The Related Factors of Cervical Cancer Screening of Rural Women and the Importance of Health Education

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Abstract: Objectives: This study explores the importance of cervical cancer screening in rural women and the value of health education. Methods: 150 rural women in XX city were selected for research, and they were divided into a research group (n = 75) and a control group (n = 75) using random number table method. Observe the results of cervical cancer screening between the two groups, and compare the knowledge of cervical cancer related knowledge and the willingness of cervical screening between the two groups of women. Results: A total of 3 cases of cervical intraepithelial neoplasia were detected by 150 rural women, and they all belonged to the control group; the patients in the study group had better knowledge about cervical cancer and cervical screening willingness than the control group, and the difference was statistically significant Significance (P <0.05). Conclusion: Rural women's cervical cancer screening can detect cervical lesions as early as possible, reduce the risk rate, and improve the survival rate of patients. At the same time, carrying out health education for rural women is helpful to improve the rural women's knowledge of cervical cancer and enhance the willingness of cervical cancer screening, which has a higher value for the prevention and later treatment of cervical cancer in rural women.

Cervical cancer is a relatively common malignant tumor disease in gynecology, and the incidence of cervical cancer ranks second among malignant tumors. The modern medicine has shown that the number of new cervical cancer patients per year in China is 80,000, accounting for about 12% of the new cervical cancer patients worldwide every year [1]. The mortality rate of cervical cancer patients is relatively high, and the disease point poses a serious threat to women's health and life safety. In recent years, relevant data indicate that the probability of cervical cancer in young people is increasing, and the cure rate of cervical cancer lesions detected at an early stage is higher than that at a later stage. Later treatment has important significance [2]. This article discusses the importance of cervical cancer screening in rural women and the value of health education, hoping to provide a basis for better implementation of cervical screening, improve rural women's awareness of cervical cancer prevention, and reduce the incidence of cervical cancer.

1. Method and Information

1.1 General information

150 rural women in XX city were selected for research, and they were divided into a research group (n = 75) and a control group (n = 75) by random number table method. Among them, the control group was 23 to 62 years old, the average age was (43.42.8) years old, 2 to 4 times of pregnancy, average (2.30.2) times, 1 to 4 births, average (1.70.3) times, college 5 women with education above, 20 women with high school and technical secondary school education, 26 junior high schools, 19 elementary schools, 5 illiterate people , Average (2.10.3) times, 1 to 4 births, average (1.80.4) times, 3 college degree and above, 21 high school and technical secondary school education, 31 junior high school, 16 elementary school, 7 illiterate . There was no statistically significant difference between the two groups of rural women in terms of age, education and other general data (P> 0.05), and they were comparable.

Inclusion criteria: (1) No history of long-term use of contraceptives; (2) Good health, normal communication and expression skills, no history of mental illness; (3) Sexual life history ≥ 3 years; (4) Informed research, and voluntary Agree to participate and sign an informed consent form.

Exclusion criteria: (1) There is a history of mental illness or family history of mental illness; (2) Those who cannot participate in the research due to intellectual or physiological reasons; (3) Those with a history of cervical lesions or hysterectomy.

1.2 Method

Rural women in the control group are given regular health guidance, such as publicizing regular health guidance content on mass communication platforms, or contacting the village committee to formulate relevant cervical cancer prevention content on the village publicity column.

Rural women in the study group are given more comprehensive health education. (1) Select doctors and nurses with cervical cancer professional knowledge in the hospital to form a health education group, conduct relevant research and discussion on this part of rural women, formulate relevant health education programs based on the actual situation, and assign relevant tasks to the team personnel, and reasonably Implement a health education plan. (2) By analyzing the education level, age status and understanding ability of the rural women in this part, through the WeChat platform or publicity column to promote cervical cancer prevention and control content, issue health knowledge manuals, organize health knowledge lectures, etc. Promote the importance of cervical cancer screening. (3) Contact the village committee and reach an agreement with the rural cadres to provide face-to-face health education to some rural women through the way to the countryside and patiently answer the questions raised by women in the process of health education.

1.3 Judgment index

(1) Screen cervical cancer in two groups of rural women and compare the screening results. (2) Distribute questionnaires to investigate the understanding of cervical cancer knowledge, cervical cancer prevention measures, cervical cancer screening and diagnosis and other related knowledge among the two groups of rural women.

(2) Distribute questionnaires to investigate and compare the willingness of cervical screening among the two groups of rural women.

1.4 Statistical methods

The research data is processed using SPSS22.0 software, the count data is represented by (n), line 2 is tested, and the measurement data is y $\bar{x} \pm s$ Indicate that if t test is performed, P <0.05 means that the difference is statistically significant.

