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MASS AWARENESS REGARDING IMPORTANCE OF HPV VACCINATION TO PREVENT THE CERVICAL CANCER AMONG WOMEN WHO ARE RESIDING IN RURAL AREAS, KANPUR, UP

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ABSTRACT

Cervical cancer is a growth of cells that starts in the cervix. The cervix is the lower part of the uterus that connects to the vagina. Various strains of the human papillomavirus, also called HPV, play a role in causing most cervical cancers. HPV is a common infection that's passed through sexual contact. When exposed to HPV, the body's immune system typically prevents the virus from doing harm. In a small percentage of people, however, the virus survives for years. This contributes to the process that causes some cervical cells to become cancer cells. The HPV vaccine protects against genital warts and most cases of cervical cancer. It protects against cancer of the vagina, vulva, penis or anus caused by HPV. The HPV vaccine also protects against mouth, throat, head and neck cancers caused by HPV. The vaccine gives the body a safe way to build immune system awareness of some HPV strains. This means the body has an easier time clearing out those strains of the virus if a person catches them later. A mass awareness programed was done regarding the importance of HPV vaccination to prevent the cervical cancer among the women who are residing in the rural area of Kanpur.

Key Words: HPV, Cervical cancer, Immunization

INTRODUCTION

Human papilloma virus has been conclusively demonstrated to the causative agent of cervical cancer. Approximately 130 different HPV type has been identified and, of these human papilloma types 15 types HPV types are classified as high risk for the development of cervical cancer together HPV 16 and 18 are responsible for over 70% of all cases of cervical cancer.

HPV vaccine is for primary prevention of carcinoma cervix. HPV vaccination has also been found to prevent nearly 100 percent of the precancerous cervical cell changes that would have been caused by HPV 16/18. The data so far show duration of production for up to 6.4years with cervix and for up to 5 years for Gardasil in women who were not infected with HPV at the time of vaccination.'

The world health organization (WHO) recommends HPV vaccines as part of routine vaccinations in all countries, along with other prevention measures. The availability of prophylactic human papillomavirus vaccines has provided powerful tools for primary prevention of cervical cancer and other HPV associated diseases. Since 2006, the quadrivalent and bivalent vaccines have each been licensed in over 100 countries. By the beginning of 2012, HPV vaccine had been introduced into national immunization programs in at least 40 countries. The vaccines require two or three doses depending on a person's age and immune status. Cervical cancer screening is still required following vaccination.

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Vaccinating a large portion of the population may also benefit the unvaccinated. HPV vaccines are very safe. Pain, redness, infection at the site of injection and fever occurs in about 80% of people.'

Cervical cancer remains one of the most common cancers affecting women globally, with significant mortality rates, particularly in low- and middle-income countries. The primary cause of cervical cancer is persistent infection with high-risk types of human papillomavirus (HPV), a group of more than 200 related viruses. Fortunately, HPV vaccination offers a powerful preventive measure against the development of cervical cancer.

Despite the availability of effective HPV vaccines, vaccination rates remain suboptimal in many regions, due in part to a lack of awareness and understanding about the vaccine's benefits. Increasing mass awareness about the importance of HPV vaccination is crucial to reducing the incidence of cervical cancer. Educating the public, healthcare providers, and policymakers about the significance of early vaccination can lead to higher vaccination rates and, ultimately, save lives. Cervical cancer remains one of the most significant health challenges faced by women worldwide, particularly in developing regions where access to healthcare services is often limited. The primary cause of cervical cancer is persistent infection with high-risk types of human papillomavirus (HPV), a common sexually transmitted infection. Despite the availability of effective vaccines that can prevent the majority of cervical cancer cases, awareness and uptake of the HPV vaccination remain low in many areas.

Raising mass awareness about the importance of HPV vaccination is crucial in the fight against cervical cancer. Education and outreach efforts are essential to dispel myths, overcome cultural barriers, and ensure that women understand the benefits of vaccination. By promoting widespread vaccination, we can significantly reduce the incidence of cervical cancer and improve the overall health outcomes for women globally.

Creating mass awareness about the importance of HPV vaccination is a critical public health effort aimed at preventing cervical cancer among women. Cervical cancer remains one of the leading causes of cancer-related deaths in women globally, yet it is largely preventable through the human papillomavirus (HPV) vaccination.

HPV is a common sexually transmitted infection responsible for the majority of cervical cancer cases. Despite the availability of vaccines that are highly effective in preventing HPV infections, vaccination rates remain suboptimal in many regions. This gap in coverage is often due to a lack of awareness, misinformation, cultural barriers, and access issues.

OBJECTIVES

1. To assess the knowledge regarding importance of HPV vaccination to prevent the cervical cancer among women who are residing in rural areas of Kanpur, UP.
2. To assess then effectiveness of mass awareness programed regarding importance of HPV vaccination to prevent the cervical cancer.
3. To find out the association between post-test knowledge score with their selected demographic variables.

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HYPOTHESIS

H1- There is a significant difference between pre-test and post-test level ofHPV vaccination to prevent the cervical cancer.

