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Mediacy for public health communication strategies to eradicate cervical cancer

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Abstract

In India, cervical cancer is still a very preventable but common health issue among women, particularly in rural and semi-urban areas. This study looks at how the media may spread knowledge about cervical cancer and assesses how satisfied the public is with that knowledge. Using a survey-based methodology, data is gathered for the current study from a variety of sociodemographic groups across Rajasthan, including differences in profession. This study assesses the level of awareness of cervical cancer prevention across various occupational groups. Furthermore, the goal of this study is to solicit feedback on the acceptability and efficacy of public health communication approaches for cervical cancer. The study also looks at how media might raise awareness about cervical cancer in various occupational communities. Research shows significant disparities in media awareness and trust, emphasizing the need for more focused and inclusive health communication campaigns. The paper concludes with recommendations for improving media-driven awareness campaigns to address the knowledge gap and promote early detection and prevention of cervical cancer.

Keywords:

Communication planning, media channels, cervical cancer prevention, women's health & public awareness.

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1.0 Introduction

Public health communication originated as a socio-cultural activity at the beginning of human civilization. It involves informing people and communities, warning them, and trying to change their behavior to deal with public health problems. Nowadays, public health communication also includes health-related fields along with social sciences (Salmon & Poorisat, 2020). Misinformation and low health literacy, along with inequalities in the government system, disrupt the process of public health communication. The spread of public health communication is more unequal in socially marginalized and rural communities. Even though the number of government and non-government programs to raise awareness about cervical cancer has increased in India, its preventive measures are still not being implemented equally across society. In such a scenario, reviewing the current communication strategies used in public health programs and efforts to strengthen them is very important (Santos et al., 2017). It has been observed that culturally specific, context-sensitive, and community-driven health communication works best (Rimal, 2009). In the case of cervical cancer, this entails interacting with local influencers, trainers, and grassroots health providers in addition to the media to promote communication and trust. The World Health Organization's global strategy to eliminate cervical cancer places a strong emphasis on communication (WHO, 2020b). The Dictionary of Media Studies explained mediacy as the ability to use and understand media texts, both new and traditional (Anderson et al., 2006).

Cervical cancer: global and Indian prevalence:

Cervical cancer begins in the cervix, the lower portion of the uterus. The primary cause of this disease is a long-term infection with specific kinds of human papillomavirus (HPV), which is transmitted through sexual intercourse. The encouraging thing is that cervical cancer is preventable and treatable if detected early. Vaccines and regular screening tests are available to prevent it from spreading to harmful levels. However, many women, particularly in low-

and middle-income nations, are unaware of their options.

This is why public health communication is important for a healthy and developed society. Health workers and the media can work together to convey clear messages to women, helping them learn about this disease and get timely treatment (Xu et al., 2025). In 2018, there were around 500,000 new cases of cervical cancer. In the same year, more than 300,000 deaths occurred worldwide. It is the fourth most common cancer among women globally. The World Health Organization considers it one of the most common and easily preventable cancers. In developing countries like India, prevention and treatment are possible with the effective vaccines and screening programs available (Simelela, 2021). In India, cervical cancer still kills thousands of people every year despite being entirely avoidable because of delayed diagnosis, low awareness, and limited access to protective healthcare services (International Agency for Research on Cancer, 2021).

Prioritizing prevention: Because the connection between cervical cancer and human papillomavirus (HPV) infection is widely established, cervical cancer is one of the few tumours that can be virtually completely prevented. The chance of developing invasive cervical cancer can be considerably decreased by prevention measures including HPV vaccination, routine screening (Pap smear or HPV test), and early treatment of precancerous lesions. In nations with low to middle incomes (LMICs), where access to cancer treatment services is costly and limited, these methods are not only clinically beneficial but also cost-efficient (WHO, 2020a). Treatment options for cervical cancer become more intrusive, expensive, and frequently less effective as the disease progresses and is identified in its later stages. Cervical cancer can be detected in the early state and treated before progressing to invasive cancer. This makes early detection with screening methods like Pap smears and HPV testing particularly helpful in reducing cervical cancer-related fatalities.

