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# KNOWLEDGE AND PRACTICE OF ADOLECENT WOEMEN REGARDING HPV VACCINATION

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### ABSTRACT

**INTRODUCTION:** Human Papillomavirus (HPV) is one of the most common sexually transmitted infection and causes cervical cancer in worldwide. HPV and cervical cancer can be prevented by administering HPV vaccination. Assessment of knowledge and practice regarding HPV vaccination will help to control cervical cancer rate. **OBJECTIVES:** To assess the knowledge and practice regarding HPV vaccination among women. To find out the association between the level of knowledge with selected demographic variables. **METHOD:** A cross sectional descriptive study was adopted in the present study. A non-probability convenient sampling technique was used to select 100 samples. The content validity was done. The reliability of the tool was established. **RESULT:** The present study showed that the adolescent women had moderate knowledge and moderately practice regarding HPV vaccination. There was a highly positive correlation between knowledge and practice and a significant association between knowledge and practice regarding HPV vaccination.

Keywords: Knowledge, Practice, Adolescent women, HPV vaccination.

### **INTRODUCTION**

The human papillomavirus (HPV) is one of the most common STIs globally, and by age 45 years, around found in five meant and women will have had at least. One HPV infection. In 90% of people, the body naturally clears the virus: in some people, however, HPV can cause cancers including cervical cancer. The virus can infect anyone who is sexually active. Sexual transmission is most common, but it can also be transmitted through skin-to-skin contact and from pregnant mothers to their babies.

Infection with the Human papillomavirus (HPV) is the most common sexually transmitted infection (STI) of the reproductive tract with the majority of the sexually active population estimated to acquire the virus at some point in their lifetime (1,2). The HPV family consists of more than 150 viral genotypes 13 of which, are identified as carcinogenic or high risk 1.As per the December 2022 WHO Position on HPV vaccines, WHO recommends the following schedule.:

- ✓ A one or two-dose schedule for girls aged 9-14
- ✓ A One or two-dose schedule for girls and women aged 15-20
- ✓ Two does with a 6-month interval for women older than 21

World side about 15 per cent and nearly 26 per cent of cancer cases in developing countries are attributed to infectious agents, particularly viruses. Cervical cancer, which is mainly caused by specific types of high-risk (HR) human papillomavirus (HPV) infection, is a leading causes of cancer-related deaths among women in India. HR HPV types 16 and 18 infections are considered responsible or about 75-80 per cent of cervical cancer worldwide. India, annually, about 1,32,000 new cancer cases and 80,000 deaths occur and prevalence of HPV type 16 was found to be exclusively very high 2. Approximately 80% of cancers caused by HPV can be prevented by administering the HPV vaccine. Through the Cervical Cancer Elimination Strategy, the World Health Organisaiton (WHO) and United Nations Children's Fund (UNICEF) aim to increase the HPV vaccination global coverage to 90% of adolescent girls by 2030 globally. This target that aligns with the sustainable Development Goals (SDGs) agenda (target 3 b essential medicines and vaccines). In India, Two HPV vaccines were licensed in 2008: a quadrivalent vaccine (Gardasil TM) and a bivalent vaccine (Cervarix TM). Both vaccines use Virus-like particles (VLPs) which are formulated by HPV surface components. In case of infection, antibodies will coat the virus preventing it from releasing its genetic material. Both Vaccines provide high protection for HPV related cancers1.

The human papillomavirus (HPV) vaccine prevents cancer and is highly effective: however, the uptake has been low in the United States if America (USA) and among the most vulnerable populations. A recent Center for Disease control (CDC) report highlighted that approximately 13,000 new cases of cervical cancer are diagnosed each year in the USA. Although cervical cancer is considered treatable, especially when detected early, in the USA, approximately 4000 women die every year cervical cancer. However, little is known about access and awareness among women in the USA. The objective of this article is to focus on the role played by clinical pharmacists in bringing awareness about the HPOV vaccine. It offers recommendations to enhance the administration of the HPV vaccine. This rapid literature review revealed two significant themes: Disparities in health care access to the HPV vaccine among women and clinical roles in empowering women to access the HPV vaccine. This rapied review emphasizes the need for future research in enhancing awareness about HPV as a viable strategy for women. As an integral part of the health care team, pharmacists can significantly improve awareness and administer the HPV vaccine, vielding enhanced outcomes and cancer prevention 3.

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Cross-sectional study surveyed a convenient sample of 237 women aged 18-45 years using a semi-structured questionnaire. All respondents reported being aware of HPV infection. However, 22.36% (3=53) of the respondents have never heard about genital wants and 18.57% (n=44) have never heard about HPV vaccine. Participants displayed good general knowledge of HPV infection (median score, 1.26: Interguartile Range (IQR): 1.04-1.52) and average knowledge of HPV vaccine (e.g., medicine score, 1.18:IQR:0.73-1.45). HPV general knowledge and vaccine knowledge were associated with intention to receive the HPV vaccine (e.g., median score, I 1.18:IQR:0.73-1.45) HPV general knowledge and vaccine knowledge were associated with intention to receive the HPV vaccine and recommend it to children. Participant awarencess of the HPV vaccine and recommend it to children. Participant awareness of the HPV vaccine predicted vaccine intent for themselves. Participants willingness to recommend the vaccine for their children was associated with older age, married status, having one or more children, and having a college education. Lack of awareness about genital wants was strongly associated with participants refusal toge the HPV vaccine or recommend it for their own children (Relative Risk Ration RRR:12.21:95% C.I.2.33-63.99). Our study validated the questionnaire as a reliable tool for assessing HPV and HPV vaccine knowledge, attitudes awareness, and vaccine intentions in women aged 18-45 years. Public health education should focus on increasing awareness of genital wants as a sequel of HPV, as well as promote awareness of role and safety of HPV vaccination in children 4.