H2-There is a significantly association between pre-test knowledge score and selecteddemographic variables such as age, education status, Family income, family type, Religion, source of information average duration of duty, Total years of experience and education.

DELIMINATION

- The studies specifically targets women within the reproductive age group, typically between the ages of 18 to 45 years.
- The Human Papillomavirus (HPV) vaccination among women as a preventive measure against cervical cancer.
- Specific geographic region, such as a particular city, community, or country, depending on the research setting.

METHODOLOGY

RESEARCH APPROACH:

In this study, on the bases of objectives, the researcher adopted a evaluative research approach was used because the main objective of the study was to assess the effectiveness HPV vaccination to prevent the cervical cancer among women.

RESEARCH DESIGN:

In this study Quasi experimental research design was selected for this study.

RESEARCH SETTING OF THE STUDY

This study was conducted in the bawanipur, ramnagar and kukaradev village are residing in rural areas of Kanpur, Uttar Pradesh.

VARIABLES

Independent variable:

Independent variable in this study is Mass awareness regarding HPV vaccination.

Dependant variable

In this study the dependant variables are women residing in the Bawanipur, Ramnagar and Kukaradev Village

Socio-demographic variable:

Dependent variable in this study isage, education status, Family income, family type, Religion, Education, Married, previousknowledge, source of information diagnosed with cervical cancer infection.

POPULATION

In this study, the population was women residing in Kanpur, UP

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TARGET POPULATION

In this study, the target population was women with cervical cancer among women in residing in rural areas, Kanpur, U.P.

ACCESSIBLE POPULATION

In this study, the accessible population was women with cervical cancer in residing in Bawanipur, Ramnagar and Kukaradev Village

Sampling technique:"Non-probability Convenient" sampling technique.

Sample size: 1000

Sample place: Bawanipur, Ramnagar and Kukaradev Village

Inclusion criteria:-
All women's in selected rural areas in Kanpur who were available during the study period will be included in the study.

Exclusion criteria:-Women's who are not willing to participate in the study will be

excluded from the study.

RESULTS

SECTION -A

FREQUENCY AND PERCENTAGE WISE DISTRIBUTION OF WOMEN ACCORDING TO THEIR PRE-TEST AND POST-TEST LEVEL OF KNOWLEDGE REGARDING HPV

Frequency and percentage wise distribution of women according to their pre-test knowledge level **n = 1000**

PRE-TEST KNOWLEDGE	FREQUENCY (F)	PERCENTAGE (%)
Inadequate Knowledge	250	25%
Moderate Knowledge	700	70%
Adequate Knowledge	50	5%
TOTAL	**1000**	**100%**

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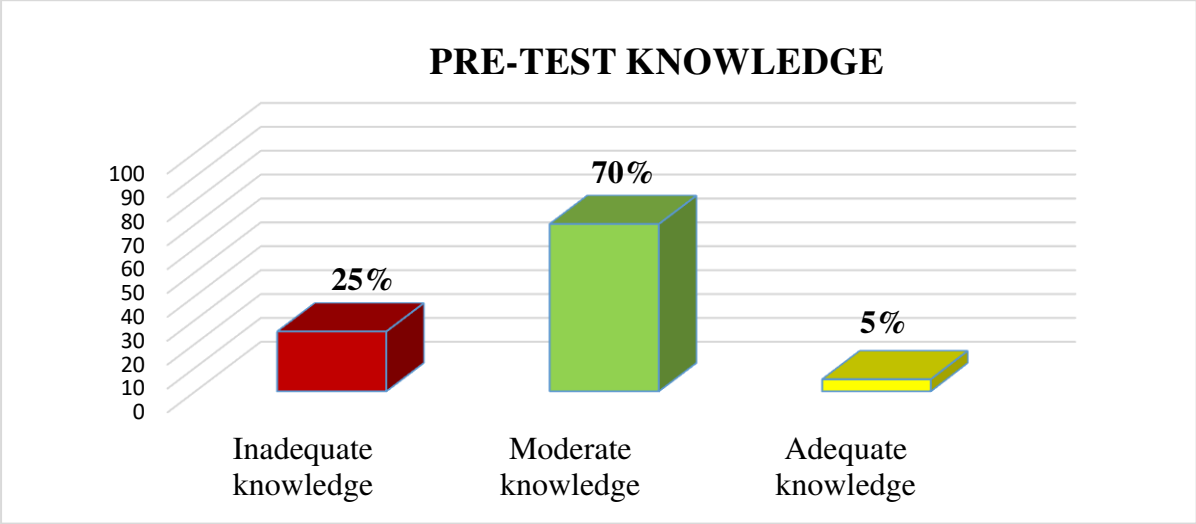
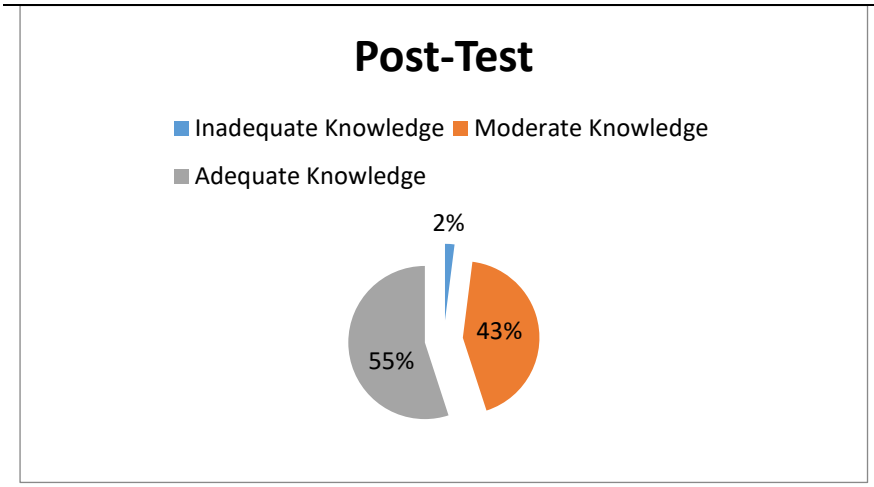


