

“The Effect Of STP On Knowledge Regarding HPV Vaccination Among Adolescent Girls”

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ABSTRACT: Adolescence (From Latin “*adolescere*”, meaning ‘to grow up’) is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood (age of majority). Adolescence is usually associated with the teenage years, but its physical, psychological or cultural expressions may begin earlier and end later. A vaccine called Gardasil has been developed which can significantly decrease child's chances of developing HPV-related cancers and genital warts. The vaccine protects against the two high-risk HPV types (types 16 and 18) which cause 70% of cervical cancers in women and 90% of all HPV-related cancers in men. It also protects against the two low-risk HPV types (types 6 and 11) which cause 90% of genital warts in men and women. The vaccine is given in three doses over six months, as an injection in the upper arm. The best way for women to protect themselves against cervical cancer is to have the HPV Vaccine (Human Papilloma Virus) when aged 12–13 years, and then have regular Pap tests once they are 18. Cervical cancer is preventable and curable if detected at an early stage. Two different vaccines that have been developed to prevent infection from HPV types- 16 and they are Cervarix and Gardasil. Both vaccines need to be administered 3 doses intramuscularly over a 6 month period. The cervarix vaccine can be given to girls aged 9-26 years but it is most effective if given before the menarche. As the vaccine is expensive and it is difficult for the Indian Government to independently take on the task of introducing the vaccine in the national immunization programme, without external support. Human papilloma virus must be acquired for cure. The most common cancer causing types of HPV-16, HPV-18. This is important to know because these two types alone cause about 70% of all cervical cancer. Only 41% women with cervical cancer in the developing world are able to access treatment for their illness. HPV vaccine prevent infection with certain serotypes of human papilloma virus associated with the development of cervical cancer genital warts and some types of common cancer. Indian women face a 25% of cumulative lifetime risk and 1.4% cumulative death risk from cervical cancer.²

KEYWORDS: STP, HPV Vaccination, Adolescent Girls, Cervical cancer

INTRODUCTION

Adolescence is a critical phase in human development, marked by physical, psychological, and social changes. This period often requires increased focus on health promotion and preventive strategies to ensure long-term well-being. Among various health concerns,

cervical cancer remains a significant threat to adolescent girls, especially in developing countries like India. Cervical cancer is primarily caused by the Human Papillomavirus (HPV), with HPV types 16 and 18 responsible for 70% of cases globally. Despite the availability of effective vaccines like Gardasil and

Cervarix, awareness and uptake of HPV vaccination remain low, particularly among adolescents.

Structured Teaching Programmes (STPs) have been identified as an effective method for improving knowledge and influencing attitudes regarding health practices. This study evaluates the impact of an STP on adolescent girls' knowledge and attitudes toward HPV vaccination. By assessing pre- and post-interventional data, the study aims to highlight the role of education in promoting vaccination and reducing the risk of cervical cancer. The findings could contribute to public health strategies, emphasizing the importance of early vaccination and addressing barriers to its implementation in resource-limited settings. Through targeted interventions, this research seeks to empower adolescent girls with the knowledge needed to make informed health decisions and prevent HPV-related diseases.

OBJECTIVES OF STUDY

1. To assess the pre-interventional knowledge regarding HPV vaccination among adolescent girls.
2. To assess the post-interventional attitude regarding HPV vaccination among adolescent girls.
3. To assess the post-interventional knowledge regarding HPV vaccination among adolescent girls.
4. To assess the post-interventional attitude regarding HPV vaccination among adolescent girls.
5. To assess the impact of structured teaching programme on knowledge regarding HPV vaccination among adolescent girls.
6. To assess the impact of structured teaching programme on attitude regarding HPV vaccination among adolescent girls.
7. To find out the co-relation between post test knowledge score and attitude score regarding HPV vaccination among adolescent girls.
8. To find out the association between pre-interventional knowledge score regarding HPV vaccination among adolescent girls with the selected demographic variables.
9. To find out the association between pre-interventional attitude score regarding HPV vaccination among adolescent girls with the selected demographic variables.