2. Result

2.1 Results of cervical cancer screening in rural women

Cervical cancer screening results of two rural women showed that a total of 3 rural women among the 150 rural women who participated in the study detected cervical intraepithelial neoplasia, with a morbidity rate of 2.00%.) Grade I, one case was CIN II grade, and all three rural women came from the control group

2.2 The level of cervical cancer related knowledge between the two groups of rural women

The results of the survey showed that the rural women in the study group had a better understanding of cervical cancer knowledge, cervical cancer prevention measures, and cervical cancer screening and diagnosis and other related knowledge than the control group. ,As shown in Table 1.

Table 1. Rural women's knowledge of cervical cancer related knowledge (points, $\bar{x} \pm s$)

Group（n）	Cervical cancer	Cervical cancer	Cervical cancer	Cervical cancer	overall ratings

	knowledge	prevention measures	screening diagnosis	treatment	
Control group（75）	15.4±1.7	12.3±1.5	13.4±1.8	19.9±1.5	62.3±4.1
Research group（75）	20.5±2.0	21.4±2.3	21.7±1.8	22.4±1.9	86.9±5.7
t	19.188	34.559	33.837	10.246	42.165
P	<0.05	<0.05	<0.05	<0.05	<0.05

2.3 Willingness of cervical screening in two groups of rural women

The survey results show that the proportion of rural women in the study group willing to undergo cervical cancer screening is significantly greater than that of the rural women in the control group, and the difference is statistically significant (P <0.05) as shown in Table 2.

Table 2. The willingness of cervical screening in two groups of rural women [n (%)]

Groups （n）	Be willing	Not willing	Doesn't matter
Control group（75）	32（42.67）	17（22.67）	26（34.67）
Research group（75）	56（75.67）	10（13.33）	9（12.00）
χ^2	30.38	32.72	0.21
P	<0.05	<0.05	>0.05

Conclusion

Although the information development is very fast now, but the rural women ’s understanding of cervical cancer is still relatively occluded, and the rural women still have low cultural qualities, especially in remote mountain villages, and many rural women have conservative ideas. The Gynecological symptoms are also reluctant in finding a doctor for consultation, and the awareness as well as the measures for cervical cancer prevention are relatively low, which has caused more rural women to fail in seeking for medical treatment in a timely manner [3]. Relevant research surveys also shows that the rural women lack knowledge of reproductive health care, lack of understanding of cervical cancer screening, and the lack of health protection awareness, resulting in a higher incidence of cervical cancer in rural women [4]. bujt in this research about 150 women from Nakamura in the district have launched cervical cancer screening and health education management and the results of the screening showed that there were 3 rural women with cervical intraepithelial neoplasia, with a morbidity rate of 2.00%. These 3 rural women needed timely medical consultation for further examination.

Cervical cancer screening is of great significance for the prevention of cervical cancer and the treatment of cervical cancer patients. Cervical cancer screening can not only prevent cervical cancer early, but also provide a basis for the prognosis of cervical cancer. It is one of the effective methods to control the development of cervical cancer [5]. Early screening of cervical cancer is very important. Relevant research shows that if cervical cancer in situ-uterine carcinoma in situ can be detected as soon as possible, targeted treatment measures can be launched as soon as possible, and the probability of cure can reach 100% [6]. The above cancerous range of cervical cancer is still small, limited to the inside of the mucosa or skin, and has not spread to the surroundings of the submucosal basement membrane, so early diagnosis and treatment can achieve good results. For rural women, the importance of cervical cancer screening is more significant. Most rural women are reluctant to undergo screening and treatment, which ultimately leads to missed the best period of treatment [7-8]. It can be seen that the implementation of health education for rural women is urgent.

The results of this survey show that rural women in the study group have health education, and their understanding of cervical cancer knowledge, cervical cancer prevention measures, and cervical cancer screening diagnosis and treatment is significantly better than the control group, and the difference is statistically significant (P <0.05). And after the health education of rural women in the study group, the proportion of women willing to undergo cervical cancer screening was also

significantly higher than that in the control group, and the difference was statistically significant (P <0.05). The results of this study are basically consistent with the results of relevant literature surveys [9-10]. It can be seen that health education for rural women can significantly increase the rural women ’s knowledge of cervical cancer, increase the willingness of rural women to screen for cervical cancer, and have a positive impact on the screening and prevention of cervical cancer in rural women. Significance.

In summary, rural women ’s knowledge of cervical cancer is relatively low, and it has a high incidence of cervical cancer. The screening of cervical cancer for rural women can detect cervical cancer lesions early. Helping to improve the cure rate of cervical cancer is of great significance for rural women to carry out cervical cancer screening. In addition, health education for rural women can effectively improve the rural women ’s grasp of relevant knowledge, increase the rural women ’s willingness to screen for cervical cancer, facilitate the popularization of cervical cancer-related knowledge and participate in screening, and reduce the incidence of cervical cancer , With high application value.

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