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Impact of HPV education tool on women's understanding about cervical cancer prevention

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Abstract
In order to avoid over screening and overtreatment, current cervical cancer screening guidelines advocate 3-year screening intervals rather than the former recommendation of annual screening. We looked examined how young women's knowledge and awareness of cervical cancer screening, HPV vaccination follow-up of abnormal pap smears, and comfort in speaking with their providers changed after seeing a tablet-based teaching tool prior to seeing a doctor. Prior to seeing their doctors, patients may benefit from receiving creative online patient education that will increase their understanding of cervical cancer prevention and treatment.

Keywords: Cancer, education, knowledge

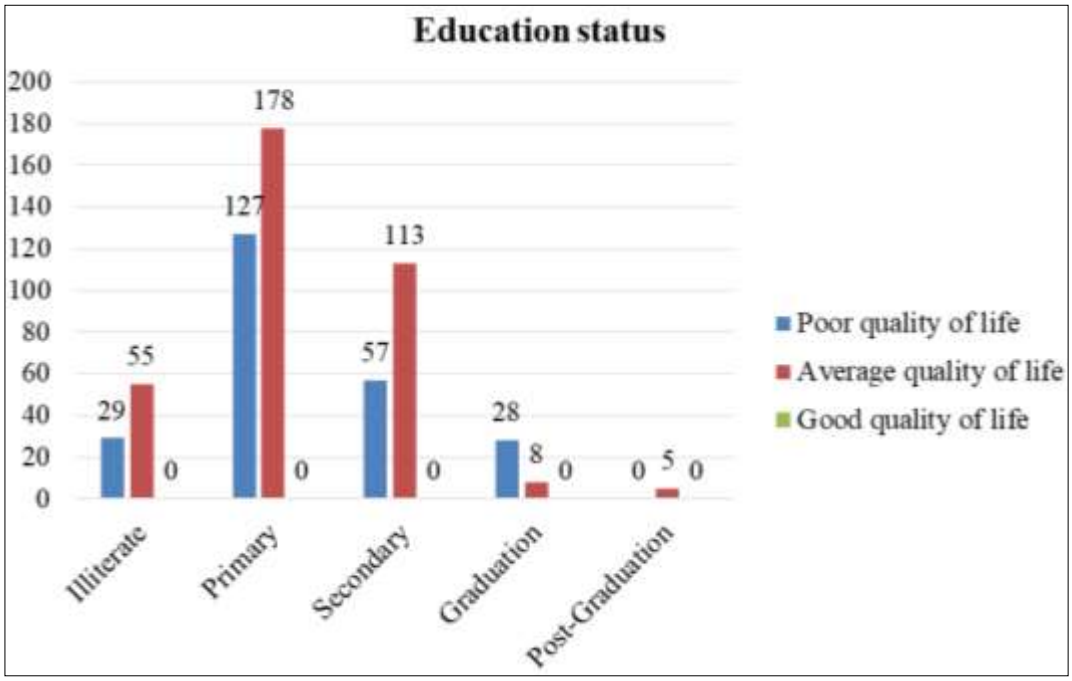
Introduction
A study was conducted to evaluate the short-term effectiveness of HPV education and the knowledge of HPV among female college students. One month after participating in a brief educational session, a small number of the female students who took part in this study demonstrated a substantial improvement in their knowledge scores of HPV.
This study lends credence to the notion that brief instruction on HPV can improve female college students' knowledge. Such interventions are simple to implement in educational or healthcare settings and can considerably broaden the population's knowledge of a disease that is incredibly prevalent and has a major influence on their health. It would be wise to investigate HPV education as a practical, low-cost way to prevent cervical cancer. It was discovered that a community-based radio broadcast education program about cervical cancer improves knowledge and screening behavior in Honduran women, increasing the percentage of women who were familiar with the term "cervical cancer," who could identify methods of preventing cervical cancer, and understood the purpose of undergoing Pap smear screening.
This enhanced knowledge of the effective application of the Pap smear, age-related risk of dysplasia development, and appropriate triage of abnormal results. In underdeveloped nations, low-cost community-based educational programs including radio broadcasts and lecture presentations might raise awareness of cervical cancer and enhance screening habits. Because of the increased focus on cervical cancer prevention and early detection, educational approaches have been found to be effective in improving teachers' knowledge, attitudes, and practices related to cervical cancer prevention.