Frequency and percentage wise distribution of women according to their post-test knowledge level

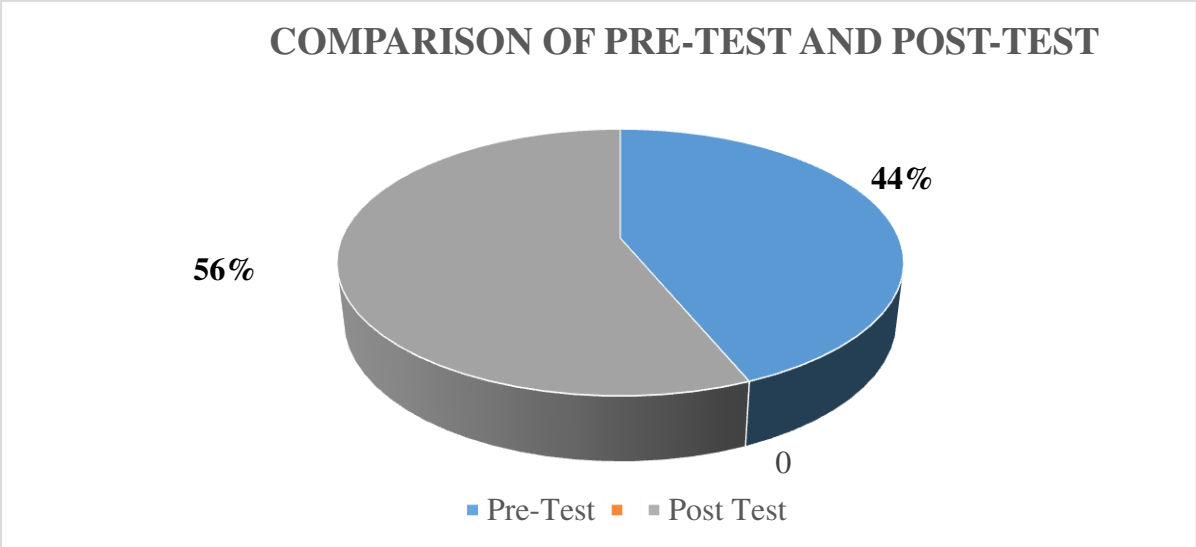
n = 1000

POST-TEST KNOWLEDGE	FREQUENCY(F)	PERCENTAGE(%)
Inadequate Knowledge	20	2%
Moderate Knowledge	430	43%
Adequate Knowledge	550	55%
TOTAL	**1000**	**100%**



Comparison of pre-test and post-test level of knowledge n = 1000

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**



Pie diagram showing percentage wise distribution of pre-test and post-test level of knowledge

The pie 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.

SECTION –B

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

The association between pre- test knowledge score with selected Socio demographic variables like- Age, Education except Socio demographic variables like- family income, type of family, religion, health status of women was significant. Here, calculated value of Chi-Square test (χ^2) value was more than table value at 0.05 level of significance so there is highly significance association between these demographic variables. Hence the formulated research hypothesis $H_2$was accepted for the demographic variables and the null hypothesis H_{02} was rejected.

IMPLICATIONS:

The present study has several implications in nursing practice, nursing education, nursing research, and nursing administration

NURSING PRACTICE:-

- The study creates awareness among the nurses regarding HPV
- The study finding helps the nursing personal to improve the level of knowledge regarding HPV.

NURSING EDUCATION:-

- The finding of present study can be a foundation for conducting the study on large section of population.
- The study can be a baseline for future studies to build upon and motivate to conduct further studies.
- The implication of the study can be used as motivation for nurses for nurses to conduct research in future studies regarding HPV.

NURSING ADMINISTRATION:-

- The nurse administrator may allocate resource and provide motivation further studies in rural and urban areas.
- In service education can be conducted to disseminate the research finding to continue nursing education to all nurses.

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