yes
- b) No

109if yes where

- a) relatives house
- b) rental
- c) shelters

110 Occupation

- a) Unemployed
- b) Farmer
- c) Merchant
- d) private employee
- e) Governmental employee
- f) Others (Please specify_____)

111 Marital status

- a) Single
- b) Married
- c) Divorced
- d) Widowed

112Average monthly income(in Birr)-----

- a) Less than 500
- b) 500-1000
- c) Greater then 1000

113How many are you in your family -----

114Partners' education level

- a) Illiterate
- b) Grade 1-8
- c) Grade 9-12
- d) Diploma and above

115have you heard about chemotherapy from any of the following

- a) Television

- b) Radio
- c) News paper
- d) Friends and family

116. Is there any family history of cancer

- a) Yes
- b) No

117. How line of cycle did you take

- a) First line
- b) Second line

118. How many cycle of chemotherapy did you take?

- a) First – third cycle
- b) Forth-sixth cycle
- c) Seventh- ninth cycle
- d) Tenth and above

Part2. This questionnaire assesses your knowledge about your treatment. Please do not rely on help from sources or other people to complete it. It is important that the questionnaire provides a true picture of what you know about your treatment.

201. What is the purpose of your treatment?

The treatment aims to cure the cancer and is the only treatment given (there is no combination with other forms of treatment such as an operation or radiation therapy).

The treatment aims to cure and is given as a first (neo-adjuvant) therapy, which will be followed by an operation or radiation therapy.

The treatment aims to cure and is given as treatment after another one (adjuvant treatment), for example an operation or radiation therapy. The aim of the treatment is to destroy any remaining cancer cells and to minimize the risk of the cancer spreading

The treatment aims to stabilize the disease and to minimize any complaints. The treatment is meant to lengthen life and to improve quality of life.

I don't know.

202. The planned duration of your treatment is:

A fixed number of cycles / courses

A number of cycles / courses, followed by an evaluation, and possibly additional cycles / courses

An unspecified time

I don't know

203. What is the purpose of blood tests before your treatment is administered or your subscription is renewed?

More than one answer is possible.

Checking whether the body (e.g. the bone marrow or the blood cells, the kidneys, the liver, ...) can take a new cycle of chemotherapy or further treatment

Checking for traces of the therapy In the blood

Assessing the effect of the treatment (e.g. tumor markers)

None of the above, but the following: ...

None of the above: no blood samples are taken

I don't know

204. Which of the following measures are indicated during your treatment?

More than one answer is possible.

Providing extra overall hygiene

Drinking enough fluids

Taking extra care of mouth hygiene

Balancing activities and rest

Avoiding crowds

All these measures are indicated

Not one of these measures is indicated

I don't know

205. Which side effects of chemotherapy can we call life threatening?

More than one could be an answer

fever with or without chills

persistent diarrhea

persistent vomiting

I don't know

206. Which indicates dangerous signs during taking chemotherapy?

More than one could be an answer

sudden breathlessness during chemotherapy
the skin around the catheter looks red and swollen
pain on the sight of the catheter
I don't know

207. Which of the following side effects can occur during your treatment?

Nausea and vomiting
Decreased appetite
Damage to the mucosa of the mouth
Tiredness
Hair loss
Skin changes (e.g. dry skin, redness, itch)
Constipation
Diarrhea
Fever
Early menopause

Part 3: Attitude parameters

301 is there anyone in your family or close to you have taken chemotherapy?

- a) Yes
- b) No

302 Have I ever considered not taking chemotherapy because I have had negative thought about the treatment?

- a) Strongly Agree
- b) Agree
- c) Disagree
- d) Strongly disagree

303 Before starting chemotherapy I have delayed taking chemotherapy by will.

- a) Strongly agree
- b) Agree
- c) Disagree
- d) Strongly disagree

304 If agreed why -----

305 I had fear of chemotherapy before starting treatment

- a) Strongly agree
- b) Agree
- c) Disagree

d) Strongly disagree

306 I still have fear over chemotherapy during taking chemotherapy

a) Strongly agree

b) Agree

c) Disagree

d) Strongly disagree

307 I have anxiety when coming to the center for chemotherapy

a) Strongly agree

b) Agree

c) Disagree

d) Strongly disagree

308 I have distress while taking chemotherapy

a) Strongly agree

b) Agree

c) Disagree

d) Strongly disagree

309 If agreed why -----

310. I have thought of discontinuing chemotherapy

a) Strongly agree

b) Agree

c) Disagree

d) Strongly disagree

311 If agreed why -----

312 have I stopped taking the required cycle of chemotherapy?