Hypothesis

- H₀: There will be no significant difference between pre-interventional and post-interventional knowledge score regarding HPV vaccination among adolescent girls at $p \leq 0.05$ level of significance.
- H₁: There will be significant difference between pre-interventional and post-interventional knowledge score regarding HPV vaccination among adolescent girls at $p \leq 0.05$ level of significance.
- H₂: There will be significant difference between pre-interventional and post-interventional attitude score regarding HPV vaccination among adolescent girls at $p \leq 0.05$ level of significance.
- H₃: There will be significant co-relation between post intervention knowledge score and attitude scores regarding HPV vaccination among adolescent girls at $p \leq 0.05$ level of significance.
- H₄: There will be significant association of pre-interventional knowledge score regarding HPV vaccination among adolescent girls with selected demographic variables at $p \leq 0.05$ level of significance.
- H₅: There will be significant association of pre-interventional attitude score regarding HPV vaccination among adolescent girls with selected demographic variables at $p \leq 0.05$ level of significance.

METHODS

In the present study non probability purposive sampling technique was used to select the sample. Researcher used purposive sampling technique and selected 90 students based on inclusion criteria. Used descriptive and inferential statistics to compare the knowledge and attitude of adolescent girls towards HPV vaccination.

RESULT

500 adolescent girls of selected school in Indore, selected for the present study, and assessed knowledge and attitude level by structured teaching programme. After the assessment of knowledge, It shows comparison between pre interventional and post-interventional Knowledge score. Pre interventional Knowledge score is Poor (0-7) 29%. Average (08-15) 68.4% Good (16-23) 2.6%.excellent (24-30) 0% after structured teaching program Poor (0-7) 0.4%. Average (08-15) 14% Good (16-23) 49%.excellent (24-30) 36.6%. This data shows after structured teaching program improved knowledge regarding HPV vaccination among adolescent girl. The comparison between pre interventional and post- interventional attitude score. Pre interventional attitude scores was assessed that among 500 samples, 342(68.4%) had average attitude score, followed by 121(24.2%) had poor attitude while 37(7.4%) had good level of attitude. After structured teaching program out of 500 samples, it was found that 256(51.2%) half of the samples found to have average level of knowledge & 188(37.6%) had good level of attitude and lastly, 56(11.2%) had been poor category of attitude score. The data shows that structured teaching program improved attitude regarding HPV Vaccination. The data analysis showed that the pre-interventionalknowledge score mean and S D score found to be 8.84 ± 2.80 and the post-interventional knowledge score 21.33 ± 4.55 . The

mean difference found to be 9.31 at degree of freedom, 499. The "t" value found to be 51.72 which is greater than the tab. value 1.962.0, thus clearly shows the effectiveness of structured teaching program on knowledge regarding HPV Vaccination among the adolescent girls. Further, when the attitude score was assessed it was seen that pre-interventional test score mean and S D score found to be 4.42 ± 1.78 and the post- interventional knowledge score 6.42 ± 2.42 . The mean difference found to be 2.64 at degree of freedom, 499. The "t" value found to be 28.78 which is greater than the tab. value 1.96. There is no statistically significant association seen between pretest knowledgescore and the demographic variables, showing that pretest knowledgescore is independent on the demographic variables of the adolescent girls. Hence the hypothesis no.4 is rejected and null hypothesis accepted. There is a statistically significant association seen between pretest attitude score and the place of living ($\chi^2=8.112$, $df=2$, P value = 0.017, Significant), showing that pretest attitude score is dependent on the place of living of the adolescent girls. Hence the hypothesis no.5 is accepted.

CONCLUSION

The study reveals that there is significant difference in pre and post testattitude score of adolescent girls regarding HPV vaccination. Lack of knowledge was seen related to the HPV vaccination and HPV infection. There is a need for health education programs mainly for adolescent girls regarding the HPV vaccination and also for HPV infection.

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