

A Brief Note on Cervical Cancer

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Description

Cervical cancer screening is an important tool for detecting pre-cervical cancer sooner, but it is almost never used in developing countries, and most cases of cervical cancer are discovered late [1]. It kills hundreds of thousands of women every year around the world. A woman's chance of developing cervical cancer can be reduced by 25-36% if she is checked for it at least once in her life, between the ages of 30 and 40. Despite this benefit, cervical cancer screening coverage in poor and middle-income countries, such as Ethiopia, is restricted [2]. Screening practice and growth can be hampered by a lack of understanding and a negative attitude toward the disease and risk factors. Cervical cancer prevention behavior has previously been proposed that women's knowledge is linked to their willingness to participate in screening [3]. It is critical to have a broad understanding of how to recognize premalignant lesions, and this expertise should be shared with the general public in order to raise awareness about screening and preventing disease conditions as soon as feasible. The study selection and quality assessment were carried out separately by two investigators. Each qualifying study's first author's name, study design, source of study population, sample size, and proportion of women who know about cervical cancer screening service against those who don't were all extracted knowledge about cervical cancer screening service and definition of utilization of cervical cancer screening services.

Utilization of cervical cancer screening services and understanding of cervical cancer screening services The Newcastle Ottawa scale, a nine-star rating system, was used to judge quality. Studies with NOS (Newcastle Ottawa Scale) score of 5 or higher were examined [4-6]. The selection process for the articles retrieved is depicted. After deleting unrelated titles from the database, the initial search yielded 1998 published English-language studies. The abstracts were evaluated, and research that did not satisfy the criteria for inclusion was eliminated. This resulted in 1083 studies investigating cervical cancer screening after duplicates were removed. Twelve papers satisfied the inclusion criteria after a thorough review of the entire text. The remaining studies were omitted for two reasons: they were not conducted in Ethiopia, and they did not examine knowledge of cervical cancer screening services and their use. This meta-analysis comprised 12 observational studies with a total of 4704 participants, 1235 of whom had used a cervical cancer screening service. It also includes information on the study techniques,

year, and emphasis of the included studies. The 12 research were published between 2014 and 2019, and each included participants from a different Ethiopian region. In the Tigray region, two studies were done, and three in the Amhara region. The influence of knowledge about cervical cancer screening service, good knowledge about cervical cancer screening service, and bad knowledge about cervical cancer screening service on the result of cervical cancer screening service utilization is compared in the subgroup analysis. The purpose of the subgroup analysis was to see if age has an effect on the effect of information of cervical cancer screening services on the

Conclusion

The results of the subgroup analysis indicate that there is a statistically significant subgroup impact in the part of the lung a (in the Past 20 years, with poor awareness of cervical cancer screening service being preferred over high knowledge of cervical cancer screening service). Meta-analysis often relies primarily on published research, which is more likely to reveal significant results; studies with non-significant associations are routinely eliminated.

References

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