Public health communication in health awareness: Efficient healthcare systems are included in public health communication. These techniques and methods are used to deliver health information to the general public. As a result, awareness in society increases, people get motivated to take preventive action, and accessing healthcare services becomes easier for everyone. Public health communication campaigns are run to increase awareness in society about diseases, health risks, and preventive measures. Through this, it helps in changing people's behavior in the community. The "Conquer HPV & Cancer Conclave 2025" also featured medical professionals who advocated for gender-neutral HPV vaccination. Their public statement emphasised the vaccine's benefits for preventing HPV-related malignancies in boys as well as its preventive impact for girls, increasing equity and uptake (Thevar, 2025). As an illustration, 287 healthcare professionals were trained in eight countries, including India, in 2023 to recognise and combat false information about vaccines. Through the use of role-plays, real-world situations, and evidence-based tactics, the program improved their communication and confidence, which in turn helped to increase vaccine uptake and foster public trust (Miller et al., 2024).

Importance of the study: Even though cervical cancer is generally preventable with HPV vaccination, frequent screening, and proper treatment, it continues to be a significant public health challenge in India. A considerable minority of women, particularly those in low-income, rural, and marginalised groups, are unaware of preventive measures due to a lack of health literacy, societal taboos, and misinformation. There have definitely been efforts by both government and non-government organizations to raise awareness about health over time, but appropriate research shows that the level of awareness about cervical cancer is still quite low. In rural areas and communities disconnected from the mainstream, people don't even talk about cervical cancer; it's a social stigma. Culturally, there have been significant shortcomings in public health communication. In India's diverse population, it's crucial to seriously evaluate the role, reach, and limitations of current health

communication initiatives in promoting the prevention of cervical cancer.

2.0 literature review:

Filho and his co-researchers undertook a study to describe the data sources and calculation methods used to establish worldwide cancer incidence, death, and prevalence estimates for 2022. Another goal of the study was to provide a brief overview of the worldwide cancer burden across 36 cancer types, 185 nations or regions, and by gender and age group. Methods employed in the study included cancer registry and vital statistics gathering, data-sparse modelling, age standardisation, and uncertainty quantification. The data suggest that there are around 20 million new cancer cases and 9.7 million deaths worldwide, with lung, breast, and cervical cancers being the most common (Filho et al., 2025).

A study by Lai et al. aims to explore the relationship between cervical cancer screening habits and in-person and online patient-provider contact. As part of their methodology, the researchers used the Health Information National Trends Survey to analyse data from three thousand one hundred thirty-three women. And the results of this study show that screening behaviour was favourably correlated with both FPCC and OPCC. The relationship between OPCC and screening was mediated by HPV awareness, with more informed people being more likely to get screened (Lai et al., 2025).

Wagner and his research team carried out a study in eastern Uganda. The purpose of this study was to see if training women who had just undergone cervical cancer screening to advocate to peers would improve CC screening uptake in their social networks. Using a quantitative approach, the findings of this study show that peer advocacy can significantly increase screening rates and support community-based health promotion (Wagner et al., 2023).

The main objective of the study that Williams and his core researchers carried out was to assess if a community cancer awareness program run by volunteers might raise public awareness of screening, cancer risk factors and symptoms, and perceived

obstacles to getting treatment. To accomplish their goals, they employed surveys, small group meetings, and interpersonal interactions. And the results show that interpersonal involvement guided by volunteers and peers can effectively raise awareness of cancer and possibly encourage earlier diagnosis (Williams et al., 2020).

Hakim and his colleague conducted a study with the aim of providing a comprehensive overview of cervical cancer. Using a narrative review method, the results demonstrate the pivotal role of persistent high-risk HPV infection and oncoproteins E6/E7 in causing cervical cancer, while highlighting prevention through HPV vaccination and molecular screening (Hakim et al., 2025).

Adeli and his co-researchers undertook a study in rural Kenya to evaluate the sources, efficacy, and suitability of cervical cancer IEC materials for HIV/AIDS patients. To achieve their purpose, the researchers conducted a cross-sectional study. And the findings show that a big proportion of groups deemed IEC printed content unproductive in format. The majority of participants saw these resources as inadequate, unreachable, and religiously incorrect (Adeli et al., 2025).