a) Yes

b) No

313 If yes why -----

Annex IV. Questionnaire (Amharic Version)

ለጥናቱ ተሳታፊዎች የአማርኛ ቅጅ መረጃ የተቀመጠ ነጠላ ወረቀት እና መጠይቅ

ለጥናቱ ተሳታፊዎች የአማርኛ ዝርዝር መረጃ ነጠላ ወረቀት እና የስመምንት ቅጽ/ አንቀፅ

በጸረ ካንሰር ህክምና የህመምተኛውን እውቀት፣ አዝማሚያ ዳሰሳ ለተዘገጀው መጠይቅ የአማርኛ ዝርዝር መረጃ ነጠላ ወረቀት እና የስመምንት ቅጽ/ አንቀፅ በካሰርን ክፍል ፣አ.አ.ኢ.ትዮጵያ

የመረጃ መዘርዘር

ሰላምታ

እንደምን አሉ/አለሽ/አልህ

ስሜ _____ ነው

እኔ ይህን የጥናት መረጃ የምሰበስበው በአእ ዩኒቨርሲቲ በነረስ ኮሌጅ እና ማዋለጃ የሁለተኛ ድግሪ ተማሪ ስም ነው።

የዚህ ጥናት አላማ የህመምተኞችን የጸረ ካንሰር ህክምና እውቀት እና አዝማሚያ የወለል ክፍታ መጠን በካሰርን ክፍል ለመዳሰስ ነው። የህርስዎ መተባበርና ፈቃደኝነት የእውቀትና ዘዝማሚያ የወለል መጠን ለመለየት እና የጸረ ካንሰር ህክምና አዝማሚያ ለሚጎንጠ ሳቢያ ይረዳል

ይህ ጥናት አሁን ያለውን የህመምተኛን የጸረ ካንሰር ህክምና እውቀት እና አዝማሚያ ለአገልግሎት ሰጪዎቹ እይታ እርዳታ ለመስጠት ይችላል። እናም በግልጋሎት ሰጪውና በህመምተኞች መካከል ያለውን ክፍተት ነቅሶ ለማውጣት ይቻላል ። ደግሞም የክብካቤ ለበሀመምተኞቻችን የተሸለ ጥራት ለማድረግ ግብአት ለመሆን ይችላል። ከላይ እንደ ተብራራው ለዚህ ከጥናቱ ጋር ግንኙነት ባለው፣ ለሚጠየቁት ጥያቄ ትንሽ ጊዜዎትን ከኛ ጋር ቢሰው በጣም እናመሰግናለን።

አያይ ካሉም መጠይቁን በከፊልም ሆነ ሙሉ በሙሉ ፋይመልሱ ለማቋረጥ ሙሉ ሙብትዎ ነው። ይህም ሲሆን ማንኛውንም አይነት ግልጋሎት ሲያገኙ ከጥቅማጥቅም ጋር ሳይያያዝ እንደማንኛውም ህመምተኛ ተገልጋይ የማይከሉ ተጠቃሚ እንደሚሆኑ እናረጋግጣለን።በዚህ መጠይቅ ውስጥም ስመዎት እንዳይመደጠቀስና ያለእርስዎ ፈቃድ ለማንም ሳይገለጥ ምስጢርነቱ እንደሚጠበቅ ልናረጋግጥልው እንወዳል።

ለበለጠ መረጃ እና ጥያቄ ከዚህ በታች የተመራማሪዎ አድረሻን ለመጠቀም ወደ ኋላ ሳይሉ መገናኘት ይችላሉ።

Elleni yohannes

0913136181

Annex V: Consent form (Amharic version)

የስምምነት ቅጽ

እኔ በአ.አ .ዩ የነርስ እና አዋጅ ኮሌጅ ሁለተኛ ድግሪ ተማሪ ተመራመሪዎ በህምምተኞ ስለ ጸረ ካነሰር ኅክምና እውቀትና አዝማሚያ ወለል መጠን ጥናት እንደሚካሄድ አላመው ተነገሮኝ ተሳትፎዬ ያለግዴታ በፍቃድኝንት ማንኛውንም ጥያቄ በመጠይቁ ለመመለስ ተስማምቼአለሁ። ይህን ከ25-35 ደቂቃ የሚወስድ መጠይቅ ስወስድ ያለጉዳት መሆኑ ሰገንኩብ፤ ቀጥተኛ የግል ጥቅምም እንደማያስገኝ በማወቅና፤ ነገር ግን በጠቅላላው የጥናቱ ውጤት ለሚሻሻል ጥራት ለሚያስገኝ ክብካቤ ግባት እንደሚሆን በማሰብ ነው።

