

A descriptive Survey to Assess the prevalence of cervical cancer among women residing at selected areas of Indore.

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Introduction

There are a number of taboos surrounding the topic of cervical cancer, some of which include the human papillomavirus (HPV), having multiple sexual partners, engaging in sexual activity at an early age, smoking, having an impaired immune system, having multiple pregnancies, using oral contraceptives, and other sexually transmitted diseases (STDs) such as chlamydia and gonorrhoea, as well as genetic changes.

In recent years, there has been an alarming rise in the number of people who are aware that the primary cause of cervical cancer is the use of faulty sanitary napkins. This is an important development. In addition to being passed on from one person to another, the risk of developing cervical cancer is increased by a number of other factors as well. These factors include smoking and being overweight, eating at the wrong time of day, not drinking enough water, and being exposed to the sun's ultraviolet radiation, dust, and other irritants.

Because so many people get Pap tests and use liquid-based cytology, mortality rates and incidence rates for cervical cancer have gone down in developed countries. This is largely responsible for the decline. Testing for HPV DNA and visual inspection are both options that can be used in settings with limited resources.

During conventional cytology procedures, cells are spread out on a microscope slide and then fixed with a suitable fixative. In most cases, the slide will be sent to the laboratory in order to be examined. It was discovered that traditional cytology tests had a sensitivity of 72% while their specificity was found to be 94%.

Visual inspection of the cervix using acetic or Lugol's iodine to high-light precancerous lesions is a method that has been shown to be feasible and cost-effective for screening and treatment on multiple occasions. This method has been shown to be effective in a number of different situations. There is a sensitive population segment that ranges from 47 to 62 percent of the total population. Utilizing visual screening technologies allows for both the early detection of cervical cancer and a reduction in the associated mortality rate in settings with limited access to medical resources.

The lack of transportation, the women's lack of knowledge about cancer screening programmes, and the statistical evidence that more cases of cervical cancer occur in distant villages as risk factors are expected to lead the investigator to select the village for the present study. These are all considered to be risk factors. In addition, the lack of transportation is expected to lead to the women's lack of knowledge about cancer screening programmes.

Methodology

The researcher utilised a descriptive study design in addition to a quantitative survey method for the research. The investigation involved participation from two hundred different women in the age range of 30 to 50 from the city of Indore in the Indian state of Madhya Pradesh. The participants were selected through the use of non-probability convenient sampling, and the data were obtained from a total of 200 samples. The Primary Health Care Center (PHCmedical)'s officer approved the gathering of data and gave his blessing to move forward with the project. Screening was conducted using a visual inspection approach, and the results were judged according to the inclusion and exclusion criteria. Analyses of both descriptive and inferential statistics were performed on the gathered information in order to facilitate the accomplishment of the aforementioned objectives. For the purpose of determining the prevalence of cervical cancer, a modified version of the "Anderson Healthcare Utilization Model" was utilised, and data on demographic factors, menstrual data, obstetric and gynecologic data, and visual inspection methods were all considered.

The results as well as the discussion

According to demographic factors, the age range of 41 to 45 was associated with the greatest number of positive instances (60 percent) and the greatest number of negative cases (29 percent). Although there were 29.2 percent of positive examples of illiterate women in the workplace, 70.8 percent of the examples were not positive. Among the Coolie workers, there were 77 percent positive instances, and 68.7 percent negative cases. It was discovered that twenty percent of husbands worked as coolies in advantageous situations, while ten percent of husbands worked as coolies in unfavourable situations. Before the age of 20, happy marriages made up 66 percent of all unions, while unhappily married couples made up 44.2 percent of all marriages that occurred before that age. When it came to the length of their marriage, those who scored positively had been married for over ten years 30 percent of the time, while those who scored negatively had been married for over ten years 789.9 percent of the time.

In the positive examples, only 45 percent of the husbands reported drinking alcohol, whereas in the negative examples, 61.5 percent of the husbands reported drinking alcohol. In the vast majority of positive cases, there was no prior knowledge, whereas in the vast majority of negative cases, there was no prior knowledge. 75 percent of positive cases and 61.5 percent of negative patients had their first menstrual period between the ages of 13 and 15, respectively, when it comes to menstrual characteristics. A normal menstrual cycle was experienced by 75% of those who tested positive for the presence of the virus, compared to 78% of those who tested negative for the presence of the virus. The duration of the menstrual flow was, on average, between four and six days for seventy-five percent of those who tested positive and between four and five days for fifty percent of those who tested negative.

