



Awareness of Cervical Cancer and Hpv Vaccine Among Mother Attending Immunization Clinic in West Bengal

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ABSTRACT

Background: Cervical cancer is one of the most common causes of cancer mortality among women although largely preventable. Objective: To evaluate regarding awareness of cervical cancer & HPV Vaccine among mother attending immunization clinic. Method: It is cross sectional study conducted among mother attended immunization clinic.

Result: Despite limited knowledge 74% mother intended to accept HPV Vaccine for their daughter.

KEYWORDS :

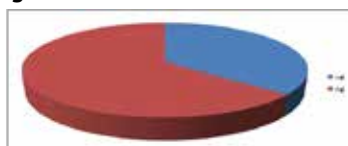
Introduction:

Commonest cancer cause of death among women in developing countries is cervical cancer(1).64,477 women died from the disease every year in INDIA. Among 1,22,844 women diagnosed with cervical cancer(2).Cervical cancer is the second most common cancer in women aged 15-44years(2). It is seen that 86% of all death due to cancer cervix are in low and middle income countries(3).In the pathogenesis of cancer cervix genital infection with oncogenic human papilloma virus(HPV) is necessary(4).There are 100 different viral genotypes, among them HPV 16 and 18 were indentified in about 70% of cervical cancer cases(5) and 6 & 11 genotype can cause genital warts(6).One way of prevention of cervical cancer is through vaccination against oncogenic HPV types(7,8,9,10).At present two vaccines have been approved by the U.S. Food and Drug Administration(FDA).These are the bivalent vaccine(Cervarix) and the quadrivalent vaccine(Gardasil)(10).Both are nearly 100% effective in preventing in cervical intraepithelial neoplasia 2(CIN 2),CIN 3, and condylomatous valvular disease related to the HPV genotype covered by the vaccines(11,12,13,14).IAP recommended 2 doses for 9-14 years old and for girls 15 year or older current 3 dose schedule will continue(15).The minimum interval between two dose should be 6 month.NON UJP Vaccination in INDIA recommended quadrivalent vaccine(16,18,6&11) 0.5ml at 0,2 and 6month starting age at 10-12 year and bivalent vaccine(16&18) 0.5 ml at 0,1 and 6 month starting at 9 year age. Both the vaccines are recommended in women up to 45 years age. Contraindication of vaccination is pregnancy and CIN 3.A prevaccination screening of evidence of precancerous stage is ideal and recommended in married women prior to HPV Vaccination (16).

Material & Method: This is a cross –sectional study of 50 women attending immunization clinic of a private chamber in WB. Data was collected between the month of March and April 2016. Informed consent was obtained from the women and they were given self administered questionnaire. The data was analysed using descriptive statistics.

Analysis and Result:

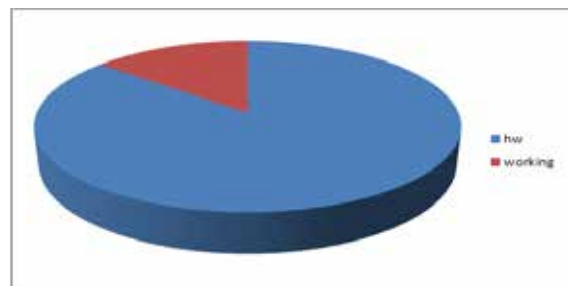
Figure 1 Education



(ug-undergraduate, pg-postgraduate)

Above pi-chart showed all the participants attending immunization clinic were literate and 62% had postgraduate and 38% had undergraduate level of education.

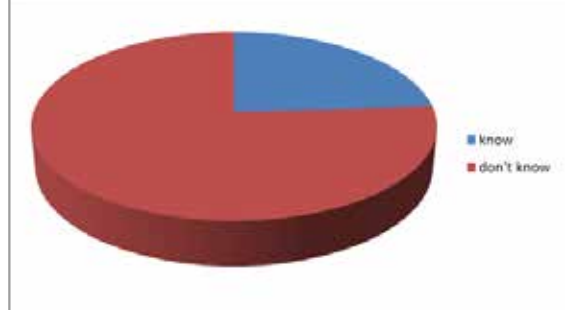
Figure 2 Occupation



(hw - house wife)

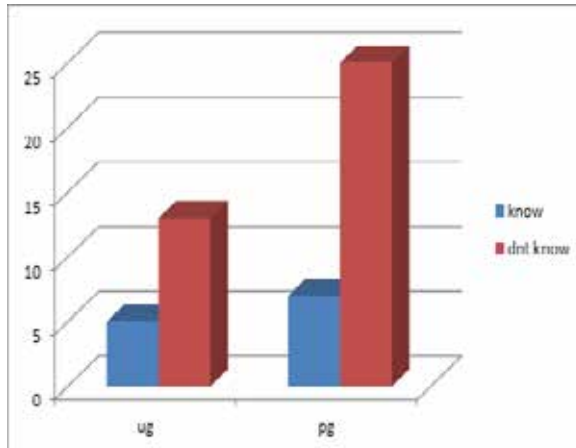
Above pi-chart showed the 86% of the mothers were found to be house wife.