The study by Bae and Temkin concentrated on efforts to eradicate cervical cancer. The purpose of the study was to investigate how stigma functions as a major, yet frequently disregarded, obstacle to efforts to prevent and eradicate cervical cancer. Using a thorough analysis of the data and literature currently available, the study comes to the conclusion that prevention efforts are severely hampered by the stigma associated with cervical cancer, which frequently results from links between sexual activity and HPV infection. This stigma discourages people from getting screened and receiving treatment (Bae & Temkin, 2025).

Emal et al. conducted a qualitative study to explore how healthcare workers and occupational health experts perceive risks related to psychological distress. To meet the goal, the researchers conducted semi structured interviews and did thematic analysis to understand their views on risk, early symptoms,

causes, consequences, and prevention. The findings showed that both groups had similar understandings of risk and symptoms, but healthcare workers relied more on personal experience for prevention, while experts emphasized scientific approaches (Emal et al., 2024).

Shkempi and his colleagues conducted a quantitative analysis to examine how the type of work people do in different U.S. neighbourhoods might affect health risks, especially for minority and low-income groups. They used U.S. census tract data and combined information from the American Community Survey, O NET, and a noise exposure database to create six measures of workplace hazards. The study found that neighbourhoods with more racial/ethnic minorities and disadvantaged residents faced higher workplace risks, but these risks were not fully captured by the Centres for Disease Control and Prevention (CDC's) Social Vulnerability Index (Shkempi et al., 2024).

3.0 Method and material: The present part of the research work consists of objectives of research, hypotheses, theoretical framework, research design and sample design along with research tools applied in the research work.

3.1 Research objectives:

Ro1: Evaluate the degree of knowledge and comprehension regarding cervical cancer prevention among various occupational categories.

Ro2: To assess opinions regarding the suitability and efficacy of cervical cancer public health communication tactics.

Ro3: To determine how support for raising awareness of cervical cancer through media outreach and education varies by occupation.

3.2 Research hypothesis: The alternative hypothesis of the study is given below:

Ha1: There is an association between the occupation of the respondent and the necessity of education about cervical cancer prevention.

Ha2: Relationship between occupation of the respondent and frequently awareness campaigns can better address cervical cancer prevention.

Ha3: Relationship between occupation of the respondent and the effective reach of Communication channels in their rural and urban populations.

Ha4: Relationship between occupation of the Respondent and their requirement of improvement in public health communication strategies to ensure broader and more effective reach.

Ha5: Relationship between occupation of the Respondent and their awareness about cervical cancer vaccinations is increasing through different media channels.

3.3 Theoretical framework: The present study is based on the 'Uses and Gratifications Theory.' According to this view, people use the media to satisfy specific wants and requirements. Previous media theories suggested that media users were passive. In contrast, this paradigm views media users as active. According to it, people choose media based on their wants and preferences. They then absorb media and become aware of themselves as a result of the knowledge they obtain. Jay Blumler and Elihu Katz introduced the 'Uses and Gratifications Theory' in 1974. With the shifting forms and rising prominence of media, the importance of research into this idea has expanded.

3.4 Research design: The approach used in the present research is quantitative. We applied a cross-sectional research design to get data from the population. As per the research objectives' needs, we used the survey method as a primary source of data collection.

3.5 Sample design: The researcher used purposive sampling for data collection from various regions of Rajasthan.

3.6 Timeframe of the study: The study was conducted between August 2024 and July 2025.

3.7 Variable: For the present study, the researcher has taken both independent and dependent variables.

As independent variables, the study uses demographic data, which includes occupation of different community such as home makers, Private-employed, Government employ, Self-employed, and Others. On the other hand, for the dependent variable, the study used the opinions of the respondents on the various issues

3.8 Research tool: To complete the research work, we used SPSS 20, MS Office, Google, and other web applications.

4.0 Data analysis and interpretation: The researchers have applied cross-tabulation analyses and chi-squared test for measuring correlations.