የመጠይቁ ተጠያቂ የጥናቱ ተሳታፊ ስም -----

ፊርማ -----

Annex VI: Questionnaire (Amharic Version)

ክፍል 1:- የማህበረሰብ ስብጥር የተያያዙ ጥያቄዎች

ታካሚዎች ስለ ፀረ-ካንሰር ህክምና ያላቸውን እውቀትና አመለካከት ለመረዳት በ ጥቁር አንበሳ ነርስና አዋላጅ ነርስ የድህረምረቃ የሁለተኛ ዓመት ተማሪ የቀረበ ጥናታዊ መጠይቅ።

- | | | |
|------|--|---|
| 101. | እድሜ | ----- ዓመት |
| 102 | ፆታ | <ol style="list-style-type: none"> 1. ወንድ 2. ሴት |
| 103. | የትምህርት ደረጃ | <ol style="list-style-type: none"> 1. ያልተማረ 2. ከ1ኛ- 8ኛ ክፍል 3. ከ9ኛ - 12ኛ ክፍል 4. ዲፕሎም እና ከዛ በላይ |
| 104. | ሀይማኖት | <ol style="list-style-type: none"> 1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. ሌላ(ይግለፅ)----- |
| 105. | ወደ ሆስፒታል ለመድረስ ምን ያህል ጊዜ ይወስድታል? | <ol style="list-style-type: none"> 1. ከአንድ ሰዓት ያነሰ 2. ከአንድ እስከ ሁለት ሰዓት 3. ከሦስት እስከ ስድስት ሰዓት 4. ከስምንት ሰዓት እስከ አንድ ቀን 5. ከአንድ ቀን በላይ |
| 106. | ከአዲስ አበባ ውጭ ነዋሪ ከሆኑ ህክምናውን በሚወስዱበት ወቅት ማረፊያ አሉት? | <ol style="list-style-type: none"> 1. አዎን 2. የለኝም |
| 107. | አዎን ከሆነ የት? | <ol style="list-style-type: none"> 1. ዘመድ ቤት 2. ክራይ ቤት 3. በጊዜያዊ ማቆያ |

108. ሥራዎች ምንድን ነው?
 1. ሥራ የሌለው
 2. አርሶ አደር
 3. ነጋዴ
 4. በግል መስሪያ ቤት
 5. የመንግስት ሠራተኛ
 6. ሌላ ካለ ጥቀስ
109. የጋብቻ ሁኔታ
 1. ያገባ/ች
 2. ያላገባ/ች
 3. ፈት
 4. የሞተባት/በት
 5. የተለያዩ
110. የወር ገቢ በብር -----
111. ስንት ቤተሰብ አለዎት? -----
112. ልጆች አሎት?
 1. አለኝ
 2. የለኝም
113. ካሎት ስንት?
 1. አንድ
 2. ሁለት
 3. ሦስት
 4. አራት
 5. አምስትና ከዛ በላይ
114. የባለቤትዎ የትምህርት ሁኔታ
 1. ያልተማረ
 2. ከ1ኛ- 8ኛ ክፍል
 3. ከ9ኛ - 12ኛ ክፍል
 4. ዲፕሎም እና ከዛ በላይ
115. በየትኛው መንገድ ስለ ፀረ-
 ካንሠር ህክም ሠምተው
 ያውቃሉ?
 1. ከቴሌቪዥን
 2. ከራዲዮ
 3. ከጋዜጣ
 4. ከጓደኞቹ ወይም ከቤተሰብ
116. በቤተሰብዎ ካንሰር የተያዘ
 አለወይ
 1. አዎ
 2. አይደለም

117.ህክምናውን ስንት ዙር ወስደዋል? 1. የመጀመሪያ ዙር

2. ለሁለተኛ ዙር

3. ለሦስተኛ ዙር

4. ዙር

መመሪያ: ይህ መጠይቅ ስለ እርስዎ የሚያገኙት ህክምና ያሎትን እውቀት ይሳስሳል። በመሆኑም ይህን መጠየቅ ሁለተኛ ሰው እንዲመልሱ ማለት ስለህክምናው ያሎትን እውነተኛ የግንዛቤ ገፊ ለመረዳት ይረዳል ።

ጥያቄ201. የህክምናዎ አላማ ምንድን ነው?