Figure 3 Knowledge regarding the disease



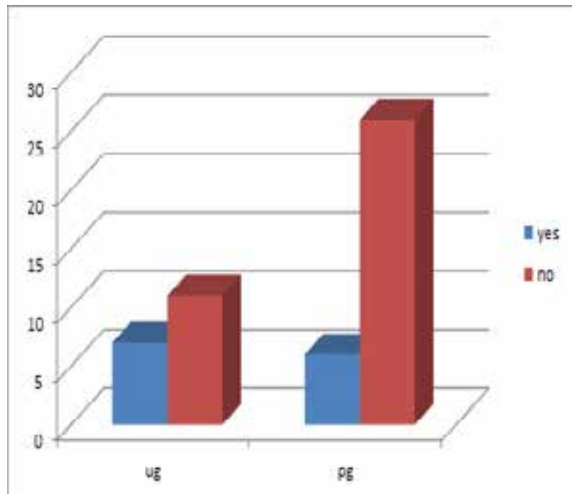
Above pi-chart showed level of awareness and knowledge of HPV vaccine and cervical cancer .Only 24% of the participant had knowledge about the cervical cancer.

Figure 4 Knowledge about the disease versus education



Among the mothers with postgraduate level of education 22.58% had knowledge about cancer of the cervix .Majority of the mother whether postgraduate(77.41%) level of education or undergraduate(73.68%) level of education do not know about the disease.

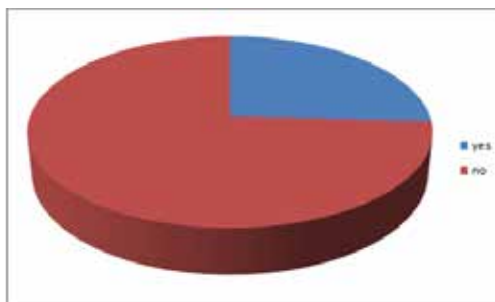
Figure 5 Education versus self vaccination



(ug - undergraduate, pg-postgraduate)

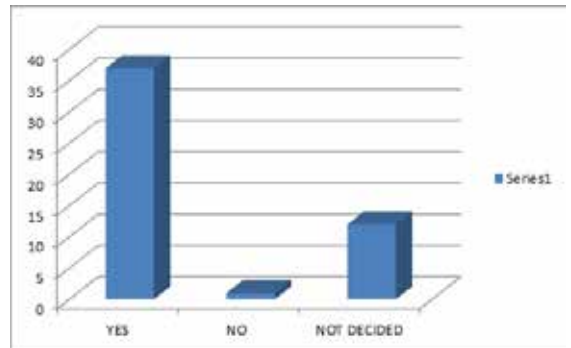
Compound bar chart showed willingness of self vaccination grouped together with level of education. Majority of the mother reluctant to take vaccine (undergraduate 63.15% and 80.64% of postgraduate mother refuse self vaccination).

Figure 6 After a brief about the disease willingness of self vaccination.



Even after a short account of disease mothers are reluctant to take HPV vaccine. Only 26% of mother wish to take vaccine and 74% refuse.

Figure 7 After a brief regarding the disease willingness to vaccinate daughter.



After a brief when mothers are asked if they wants to give vaccine to their daughter 74% said yes, 2% said no while 24% are indifferent.

Discussion:

It is found that awareness of cervical cancer and HPV vaccine among mother attended immunization clinic very limited(76% mother do not know about the disease and vaccine)(Figure 3).Despite limited knowledge after receiving information about HPV vaccine 74% of mother wishes to give HPV vaccine for their daughter(Figure 7).NON UIP Vaccination INDIA recommended HPV vaccination in women up to 45 years age irrespective of sexual debut .Even after getting this information mothers are reluctant regarding their own health .Only 26% mother want to take vaccine (Figure 6).The mother in our study accepted education gladly and responded to a brief intervention indicating that education about cervical cancer HPV vaccine would be desirable .Mother generally believe that vaccine will protect their children health(17).Other study showed that an association between cervical cancer prevention knowledge and HPV vaccine acceptability(18,19).

Limitation:

All the mother attending immunization clinic therefore, they may have a higher opinion of medical intervention than those who do not seek health care .The educational level in our participants were higher than the regional average which can interfere generalizability to less educated population .We did not ask the reason who declined vaccination.

Conclusion:

Quadrivalent vaccine helps protect against 2 types of HPV that causes 70% of cervical cancer and 2 more type that causes approximately 90% of genital warts .It also protect women of 9-26 years against about 72% vaginal cancer and up to 50% vulvar cancer.

Bivalent vaccine is indicated in female from 10-45 years of age for the prevention of cervical cancer. The efficacy result at the event trigger analysis were 94.3% against 6 months persistent infection and 91.4% against 12 month persistent infection(20).Despite limited knowledge about 74% of participant mother intended to accept HPV vaccine for their daughter after information provided them regarding cervical cancer and HPV vaccine.

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