Material and Methods
Lecture and flash cards are more effective than pamphlets in enhancing knowledge and fostering a positive attitude, but both educational approaches had an equal impact on teachers' practices. The effectiveness of a lay health worker intervention to enhance breast and cervical cancer screening among low-income people was investigated in a study. The ways in which interpersonal communication affects screening decisions as well as the best ways to adopt and put into practice effective interventions in community-based organizations or other settings is all females, including single women, teenage girls, and university students, should get the same educational programs on cervical cancer prevention so they are aware of the risk factors and can take steps to reduce them.
For single university students, a new approach to preventing cervical cancer and educating them about how HPV is linked to cervix cancer is beneficial in the short- and long-term.

A cross-sectional study was conducted to evaluate women's knowledge, attitudes, and Behaviors regarding the fundamental cervix cancer screening test. 450 willing volunteers provided information using a standardized questionnaire. Regarding the Papanicolaou (Pap) test, the most common test used for cervical cancer early detection, answers were described in terms of knowledge, attitude, and practice and their respective appropriateness. By using a 2 test with a 5% threshold of significance, the appropriateness of the control variable categories was compared.

Findings and Interpretation

The findings showed that 32.7%, 18.2%, and 7.3% of women, respectively, had sufficient knowledge, attitudes, and habits about Pap tests. The main barrier to effective practice was the doctor's lack of requests. It was discovered that as age and education increased, so did knowledge, attitudes, and habits. This was done using a computer-based model of cervical carcinogenesis that was calibrated to epidemiologic data in India. The findings demonstrated that pre-adolescent immunization alone was more beneficial than screening alone in reducing cancer incidence by 44%. Pre-adolescent immunization and adult women's screening as a combination strategy were more successful than either one done separately. In the presence of extensive vaccination, the relative disparities between various testing approaches were attenuated. Figure reveals that there is a significant AB the eminences of life of women by reproductive organ cancer about their educational status. The considered CS value is 27.04 more than the 15.51 figure value with a degree of freedom 8, at 0.05 LOS. So the hypothesis was acknowledged on this demographic variable. The figure provides data about the QOL of WW reproductive organ cancer about their educational status. in 29 Illiterate women had PQ of life,55 Illiterate women had AQ of life and 0 Illiterate women had a GQ of life,127 primary educated women had PQ of life,178 had AQ of life and 0 had a GQ of life. 57 Secondary educated women had PQ of life, 113 had AQ of life, and 0 had a GQ of life. 28 Graduation women had PQ of life, 8 had AQ of life, and 0 had a GQ of life.0 post-Graduation women had PQ of life, 5 had AQ of life, and 0 had a GQ of life.



Bar diagram representing the excellence of life of women by reproductive organ cancer about her educational status

A table 1 in this article contains information on the correlation among supposed obstacles and factors correlated to disease and demographics. As there were more than three categories under each variable, a one-way ANOVA was performed to determine the RB the mean notch of apparent barriers and the family's age, education, and income as well as the kind of cancer, length of treatment, length of illness, and phase of cancer. The following was offered as the null hypothesis.

According to the findings in Table 4.22, F = 12.546, (p =0.001) and F = 15.348 correspondingly, the education and income variables were statistically related to PB to symptom control. Therefore, at a LOS 0.05, the null hypothesis about income and education is rejected. According to a post hoc multiple comparison PB were shown to be lower for individuals with higher education levels (CI = 13.54, 31.12, p =0.001) and those with incomes over Rs 15,000 as opposed to those earning less than Rs 2,500 per month (CI = 6.61, 31.57, p =0.001).

Thus, it is inferred that cancer patients perceive fewer obstacles to symptom control when they have a high level of education and money, and the opposite is also true. Other factors such as age, kind of cancer, length of sickness, length of therapy, and stage of cancer are not affected by the perceived difficulties in managing symptoms.