1. የህክምና አላማዎች ካንሰርን ለመፈወስ እና ህክምናው ይህ ብቻ ስለሆነ ነው(ከሌሎች ጋር አብሮ የሚሰጥ የቀዶ ህክምናም ሆነ የጨርሮ ህክምና ስለሌለ).
2. የህክምናው አላማ የለመፈወስ እና መጀመሪያ የሚሰጥ (ኒዮ-ኦርጂኖቫን) ህክምና ሲሆን ቀጥሎም ቀዶ ህክምና ወይም ጨርሮ ህክምና ይሠጣል ።
3. የህክምና አላማዎች ካንሰርን ለመፈወስ ና ከሌላው ቀጥሎ የሚሰጥ ህክምና (ኦርጂኖቫን) ለምሳሌ ቀዶ ህክምና ወይም ጨርሮ ህክምና። አላማውም ቀሪውን የካንሰር ህዋሳትን ለማውደምና የስርጭቱን ጉዳት ለመቀነስ ነው።
4. የህክምናው አላማዎች በሽታውን ጋብ ለማድረግና መናጫውንም መቃተት ለመቀነስ ነው። ማለትም ህክምናው ነፍስ/ህይወትን ለማወቅየትና የህይወት ጥራትን ለማሻሻል ነው።
5. የማውቀው የለም/አላውቅም።

ጥያቄ 20 2 ህክምናዎት የታቀደበት ጊዜ ፡

1. የተወሰነ የኡዲዮች/የፍሎች ቁጠር
2. የኡዲዮች/የፍሎች ቁጠር፣ በመዳሰስ/በመመርምር የለጠቀ እና ቢቻል ተጨማሪ ኡዲዮት/ ክፍሎች
3. ላልተወሰነ ጊዜ
4. የማውቀው የለም/አላውቅም።

ጥያቄ 203. ህክምናው ወይንም መደሐኒት ማዘዣው ከመስጠቱ በፊት የደም ምርመራው ያስፈለገው ለምንድነው?

ከአንድ በላይ መልስ መስጠት ይቻላል

1. ሠውነትን መመረመር (ምሳሌ መቅኒ ወይንም የደም ህዋስን፣ኩላሊት ጉብት..) አዲሱን ኬም ኡደት/ቀጣይ ወይንም ተጨማሪ ህክምና መውሰድ ይቻላል
2. በደም ውስጥ መድኃኒቱ መኖሩን ለመመርመር
3. የህክምናውን ውጤት ለማሰስ (የእጢ ትእምርቶች/ አህዝ ምልክቶች)
4. ከላይ ተጠቅሶ የሌለ፣ ነገር ግን እንደሚቀጥለው
5. ከላይ ተጠቅሶ የሌለ፣ ደም ናሙና አልተወሰደም
6. የማውቀው የለም/አላውቅም።

ጥያቄ 204. የትኞቹ እርምጃዎች ቢወሰዱ አስፈላጊ ናቸው?

ከአንድ በላይ መልስ ይቻላል

1. ተጨማሪ የራስ ንጽግናን መስጠት
2. በቂ ፈሳሽ መውሰድ
3. ጠጨማሪ የአፍ ንጽግናን መውሰድ
4. እንቅስቃሴን አረፍትን ማመጣተት/ መመዘን
5. ከታማሚ የሰዎች እና ትፍግፍግን ማስወገድ/መራቅ
6. እነዚህ ሁሉ እርምጃዎች አስፈላጊ ናቸው
7. እነዚህ ሁሉ እርምጃዎች አያስፈልጉም
8. የማውቀው የለም/አላውቅም።