4.1: Crosstabulation of respondents' occupation and their opinion on the necessity of education for cervical cancer prevention.

Occupation of the Respondent	Necessity of education for cervical cancer prevention.				
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Homemaker	3.4%	0.9%	1.7%	17.9%	76.1%
Government employed	3.4%	0.9%	1.7%	17.9%	76.1%
Private-employed	9.9%	2.2%	6.6%	20.9%	60.4%
Self-employed	1.8%	3.5%	12.3%	12.3%	70.2%
Other	4.8%	4.0%	7.2%	20.8%	63.2%

Table 4.1 reveals a strong consensus across all occupational groups that education on cervical cancer prevention is essential. The highest proportion of strong agreement is observed among homemakers and government-employed women (76.1%), followed by self-employed women (70.2%), respondents from other occupations (63.2%), and private-sector employees (60.4%). Additionally, 20.9% of private employees and 20.8% of those in other occupations agree with the statement, along with 17.9% each of homemakers and government employees, and 12.3% of self-employed women. Neutral responses are relatively low, with 12.3% of self-employed women and 6.6% of private employees' undecided.

4.2: Crosstabulation of respondents' occupation and their opinion on the frequently awareness campaigns can better address cervical cancer prevention.

Occupation of the Respondent	Frequently awareness campaigns can better address cervical cancer prevention				
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Homemaker	5.1%	19.7%	3.4%	18.8%	53.0%
Government employed	4.5%	18.2%	9.1%	53.0%	15.2%
Private-employed	4.4%	15.4%	13.2%	52.7%	14.3%
Self-employed	5.3%	10.5%	21.1%	54.4%	8.8%

Other	3.2%	22.4%	27.2%	33.6%	13.6%
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Table 4.2 clearly indicates that 53.0% of homemakers strongly agree that frequent awareness campaigns can more effectively address cervical cancer prevention. Similarly, 15.2% of government employees, 14.3% of private employees, 13.6% of respondents from other occupations, and 8.8% of self-employed respondents also strongly agree with this statement. In terms of agreement, 53.0% of government employees, 52.7% of private employees, 54.4% of self-employed respondents, 33.6% of those in other occupational groups, and 18.8% of homemakers express that they agree with the statement.

A considerable proportion of respondents remain undecided, including 27.2% from other occupations, 21.1% of self-employed respondents, 13.2% of private employees, 9.1% of government employees, and 3.4% of homemakers. A notable share of respondents disagrees with the statement, comprising 22.4% from other occupations, 19.7% of homemakers, 18.2% of government employees, 15.4% of private employees, and 10.5% of self-employed respondents.

Only a small fraction strongly disagrees that frequent awareness campaigns could better address cervical cancer prevention, including 5.3% of self-employed respondents, 5.1% of homemakers, 4.5% of government employees, 4.4% of private employees, and 3.2% from other occupational categories.

4.3 Crosstabulation of respondents' occupation and their opinion on the communication channels are effectively reaching rural and urban populations.

Occupation of the Respondent	Communication channels are effectively reaching rural and urban populations.				
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Homemaker	20.5%	59.0%	7.7%	6.0%	6.8%
Government employed	16.7%	21.2%	25.8%	21.2%	15.2%
Private-employed	35.2%	26.4%	13.2%	15.4%	9.9%
Self-employed	12.3%	42.1%	24.6%	17.5%	3.5%
Other	16.8%	24.8%	23.2%	32.8%	2.4%

Table 4.3 shows significant occupational disparities in perceptions of communication channels' effective reach to rural and urban communities. Homemakers had the highest level of disagreement (59.0%), followed by self-employed people (42.1%), private employees (26.4%), respondents from other occupations (24.8%), and government employees (21.2%).

Strong disagreement was indicated by private employees (35.2%), homemakers (20.5%), respondents in other occupations (16.8%), government employees (16.7%), and self-employed individuals (12.3%). Government employees (25.8%) and the self-employed (24.6%) had the highest percentage of undecided responses, followed by respondents from other occupations (23.2%), private employees (13.2%), and homemakers (7.7%).