Demographic and disease-related characteristics and PB to indication running (mean + SD & ANOVA)

Variables	Category	Frequency	Mean	SD	F	P value
Age in yr.	30-40	150	45.70	17.41	316	814
	41-50	150	43.96	18.99		
	51-60	150	44.49	18.66		
	Above 60	150	45.36	19.86		
	Illiterate	100	49.26	19.94		
	Primary	200	44.89	16.08		
Educational status	High School	50	44.04	20.70	13.556	.001*
	Pre- Univ	150	37.53	14.40		
	>Gradua	100	27.49	14.40		
Income of the family per month in rupees	≤ 5000	200	47.97	17.56		
	5001- 10000	200	45.08	17.99	16.338	.001*
	>10,000	200	35.61	19.89		
Type of cancer	Neck	304	43.16	16.50		
	Lung	120	46.18	19.78		
	Breast	150	43.92	19.14	1.908	.108
	Gastrointestinal tract (GIT)	130	42.55	19.70		
	Cervical	00	48.18	19.86		
Duration of illness in yr.	< 1	300	44.79	19.05		
	1-5	200	44.73	17.85	671	.570
	>5	100	44.00	20.10		
Duration of treatment in months (after diagnosis)	<6	400	44.81	19.11		
	6 -12	150	44.48	18.83	.127	.944
	>12	50	44.65	16.79		
Stage of cancer	Stage III	400	44.44	17.91	.283	.595
	Stage IV	200	45.17	20.06		

This table shows the correlation among the careers' supposed SM challenges, their demographic characteristics, and the disease-related characteristics of their patients. As there were more than three categories under each variable, a 1 approach ANOVA was performed to determine the RB the mean notch of caregivers' PB to SM and their phase, schooling, family revenue, and disease connected variables such as their patients' kind of malignance, period of disease, length of conduct, and period of cancer. Table 15 presents the data. The following was provided as the null hypothesis to evaluate the connection.

Table 1 shows that PB to SM are related to careers' education, income level, and the type of cancer their patients have (F = 4.982, F = 9.10, and F=3.12, p>0 .015 correspondingly).

The null hypothesis is thus rejected at the 0.05 LOS for age, duration of sickness, and duration of treatment while being retained for income, education, and kind of malignancies. Education, income, and cancer kind underwent post hoc analysis because ANOVA indicated that they were statistically significant.

Post hoc multiple comparisons revealed that PB decreased with higher levels of education (CI = 1.14, - 4.48, p =0.003), those with monthly incomes over Rs 15,000 had fewer barriers than those with monthly incomes under Rs 2,500 (CI = 3.60, -10.95, p =0.001), and those caring for patients with cervical cancer reported more barriers than those caring for patients with GIT cancer (CI=.806, 7.75, p =0.006). Therefore, it is concluded that perceived obstacles to symptom control diminish as caregivers' income and educational levels rise. The foundation for offering facilities to enhance cancer patients' knowledge of SM is nurse administrators. There should be a plan in place for nurses to set aside time to provide health education about managing symptoms and removing barriers that cancer patients and their caregivers face in the community and hospital.

This will enhance their practice and increase the effectiveness of the patient-teaching. The stress of caring for cancer patients should be lessened by the nurse administrators encouraging families, communities, and NGOs to get involved.

A nurse administrator might gain insight into setting up palliative care services and design a plan to help the community's cancer patients better themselves and deal with their problems. The afflicted families' awareness programs on cancer management and prevention might be organized by nurse administrators. The majority of the women in the study had normal social behavior, according to the data on the QOL of WW reproductive organ cancer in connection to their social behavior and activities. Women have the lowest life quality, followed by those with ordinary quality of life, and none fall into the category of people with high quality of life.

The majority of WW SW atypical social conduct had an AQ of life, followed by those with PQ and none had good quality. Women who engaged in severely deviant social conduct had a bad quality of life, whereas the majority had an AQ of life and no one had a GQ of life.

The information showed a strong correlation between a women's QOL and her social behavior and activities when she has cancer of the reproductive organs. At a significance level of 0.05, the estimated CS value is 14.06, which is higher than the table value of 9.49 with 4 degrees of freedom. Therefore, the premise regarding this demographic variable was accepted. Women who are socially isolated prior to diagnosis have a 66% increase in all-cause death and a two-fold increase in BC-related mortality when compared to a socially integrated group. Three big studies that looked at RB social networks and emotional support on survival following a cancer diagnosis back up these conclusions.

Oncology department employees could receive in-service training on how to control symptoms and enhance the QOL for growth patients who are receiving conduct. A relaxing

care center could be established in the oncology region to offer cancer patients successful, effective palliative care while also enhancing their quality of life.

Conclusion

Dissemination of patient education tools around cervical cancer screening and prevention is needed. Messaging around, with an emphasis on the fact that cervical cancer screening is necessary. Too frequent screening can result in unnecessary procedures that can jeopardize women's health. Community-engaged education tools such as the one evaluated in this study are critical for supporting patients to navigate their health care experience with agency and health literacy.

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