

Abstract

Introduction: Cervical cancer is a preventable non communicable disease of public health importance. It is the most common genital cancer and one of the leading causes of death among female population. Cervical cancer is a prevalent yet preventable cause of death among Kenyan women. The main objective of this study was to assess the knowledge, practice and barriers towards screening for premalignant cervical lesions among women aged 15 years and above years in Kisii Town, Kisii County. **Methods:** A descriptive cross-sectional study design was used and the sample population was selected among women in Kisii town. Data was collected using a structured interviewer-administered questionnaire. This instrument was pretested in a neighboring town to ascertain validity. Random sampling was used, in order to give every woman in Kisii Town opportunity to be included in the study. The sample size of 151 respondents was realized using Fisher et al, (1998). formula. **Data Analysis:** The SPSS version 20.0 was used to analyze the data which was presented in prose, figures and tables. Chi-square test was used to measure the strength of associations between the various variables where a p-value of = or <0.05 was considered to be statistically significant. **Results:** Knowledge on cervical cancer and screening was very low among women in Kisii Town, because 20.5% knew about vaginal bleeding and 15% knew about having multiple sexual partners as a risk factor. There is relationship between the level of education and belief on the cure for cancer ($P = 0.000$), those who are more educated believed that cervical cancer can be cured at early stages while those with less education believed that cancer cannot be cured. **Conclusion and Recommendation:** Knowledge on cervical cancer and screening was low, hence poor practice on screening among women. Main barriers for not screening were ignorance and fear of positive results. It may be recommended that cancer screening machines should be purchased by County government and distributed to town health facilities at subsidized charge for screening. Also, awareness creation including counseling should be intensified in order to promote screening compliance.