

A STUDY TO ASSESS THE EFFECTIVENESS OF INFORMATION BOOKLET ON KNOWLEDGE REGARDING GARDASIL 9 AMONG THE ADOLESCENT GIRLS AT SELECTED RURAL AREA, KANPUR, UP.

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ABSTRACT

Gardasil (Merck & Co., Kenilworth, NJ, USA), is the first commercially available HPV vaccine licensed by the United States Food and Drug Administration (FDA), in 2006. The bivalent HPV vaccine, Cervical (GSK, Brentford, UK) was approved by the European Medicines Agency (EMA) in 2007 and by the FDA in 2009 . Cervical protects against the most common oncogenic genotypes of HPV (types 16 and 18), which cause around 70% of cervical cancers . Objectives of the study was 1. To Assess the existing level of knowledge regarding Gardasil 9e among the adolescent girl at selected Rural area of Kanpur Uttar Pradesh. 2. To evaluate the effectiveness of Information Booklet knowledge regarding Gardasil 9e among the adolescent girl at selected Rural area of Kanpur Uttar Pradesh. 3. To find out the association between the pre-test knowledge score Gardasil 9e among the adolescent girl at selected Rural area of Kanpur Uttar Pradesh with their selected Socio demographic variables. The research approach adopted for the study was Quantitative Evaluative Research Approach. 60 sample was there

Keywords: Gardasil 9, 9VHPV and complication of Gardasil 9 , 9VHPV , Adolescent girls , plan teaching programme.

INTRODUCTION

Human papillomavirus (HPV) infection, one of the most common sexually transmitted diseases, is associated with cancers such as cervical cancer, head and neck squamous cell carcinoma (HNSCC), and anal cancer . To date, more than 200 HPV types have been identified . HPV infections are transmitted primarily through skin-to-skin or skin-to-mucosa contact. Some HPV types mainly infect cutaneous tissues and induce warts, while other HPV types mainly target mucosal tissues of cervical and oral tracts . Depending on the oncogenic potential, various mucosal HPV types are categorized as either high-risk HPV/oncogenic

HPV types, which can be potentially carcinogenic, e.g., HPV16, 18, 31, and 33, or low-risk HPV/non-oncogenic HPV types, which are mostly found in warts, e.g., HPV6 and . Fortunately, three HPV vaccines were introduced against up to nine HPV types, showing strong protection against cervical infections caused by these HPV types as well as condylomas and some HPV-related cancers . There are great reviews on HPV infections and their relation to different cancers, including oropharyngeal, vaginal, vulvar, penile, and anal cancers . In this review, we focus on HPV vaccines and their effects.

Quadrivalent HPV vaccine, Gardasil (Merck & Co., Kenilworth, NJ, USA), is the first commercially available HPV vaccine licensed by the United States Food and Drug Administration (FDA), in 2006. The bivalent HPV vaccine, Cervical (GSK, Brentford, UK) was approved by the European Medicines Agency (EMA) in 2007 and by the FDA in 2009 . Cervical protects against the most common oncogenic genotypes of HPV (types 16 and 18), which cause around 70% of cervical cancers . Gardasil, in addition to HPV16 and 18, also targets HPV6 and 11, which cause around 90% of genital warts [21]. In 2014, a nine-valent vaccine, Gardasil 9 (Merck & Co., Kenilworth, NJ, USA), was licensed by the FDA, which offers protection against HPV6, 11, 16, 18, 31, 33, 45, 53, and 58. The five additional types covered by Gardasil 9 could cover HPV types related to another 20% of cervical cancer cases; thus, Gardasil 9 has the potential to protect against approximately 90% of cervical cancers .

NEED OF STUDY –

The 9-valent human papillomavirus vaccine (9vHPV) Gardasil9 (Merck & Co) was licensed by the US Food and Drug Administration (FDA) in December 2014 for use in females and males for prevention of vaccine type-associated cervical and other anogenital cancers, precancerous or dysplastic lesions, and genital warts.¹ The 9vHPV is the third human papillomavirus (HPV) vaccine licensed in the United States, following quadrivalent human papillomavirus vaccine (4vHPV) (Merck & Co) in 2006 and bivalent HPV vaccine (GlaxoSmithKline Biologicals) in 2009; however, since 2016, 9vHPV is the only HPV vaccine distributed in the United States. The 9vHPV is a virus-like particle (VLP) vaccine manufactured by using a similar process to its predecessor, 4vHPV; but, 9vHPV has more

aluminum-containing adjuvant, more antigen content for some of the 4 VLP types in 4vHPV, and 5 additional VLP types.

