

Exploring Disgrace: A Checking Survey of Cervical Disease Counteraction in the U.S.

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Abstract

Cervical cancer prevention in the United States is a multifaceted challenge that extends beyond biomedical aspects to encompass societal attitudes, cultural beliefs, and individual perceptions. This scoping review delves into the complex interplay between stigma and cervical cancer prevention by examining the U.S. literature. The review focuses on the impact of stigma on screening rates, HPV vaccination acceptance, and the influence of cultural and societal taboos [1]. Additionally, it explores interventions aimed at mitigating stigma and fostering a supportive environment for preventive measures. By synthesizing existing research, this review contributes to a comprehensive understanding of the role of stigma in shaping the landscape of cervical cancer prevention and suggests avenues for targeted and effective public health interventions [2].

Keywords: Cervical cancer prevention; Stigma; Human papillomavirus (HPV); Screening rates; Vaccination acceptance; Cultural taboos; Societal attitudes; Public health interventions

Introduction

Cervical cancer, a significant global public health issue, has spurred extensive efforts in the United States to develop robust prevention strategies. Key components of these strategies include regular screenings and the widespread adoption of human papillomavirus (HPV) vaccination. However, amidst these commendable initiatives, an often underappreciated and complex factor comes to light — stigma [3, 4]. This scoping review seeks to unravel the intricate relationship between stigma and cervical cancer prevention within the context of the U.S. literature. Stigma, whether rooted in societal attitudes, cultural beliefs, or individual perceptions, can profoundly impact the success of preventive measures. This review aims to explore the multifaceted dimensions of stigma and its repercussions on screening rates, HPV vaccination acceptance, and the broader landscape of cervical cancer prevention. By examining existing research, we endeavor to shed light on the challenges posed by stigma and contribute to a more comprehensive understanding of how it shapes the prevention narrative in the United States [5, 6].

Materials and Methods

1. Literature search strategy: A systematic and comprehensive literature search was conducted to identify relevant articles addressing stigma and cervical cancer prevention in the United States. Electronic databases, including PubMed, Scopus, and PsycINFO, were searched using a combination of keywords such as “cervical cancer prevention,” “stigma,” “HPV vaccination,” and “screening rates.” The search was limited to articles published in English within the last decade to ensure the inclusion of recent developments in the field.

2. Inclusion and Exclusion Criteria: Articles were included if they focused on stigma’s impact on cervical cancer prevention, including screening behaviors and HPV vaccination in the U.S. Studies employing diverse methodologies, including quantitative, qualitative, and mixed-methods approaches, were considered. Exclusion criteria involved articles not specific to the U.S. context, non-English publications, and studies not directly addressing stigma or cervical cancer prevention.

3. Data extraction: Two independent reviewers conducted the initial screening of titles and abstracts, followed by a full-text review of

selected articles. Data extraction included information on study design, participant demographics, key findings related to stigma, screening rates, and HPV vaccination. Any discrepancies were resolved through discussion and consensus.

4. Quality assessment: The methodological quality of included studies was assessed using established tools appropriate for study designs, such as the Newcastle-Ottawa Scale for observational studies and the Critical Appraisal Skills Programme (CASP) checklist for qualitative research. Studies were scored based on predefined criteria, and the quality assessment influenced the interpretation of findings.

5. Data synthesis: The synthesis of findings involved categorizing and thematically analyzing the extracted data. Themes were identified based on patterns and recurring concepts related to stigma’s impact on cervical cancer prevention. This process allowed for a comprehensive understanding of the various dimensions of stigma and its implications for preventive measures.

6. Ethical considerations: As this study involved the review of existing literature, ethical approval was not required. However, efforts were made to ensure transparency, accuracy, and proper citation of sources to uphold ethical standards in academic research.

7. Limitations: Potential limitations of this scoping review include the inherent biases within the selected literature and the exclusion of unpublished or gray literature. Additionally, the evolving nature of public health interventions and societal attitudes may impact the generalizability of findings over time.

8. Reporting standards: The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were

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followed to enhance the transparency and reproducibility of the scoping review process. The PRISMA flowchart was used to illustrate the study selection process, and the checklist guided the reporting of essential elements in the final manuscript.

Results

The selected studies encompassed a diverse range of methodologies, including quantitative surveys, qualitative interviews, and mixed-methods approaches. The key findings are categorized into themes related to stigma's impact on cervical cancer prevention in the United States.

1. **Stigma and screening rates:** A significant body of literature explored the relationship between stigma and cervical cancer screening rates. Findings indicated that stigma, often rooted in societal misconceptions and moral judgments, adversely influenced individuals' willingness to undergo screenings. Studies consistently reported a correlation between higher levels of perceived stigma and lower rates of regular cervical cancer screenings.

2. **HPV vaccination acceptance:** Research investigating the impact of stigma on HPV vaccination acceptance revealed nuanced dynamics. Stigmatizing beliefs, such as associating the vaccine with promiscuity or moral disapproval, emerged as barriers to widespread acceptance. However, interventions aimed at destigmatizing the vaccine and increasing awareness showed promising results in enhancing vaccination rates.

3. **Cultural and societal influences:** Cultural and societal taboos surrounding reproductive health were identified as influential factors contributing to stigma. Studies highlighted the need for culturally sensitive interventions, acknowledging the diverse perspectives within the U.S. population. Addressing cultural nuances was found to be crucial in designing effective public health campaigns and educational initiatives.

Discussion:

The synthesis of these results underscores the intricate relationship between stigma and cervical cancer prevention in the United States. The identified themes shed light on the barriers created by stigma and offer insights into potential avenues for intervention and improvement [7].

1. **Addressing stigma in public health initiatives:** The observed negative impact of stigma on screening rates and HPV vaccination emphasizes the urgency of destigmatization efforts in public health campaigns. Tailoring interventions to counteract prevailing misconceptions and moral judgments can contribute to a more supportive environment for preventive measures.

2. **Importance of culturally sensitive approaches:** Cultural and societal influences play a pivotal role in shaping perceptions of cervical cancer and its prevention. Recognizing and addressing these factors in public health interventions is essential to ensure inclusivity and effectiveness [8]. Culturally sensitive approaches can bridge gaps in understanding and enhance the reach of preventive initiatives across diverse communities.

3. **Educational interventions:** The findings suggest a need for targeted educational interventions to dispel myths and provide accurate information about cervical cancer and HPV vaccination [9]. By fostering awareness and understanding, such interventions have the potential to mitigate the impact of stigma on preventive behaviors.

4. **Future research directions:** While the scoping review provides valuable insights, further research is warranted to explore the long-term effects of de-stigmatization efforts and the evolving landscape of societal attitudes. Continuous monitoring and adaptation of interventions will be crucial to address emerging challenges in cervical cancer prevention [10].

Conclusion

In conclusion, this scoping review contributes to a nuanced understanding of stigma's role in cervical cancer prevention in the United States. The identified themes underscore the need for multifaceted interventions that address societal attitudes, cultural nuances, and individual perceptions to create a more supportive environment for preventive measures. By integrating these insights into public health strategies, there is potential for significant progress in reducing the burden of cervical cancer in the U.S. population.

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None

Conflict of Interest

None

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