66% of those who tested positive for the presence of the virus had menstrual cycles that lasted between 21 and 35 days, while 67% of those who tested negative for the presence of the virus had cycles that lasted between 21 and 35 days. Patients with a positive test result (69 percent) and patients with a negative test result (88 percent) both reported that they did not experience menorrhagia in their respective cases. 77 percent of the time, individuals who tested positive for dysmenorrhea reported having the condition, compared to 43 percent of individuals whose symptoms were nonexistent. In this particular study, a total of 87.8 percent of patients who tested positive and 88.8 percent of patients who tested negative reported having no symptoms of metrorrhea.

Factors that put women between the ages of 30 and 50 at risk for developing cervical cancer (between the ages of 30 and 50) After conducting an exhaustive investigation, this was discovered in each of the 200 samples that were taken. Only 4% of the samples tested positive for cervical cancer, whereas the remaining 96% of samples tested negative for the disease. The findings of this investigation were supported by the findings of Durowadeet's investigation (2014). (2014). According to the data from the poll that was cited, more than 95 percent of the samples came back with negative results. The results that Anil obtained from an investigation that was similar lend support to this conclusion (2010). According to the findings of the survey, only 8 percent of respondents experienced a positive outcome, whereas 84 percent experienced a negative consequence. According to the author of the study, who conducted the research, it was discovered that a strategy involving visual inspection worked well in scenarios in which resources were limited.

If a woman is between the ages of 30 and 50 and has regular menstruation, obstetrics, and gynaecology, then she has an increased risk of developing

cervical cancer. [Citation needed] The significance level of $P < 0.05$ indicates that there is a significant association between the incidence of cervical cancer and many demographic factors, including age, education level, occupation, and marital status. We found no correlation between the spouse's work, the length of the marriage, or prior knowledge of the visual inspection approach using a p -value of 0.05. This was the result of our investigation.

Although there is a link between cervical cancer and menstrual factors at a $P < 0.05$ level, such as the duration of monthly flow and dysmenorrhea, this link does not exist at a $P > 0.05$ level.

In this study, a correlation was found between the prevalence of cervical cancer and certain obstetric and gynaecological variables at $P < 0.05$ (such as parity, method of delivery, contraceptive type and colour discharge, amount of discharge, dyspareunia, post-coital bleeding, and presence of pruritus vulvae), but not at $P > 0.05$ (such as place of birth and the number of abortions). This study also found that there was no correlation between cervical cancer. According to the results of the investigation, there was a certain degree of consensus among those who were questioned. Post-coital bleeding was strongly associated with the type of contraception used, high parity, and age, but not with a husband's degree, career, place of residence, or social behaviour, the researchers found. In order to determine whether or not any of the women who took part in the survey had any factors that increased the likelihood that they would develop cervical cancer. According to the findings of the current research, 66 percent of the samples were married before the age of 20, 63 percent of the samples had more than one child, and every single sample belonged to a socioeconomically disadvantaged background. Participants in the study were found to have a greater risk of developing cervical cancer if they were older, had more pregnancies, had more sexual partners, used contraception for a longer period of time, or had a family history of the disease. According to the findings of the researcher, a significant number of the individuals who took part in this trial were at an elevated risk of developing cervical cancer in the foreseeable future.

Conclusion:

Based on the results of our investigation, we can draw the following conclusions: The findings of this study suggest that a visual examination is sufficient to diagnose cervical cancer in a woman. [Citation needed] [Citation needed] It's the best choice if you want to maximise productivity, ease of use, and minimum time commitment for training. The visual inspection method is something that can be taught to nurses as well as paramedics. The required

training period is only five to fourteen days. This enables it to be utilised in settings that are not associated with hospitals, as well as hospitals. In settings with limited access to resources, large-scale screening can be accomplished through the use of visual inspection techniques.

Reference

1. Asian Journal of Obstetrics and Gynaecology Practice, 2016, vol:2, page no:7
2. Indian Journal of cancer, 2014, vol:51, page No:124-128.
3. Indian Journal of Community Medicine 2015, Vol:3, page No:1-6
4. Indian Journal of Medical Research(2012), vol:136, page No: 205-210.
5. International Journal of Gynecology and obstetrics, 2012, vol: 119, Page No: 262-265
6. IOSK Journal of Nrsing and health science, 2014, vol:3, Page No: 51-55.
7. IOSR Journal of Dental and medical science, 2012, vol:1, page no:1-4.
8. Journal of Nursing education and practice 2016, Vol:6, page no: 76-87.
9. Journal of preventive Medicine HYG, 2012, Vol:53, page no: 213-219
10. M. Leyva et. al., / Californian Journal of health promotion, 2006, Vol:4, Page No: 13-24.
11. NHL journal of Medical Sciences, 2013, Vol:2, page No:65-68.