Respondents from other occupations (32.8%) agreed with the effective reach of communication channels the most, followed by homemakers (6.0%), government employees (21.2%), independent contractors (17.5%), and private employees (15.4%). Government workers were the ones who strongly agreed (15.2%), followed by private workers (9.9%), homemakers (6.8%), independent contractors (3.5%), and people in other professions (2.4%).

4.4 Crosstabulation of respondents' occupation and their opinion on the improvement in public health communication strategies to ensure broader and more effective reach.

Occupation of the Respondent	Improvement in public health communication strategies to ensure broader and more effective reach.				
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Homemaker	6.0%	1.7%	1.7%	63.2%	27.4%
Government employed	9.1%	0.0%	9.1%	51.5%	30.3%
Private-employed	4.4%	3.3%	6.6%	33.0%	52.7%
Self-employed	3.5%	1.8%	7.0%	43.9%	43.9%
Other	3.2%	4.8%	10.4%	52.0%	29.6%

The statistics in table 4.4 show substantial support across all occupational categories for enhancing public health communication tactics in order to attain a broader and more effective reach. Homemakers had the highest level of agreement (63.2%), followed by those from other occupations (52.0%), government employees (51.5%), and the self-employed (43.9%). Strong agreement was noted among private employees (52.7%) and self-employed (43.9%), as well as government employees (30.3%), other occupations (29.6%), and homemakers (27.4%).

Neutral replies were rather low overall, with a surge among respondents from other occupations (10.4%) and government employees (9.1%). Disagreement and strong disagreement were rare across all occupational groups, with no group reporting more than 9.1% overall unfavourable comments.

4.5: Crosstabulation of respondents' occupation and their opinion on the awareness about cervical cancer vaccinations is increasing through different media channels.

Occupation of the Respondent	Awareness about cervical cancer vaccinations is increasing through different media channels				
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Homemaker	3.4%	9.4%	53.8%	24.8%	8.5%
Government employed	4.5%	16.7%	25.8%	47.0%	6.1%
Private-employed	4.4%	34.1%	20.9%	36.3%	4.4%
Self-employed	3.5%	36.8%	29.8%	24.6%	5.3%
Other	2.4%	13.6%	23.2%	50.4%	10.4%

The data provided in table 4.5 shows that different professions have different opinions about how the media might raise awareness about the increasing of cervical cancer vaccines. The significant percentage of indecisive responses (53.8%) from homemakers' points to a lack of knowledge or little media coverage of this issue. With almost half agreeing and roughly 6–10% strongly agreeing, government employees and those in the other category show stronger agreement. On the other hand, disagreement levels are higher among self-employed and privately employed groups (34.1% and 36.8%, respectively), suggesting scepticism or little exposure. Overall, the media has an inconsistent impact on different jobs, as evidenced by the large agreement among government-employed and other respondents but the significant hesitation and disagreement among other categories.

4.2 Testing the hypothesis: In the present part, we check the hypothesis based on the Pearson Chi-Square test.

Ho1: Relationship between the occupation of the respondent and their views on the necessity of education for cervical cancer prevention.

Pearson Chi-Square	Value	DF	P. Value
	42.414 ^a	16	.000

There is an association between the occupation of the respondent and their views on the necessity of education for cervical cancer prevention because p-value 0.000 is less than the standard significant level i.e. 0.05. Hence, we reject the null hypothesis i.e. "There is no association between the occupation of the respondent and their views on the necessity of education for cervical cancer prevention."

Ho2: Relationship between occupation of the respondent and frequently awareness campaigns can better address cervical cancer prevention.

Pearson Chi-Square	Value	DF	P. Value
	113.844 ^a	16	.000

There is an association between occupation of the respondent and frequently awareness campaigns can better address cervical cancer prevention because p-value 0.000 is less than the standard significant level i.e. 0.05. Hence, we reject the null hypothesis i.e. “There is no association between the occupation of the respondent and frequently awareness campaigns can better address cervical cancer prevention.”

Ho3: Relationship between occupation of the respondent and the effective reach of Communication channels in their rural and urban populations.