# **OBJECTIVES :**

- To assess the knowledge and practice regarding HPV vaccination among women.
- To find out the association between the level of knowledge with selected demographic variables.

### METHODOLOGY

A cross sectional descriptive study was used to conduct the study. Samples included adolescent women (15-45 years), the non-probability convenient sampling technique was used to select 100 adolescent women residing in selected community area, Tumkur, Karnataka, India, Adolescent women who were willing, can able to read and write Kannada and English were included in study, adolescent women who are all not willing to participate were excluded. Permission was obtained from the concerned authorities to conduct study and informed consent was obtained from adolescent women. Data collection tool was developed by the researcher, which included by using self administered questionnaire with two parts. Part-1 included item regarding age, religion, type of family, educational qualification, occupation, income, marital status source of information and Part-2 consisted of multiple-choice questions to assess the knowledge of adolescent women. The total scores of knowledge questionnaire were categorized as inadequate knowledge (>50%), average knowledge (>50-75%), adequate knowledge (>50-75%), adequate knowledge (>75%). The content validity was done. The reliability of the tool was established.

### **RESULT**:

 Description of selected variables of adolescent women. In the present study, majority 56% were in the age group of 25-35 years. Majority 58% were Hindu, 52% were belongs to nuclear family. 54% were had secondary education. 40% of samples were self-employees, 40% of were home makers. 57% of samples were had family income of >5001, 50% were married. 42% of samples got information from relatives and friends.

 Distribution of adolescent women by their knowledge level regarding HPV vaccination. Majority 80% had inadequate knowledge, 20% had moderate knowledge and none of them had adequate knowledge.



Figure -1

- 3. Distribution of adolescent women based on practice regarding HPV vaccination. Majority 66% sample have poor practice, 44% have average practice, none of them have good practice.
- Correlation between level of knowledge and practice of adolescent women regarding HPV vaccination where mean score of knowledge and practice was 39.05% and 38.1% respectively with r value =0.952.

# Table-1: Range, Mean, Standard deviation, Mean percentage score and correlation of knowledge and practice of adolescent women regarding HPV vaccination.

SI. No	Subjects	No. of Items	Range	Mean	SD	Mean % Score	Correlation Coefficient "r"
1	HPV Women	40	11-22	15.62	3.03	39.05%	0 952
	Vaccines	10	1-7	3.8	1.34	38.1%	0.002

5. Association between knowledge with selected demographic variables. The findings of the study revealed that there was a significant association between knowledge with educational status, occupation, marital status, source of information at the level of p<0.05 and there was no significant association found between knowledge with age, religion, type of family and family income.</p>

Association between practice with selected demographic variables.

The findings of the study revealed that there was a significant association between practice with educational status, occupation, source of information at the level of p<0.05 and there was no significant association found between practice with age, religion, type of family, marital status and family income.

# Table -2: Association of knowledge scores of adolescent women with selected demographic variables.

SL.NO.	Characteristics	Chi-Square Value	Df	Result
1	Age	3.13	2	NS
2	Type of family	0.21	1	NS
3	Religion	1.71	2	NS

4	Educational Status	9.27	3	S
5	Occupation	11.46	3	S
6	Marital Status	5.09	1	S
7	Family income	2.54	2	NS
8	Source of information			

Table-3: Association of practice scores of adolescent women with selected demographic variables.

SI.No	Characteristics	Chi-Square Value	Df	Result
1	Age	2.51	2	NS
2	Type of Family	0.018	1	NS
3	Religion	2.53	2	NS
4	Educational Status	8.88	3	S
5	Occupation	13.2	3	S
6	Marital Status	0.78	1	NS
7	Family Income	4.3	2	NS
8	Source of Information	7.76	2	S

### DISCUSSION

This chapter presents the major findings of the study and discusses them in relation to similar studies conducted by other researchers. The findings of the study have been discussed with reference to the objectives and hypothesis long with findings of other studies.

The present study revealed that highly positive correlation was found between knowledge and practice in adolescent women regarding HPV vaccination where mean score of knowledge and practice was 39.05% and 38.1% respectively with r value=0.952.

The present study findings reveled that there was a significant association between knowledge with educational status, occupation, marital status, source of information. The present study findings reveled that there was a significant association between practice with educational status, occupation, source of information.

Understanding the factors contributing to knowledge and practice associated with HPV vaccination is important. Adolescent women should have HPV vaccination to control the cancer especially cervical cancer. The practice is much important to avoid cervical cancer.

# CONCLUSION

The present study showed that the adolescent women had moderate knowledge and a moderately practice regarding HPV vaccination. The study finding showed that there is a highly positive correlation between knowledge and practice. There was a significant association between knowledge with education status, occupation, marital status and source of information and there was a significant association between practice with education status, occupation source of information. Adolescent women need awareness' about HPV Vaccination.

#### **Recommendations:**

- The Study can be replicated on a larger sample, there by findings can be generalized for a population.
- A Comparative study can be conducted between Urban and Rural population regarding their awareness about HPV Vaccination.
- An experimental study can be undertaken with a control group for effective comparison.

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