ጥያቄ 205. ከሚከታተሉት የ ፀረ-ካንሰር ህክምና ምልክቶች ውስጥ ለህይወት አስጊ የሆነውን አመልክት/ቺ

1. ትኩሳት ከማንቀጥ ጋር ወይም ያለማንቀጥቀጥ
2. አጣዳፊ ተቅማጥ
3. አጣዳፊ ትውከት
4. አላውቅም

ጥያቄ 206. ከሚከተሉት ውስጥ በህክምናው ጊዜ የሚከሰቱት የጎንዮሽ ጉዳቶች ውስጥ ነው

1. ከአንድ በላይ መልስ መስጠት ይቻላል
2. የፀረ-ካንሰር ህክምናውን በመውሰድ ላይ እያሉ የሚያጋጥም ድንገተኛ የአየር ማጠር
3. መዳህኒት እየተሰጠ ባለ ወቅት በመዳኒት መስጫ መሳሪያው ዙሪያ የሚያጋጥም የቆዳ መቅላት እና ማበጥ
4. መዳህኒት በመስጫው መሳሪያ ዙሪያ የሚሠማ ህመም
5. አላውቅም

ጥያቄ 207 ከሚከተሉት ውስጥ መድሀኒቱ በተጎዳኝ የሚያጣ ችግር

1. ማቅለሽለሽ እና ማስመለስ
2. የምግብ ፍላጎት መቀነስ
3. የአፍ መቁሰል
4. ድካም መሰማት
5. የፀጉር መነሳት
6. የቆዳ መቀየር (የደረቀ ቆዳ፣መቅላት እና ማሳከክ)
7. የሰገራ ድርቀት
8. ማስቀመጥ
9. ትኩሳት
10. ማረጥ

ክፍል 3: የአዝማሚያ መለኪያዎች/መቆነኒያዎች

301. ከቤተሰብ ወይም ከቅርብ ዘመዶች ውስጥ ፀረ- ካንሰር ኸክምና የሚወስድ ያውቃሉ?

1. አውቃለሁ
- 2 . አላውቅም

302 . የጸረ ካንሰር መድኃኒት ህክምና ከመጀመሪያ በፊት ስለ ጸረ ካንሰር መድኃኒት አሉታዊ አስተሳሰብ አሉብዎ ይህም ጸረ ካንሰር መድኃኒት ህክምናን እንዳይወስዱ አሉታዊ ተፅእኖ አሳድሮብታል

1. በጥብቅ እስማማለሁ
2. እስማማለሁ
3. አልስማማም
4. በጥብቅ አልስማማም

303 . የጸረ ካንሰር መድኃኒት ከመጀመሪያ በፊት የጸረ ካንሰር መድኃኒት ህክምናን በፈቃድዎ ያዘገዩታል

1. በጥብቅ እስማማለሁ
2. እስማማለሁ

- 3. አልስማማም
- 4. በጥብቅ አልስማማም

304. ከተስማማህ/ሽ ለምን -----

305. ህክምናውን ከመጀመርህ በፊት የጸረ ካንሰር መድኃኒት ህክምና ፍርሀት አለብህ

- 1. በጥብቅ እስማማለሁ
- 2. እስማማለሁ
- 3. አልስማማም
- 4. በጥብቅ አልስማማም

306. የጸረ ካንሰር መድኃኒት ህክምና ሲወሰዱም በጸረ ካንሰር መድኃኒት ላይ ፍርሀት አለቦት

- 1. በጥብቅ እስማማለሁ
- 2. እስማማለሁ
- 3. አልስማማም
- 4. በጥብቅ አልስማማም

307. ወደ ጸረ ካንሰር ህክምና ማእከል ሲመጡ መረበሽ አለብህ/ሽ

- 1. በጥብቅ እስማማለሁ
- 2. እስማማለሁ
- 3. አልስማማም
- 4. በጥብቅ አልስማማም

308. የጸረ ካንሰር ህክምና ሲወሰዱ ጭንቀት ይሠማዎታል

- 1. በጥብቅ እስማማለሁ
- 2. እስማማለሁ
- 3. አልስማማም
- 4. በጥብቅ አልስማማም

309. ከተስማማህ/ሽ ለምን -----

310. ጸረ ካንሰር ህክምና ስትወስድ/ጂ ለማቋረጥ ታስባለህ/ሽ

1. በጥብቅ እስማማለሁ
2. እስማማለሁ
3. አልስማማም
4. በጥብቅ አልስማማም

311. ከተስማማህ/ሽ ለምን -----

312. የታዘዘሎትን ጸረ ካንሰር ህክምና ዙር ሳይጨርሱ በመሃል አቋርጠህል/ሻል?

1. በጥብቅ እስማማለሁ
2. እስማማለሁ
3. አልስማማም
4. በጥብቅ አልስማማም