Pearson Chi-Square	Value	DF	P. Value
	91.089 ^a	16	.000

There is an association between occupation of the respondent and the effective reach of Communication channels in their rural and urban populations because p-value 0.00 is less than the standard significant level i.e. 0.05. Hence, we reject the null hypothesis i.e. “There is no association between the occupation of the respondent and the effective reach of Communication channels in their rural and urban populations.”

Ho4: Relationship between occupation of the Respondent and their requirement of improvement in public health communication strategies to ensure broader and more effective reach.

Pearson Chi-Square	Value	DF	P. Value
	38.164 ^a	16	.001

There is an association between occupation of the respondent and their requirement of improvement in public health communication strategies to ensure broader and more effective reach. because p-value 0.01 is less than the standard significant level i.e. 0.05. Hence, we reject the null hypothesis i.e. “There is no association between the occupation of the respondent and their requirement of improvement in public health communication strategies to ensure broader and more effective reach.”

Ho5: Relationship between occupation of the respondent and their awareness about cervical cancer vaccinations is increasing through different media channels.

Pearson Chi-Square	Value	DF	P. Value
	70.674 ^a	16	.000

There is an association between occupation of the respondent and their awareness about cervical cancer vaccinations is increasing through different media channels because p-value 0.000 is less than the standard significant level i.e. 0.05. Hence, we reject the null hypothesis i.e. “There is no association between the occupation of the respondent and their awareness about cervical cancer vaccinations is increasing through different media channels.”

5.0 Result: The majority of respondents believe that cervical cancer prevention education is essential across all professional groups. Strongly agree responses were most common among homemakers and government employees (just over three-fourths), followed by self-employed women (about seven out of ten), respondents from other occupations (about three out of five), and private sector employees (also nearly three out of five). Homemakers, more than any other occupational category, acknowledged the value of persistent public health communication initiatives, with slightly over half strongly believing that frequent awareness campaigns play a critical role in cervical cancer prevention. Self-employed women came in second, with slightly more than half supporting this viewpoint.

Nearly three-fifths of homemakers questioned the efficacy of communication routes in both rural and urban areas, the largest degree of disagreement among all occupational groups. Moreover, over one-third of private workers were very opposed. The strongest agreement, however, was found among government workers (about one-fifth) and almost one-third of people in other professions.

The majority of respondents thought public health communication tactics might be improved. Support was especially strong among homemakers, with nearly two-thirds indicating strong agreement, and among private employees, with slightly more than half strongly agreeing. Self-employed people also indicated significant support, with nearly half strongly agreeing. Government personnel and those in other occupations mostly agreed, with little disagreement across all groups. More than half of homemakers are unsure about the media's influence. Government employees have a moderate level of trust. Private and self-employed people are more inclined to disagree, casting doubt on its usefulness. Those in the Other category agree the most strongly, feeling that media works well. This shows that media influence differs by profession.

6.0 Conclusion:

This study clearly shows that across all occupational groups, there is strong recognition of the vital role

education plays in preventing cervical cancer. Most women, regardless of their professional background, appreciate the importance of awareness and education in effective prevention. However, some groups—particularly homemakers, private employees, and the self-employed—express considerable mistrust toward current public health initiatives, while individuals from other occupations tend to be more uncertain. Positive views of these initiatives are rare overall, highlighting a need for greater efforts to build trust and demonstrate impact.

Views on the effectiveness and reach of communication channels differ notably by occupation. Homemakers and private employees tend to be more doubtful, whereas government workers and others express relatively greater confidence, though strong endorsement remains limited across the board. Importantly, there is broad agreement on the need to improve public health communication strategies, especially among homemakers, private sector workers, and the self-employed, with very few opposing such efforts.

The media is generally embraced as a powerful tool to boost cervical cancer awareness, enjoying near-universal support among homemakers and strong acceptance across other groups. Nevertheless, perceptions of media influence vary by profession: government employees show higher confidence, while homemakers remain somewhat uncertain, and private and self-employed workers express notable scepticism. These differences underscore the importance of crafting tailored, occupation-sensitive communication approaches to maximize the reach and effectiveness of cervical cancer awareness campaigns.

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