The Advisory Committee on Immunization Practices (ACIP) recommends routine HPV vaccination at 11 or 12 years of age, although vaccination can be started at age 9 years, with catch-up vaccination through age 26 years for women and 21 years for men. Men 22 to 26 years of age may also be vaccinated. ACIP recommends 9vHPV as a 2-dose series for most persons starting the series before their 15th birthday or as a 3-dose series for teens and young adults who start the series at ages 15 years or older and for immunocompromised persons. The 9vHPV was FDA approved for individuals aged 9 to 26 years until October 2018, when the age range was expanded to 27 to 45 years.

OBJECTIVES

1. To Assess the existing level of knowledge regarding Gardasil 9e among the adolescent girl at selected Rural area of Kanpur Uttar Pradesh.
2. To evaluate the effectiveness of Information Booklet knowledge regarding Gardasil 9e among the adolescent girl at selected Rural area of Kanpur Uttar Pradesh.
3. To find out the association between the pre-test knowledge score Gardasil 9e among the adolescent girl at selected Rural area of Kanpur Uttar Pradesh with their selected Socio demographic variables.

HYPOTHESIS

H01- There is no significant difference between pre-test & post-test knowledge score Gardasil 9e among the adolescent girl at selected Rural area of Kanpur Uttar Pradesh.

H02- There is no significant association between pre-test knowledge score on Gardasil 9e among the adolescent girl at selected Rural area of Kanpur Uttar Pradesh with their selected Socio demographic variables.

H1- There is a significant difference between pre-test & post-test knowledge score Gardasil 9e among the adolescent girl at selected Rural area of Kanpur Uttar Pradesh.

H2- There is no significant association between pre-test knowledge score on Gardasil 9e among the adolescent girl at selected Rural area of Kanpur Uttar Pradesh with their selected Socio demographic variables.

METHODOLOGY

Research Approach

The research approach adopted for the study was Quantitative Evaluative Research Approach.

Research Design

The research design adopted for the study was Quasi Experimental One Group Pre-Test Post-Test Research Design.

Population

The population for the study was adolescent girl.

Sample

In this study, the sample was the adolescent girl in selected Rural area Bhawanipur Kanpur, Uttar Pradesh.

Sample Size

In this study sample size was 60 adolescent girl.

RESULTS

Association Between the Level of Pre-Test Knowledge Score of Adolescent Girl With Their Selected Socio Demographic Variables

Table No. 15: Association between the level of pre-test knowledge score of Adolescent Girl with their selected Socio demographic variables

S.NO.	Demographic variables	Inadequate Level of Knowledge (0-10)	Moderately Adequate Knowledge (11-20)	Adequate Level of Knowledge (21-30)	Chi Square Value	Significant Or Non-significant
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1. Age in year

12-14year	0	7	0	$\chi^2= 16.42$	S
14-16year	6	9	0	df =6	
16-18year	6	16	0	P=0.05	
>18year	3	10	3	T= 12.592	

2. Education

Primary class	2	8	2	$\chi^2=16.964$	S
10 th class	2	9	0	df=6	
12 th class	3	20	1	P=0.05	
Graduation Undergoing	8	5	0	T=12.592	

3. HEALTH STATUS

Healthy	11	35	3	$\chi^2=1.407$	NS
Unhealthy	4	7	0	df=2	
				P=0.05	
				T=5.991	

4. Family income

<10,000/-	2	10	0	$\chi^2=7.5$	
10001/--20000/-	8	19	3	df=6	NS
20001/--50000/-	4	11	0	P=0.05	
50001/-&above	1	2	0	T=12.592	

5. Type of family

Nuclear family	7	26	2	$\chi^2=2.285$	
Joint family	6	10	1	df=6	NS
Extended family	2	4	0	P=0.05	
Other	0	2	0	T=12.592	

6. Religion

Hindu	11	38	3	$\chi^2=5.883$	
Muslim	3	1	0	df=6	NS
Christian	1	3	0	P=0.05	
Others	0	0	0	T=12.592	

Comparison of Pre-Test and Post-Test Level of Knowledge Regarding Gardesil-9 Among Adolescent Girl

Table No. 13: Comparison of pre-test and post-test level of knowledge regarding Gardesil-9 Among Adolescent Girl

n = 60

S.NO.	KNOWLEDGE SCORE	MEAN	MEAN DIFFERENCE	MEAN PERCENTAGE	STANDARED DEVIATION
1.	PRE-TEST	12.5	4	44%	5.5
2.	POST-TEST	16.5		56%	4.7

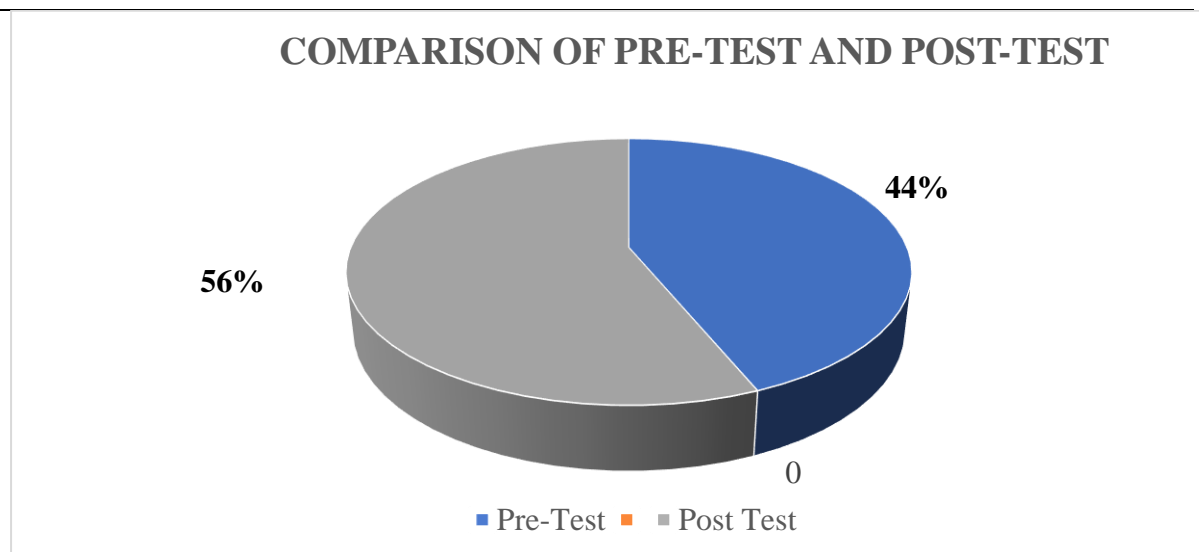


Fig No. 10: Pie diagram showing percentage wise distribution of pre-test and post-test level of knowledge Gardesil -9

Above (Table No. 13, Fig No.10) The column diagram shows that the mean of pre-test is 12.5 and post-test is 16.5; mean

percentage of pre-test is 44% and post-test is 56%; standard deviation of pre-test is 5.5 and post-test is 4.7, mean difference is

4. Thus, it is showing that post-test mean score is higher than pre-test mean score.

DISCUSSION

The discussion chapter shows that after giving the information booklet to 60 adolescent girl, their knowledge regarding gardesil-9 was increased than before. In pre-test majority of the sample was having moderate and inadequate knowledge and some were adequate knowledge too. But in post-test, very less participants was having inadequate knowledge and moderate knowledge was increased and adequate knowledge level also increased Gardesil-9.

SUMMARY

The study was conducted “to assess the effectiveness of information booklet on knowledge regarding gardesil-9 among the adolescent girl at selected rural area of Kanpur Uttar Pradesh.” In this study quantitative evaluative research approach and quasi-experimental one group pre-test post-test research design was used. Based on the inclusion criteria the sample size was selected by using Non-probability convenient sampling technique at rural area Bhawanipur Kanpur Uttar Pradesh.

As there were no standardized tools available, therefore based on the extensive review of literature, two research tools were developed for the data collection, one was a socio-demographic variable tool and second one was a knowledge assessment tool (self-structured knowledge questionnaire which consist 30 multiple choice questions regarding Gardesil-9). The time taken to complete the questionnaire was 4-6 days. Language was clearly understandable and appropriate.

CONCLUSION

The present study was aimed to assess the effectiveness of Information Booklet on knowledge Regarding Gardesil-9 among adolescent girls at selected Rural area of Kanpur Uttar Pradesh. The relevant data was collected and analysed statistically based on the objectives of the study. Following conclusions were drawn. In pre-test knowledge regarding Gardesil-9, In pre-test out of 60 of adolescent girls 15 (25%) were having inadequate knowledge, 42 (70%) were having moderately adequate knowledge, 3 (5%) were having adequate knowledge in pre-test. While in in post-test out of 60 of adolescent girl 5 (8%) were having inadequate knowledge, 43 (72%) were having moderately adequate knowledge, 12 (20%) were having adequate knowledge in post-test.

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