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A study to identify risk for cervical cancer among women residing in selected rural areas of Haryana

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Abstract

Objective: to identify the risk for cervical cancer among women residing in village Simbla, Dist. Ambala Haryana.

Methods: Quantitative approach, Non experimental descriptive study was conducted on risk assessment for cervical cancer with 100 women at village Simbla, Dist Ambala Haryana. Convenient sampling technique was used and the data was collected by structured risk questionnaire with interview technique.

Result: All (100%) women were at risk as they have never gone for pap test and for vaccination of cervical cancer. 60.67% didn't use any contraceptive device and 47% women didn't take 5 servings of fruits and vegetables per day.

Conclusion: The study concluded that all the women at risk for developing cervical cancer as one or more factors are contributing in developing cervical cancer.

Keywords: Cervical Cancer, Risk.

1. Introduction

Cancer starts when cells in a part of the body start to grow out of control. Instead of dying, Cancer cells continue to grow and form new, abnormal cells^[1]. Many a time people wonder how cancer is caused. Studies have shown there are many reasons for developing cancer in human beings. Some of them are Chemicals, Diet and exercise, obesity, radiations, infection, physical agents, Hormones or genetic changes^[2]. The second most common cancer among women worldwide is cervical cancer. Cancer of Cervix develops in the tissues of cervix, which is a part of female reproductive system. The cervix connects the upper body of uterus to the vagina. The most common cause for developing cervical cancer is Human Papilloma Virus (HPV) which is a sexually transmitted infection^[3].

The worldwide approximately 527,624 new cases are diagnosed annually, with 288,000 cases dying due to cancer of cervix. In Southern Asia, the incidence rate is around 145,946, while in India it is 122,844. India represents 26.4% of all women's deaths due to cervical cancer globally and China, Bangladesh, Pakistan, Indonesia and Thailand also viewing high death rate. In India every year 67,477 die with cervical cancer. Cervical cancer is the most important cancer in Indian women over the past two decades. In urban areas, cervical cancer accounts for over 40% of cancers while in rural areas it accounts for 65% of cancers. It is being estimated that the number of cervical cancer cases and deaths are estimated to increase by 2025 to 203.757 and 115.171 respectively^[4].

Cervical cancer is preventable and that the mortality can be reduced if there is adequate knowledge regarding early screening test^[5].

A cross sectional descriptive study was conducted to determine risk factors for cervical cancer in Izmir on 1,637 women. Data collection tool was four part questionnaire and technique was face to face interview. During the data collection process, the women were given group training to increase awareness of cervical cancer. It was found that 70.3% of the women experienced at least one pregnancy, 71.0% had vaginal delivery and 75.9% used a contraceptive method. This study showed that the risks related to cervical cancer i.e, vaginal delivery, vaginal lavage and having three or more pregnancies had the maximum rates, while

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having sexual intercourse before 16 years of age and having more than one sexual partner constituted lower rates. 82.4% women not having a smear in the last three years [6]. A cross sectional survey was conducted on perceptions of risk and barriers to previous cervical cancer screening for 219 women attending MCHFP clinic of MTRH, Eldoret, in Kenya. Consecutive sampling technique was used to collect data. Women over 30 years were more likely to have screened before .i.e 12.3% ($p=0.012$). While 22.8% felt that they were at risk of the cervical cancer, 65% of all participants, nevertheless, wished to be screened. Perception of being at risk was significantly associated with a felt need for screening ($p=0.002$), an association that persisted only for women reporting multiple lifetime sex partners ($p=0.005$). Fear of abnormal results and lack of finances were the commonest barriers to screening reported by 22.4% and 11.4% of respondents, respectively [7].

A survey was conducted on the prevalence of cervical neoplasia and examine factors associated with high-grade cervical squamous intraepithelial lesions (HSIL) among 728,704 women in Beijing. Data was collected by cervical cancer screening case record cards. The study findings by the Univariate and multivariate logistic regressions shows that the prevalence of cervical neoplasia is relatively high in women in age group of 46–55 years (adjusted odds ratio [aOR] = 1.15, 95% CI: 1.07–1.44, compared with the 25–35 age group), bleeding after intercourse (aOR = 2.08, 95% CI: 1.40–3.10), and presence of trichomonas vaginalis infection (aOR = 2.62, 95% CI: 1.35–5.07), cervical inflammation (aOR = 4.22, 95% CI: 3.39–5.26), and genital warts (aOR = 3.89, 95% CI: 2.54–7.70). High education level (college and above compared with junior middle school or lower) was found to be protective (aOR = 0.79, 95% CI: 0.37–0.90) [8].

Methodology

The Quantitative research approach with Non experimental descriptive design was selected for the present study. A formal approval was obtained from the authorities and ethical consent was obtained from all subjects. A total of 100 women who were residing in the village simbla, Dist, Ambala selected by convenient sampling technique. Participants were eligible if they were in the age group of 21-65 years, available throughout the study period and willing to participate, were able to speak and understand Hindi. Participants who had undergone Total or radical hysterectomy and were already diagnosed with cervical Cancer or any other type of cancer were excluded from the study. Structured risk assessment questionnaire was used to collect the data.

Selected variables and risk assessment for cervical cancer was done with interview technique. It took 20 minutes for each sample. The data was analyzed by SPSS 16.0 version by descriptive statistics.

Result

Selected Variables in the present study were age, religion, educational level, occupation, family income, marital status, source of information for cervical cancer, undergone for pap test. Frequency and Percentage distribution was used to analyze the risk for cervical cancer among women residing in village Simbla, Dist Ambala Haryana. It shows that out of 100 women who were assessed for risk of cervical cancer (100%) had never been vaccinated for HPV. Nearly half of the women (47%) did not consume 5 servings of fruits and vegetables in a day and (35%) had the BMI >23.5 and (27%) had foul smelling vaginal discharge. Out of 89 women who were married, all of them 89 (100%) never had undergone for pap test even once. 54 (60.67%) were not using any contraceptive measures. (Table 1)

Table 1: Item wise Frequency and Percentage distribution of women in terms of risk for cervical cancer N=100

S.no.	Items	f	Risk %	Rank
	Risk Behavior			
1	BMI >23.5	35	35	IV
2	Smoking	00	00	
3	Alcohol	00	00	
4	History of more than 3 Abortions (n=89)	02	2.24	XV
5	Birth to more than three children(n=89)	09	10.11	X
6	Sexual intercourse during menstruation (n=89)	05	5.61	XII
7	Family history of cervical cancer	04	04	XIII
8	Multiple sexual partners (n=89)	00	00	
9	Spouse's multiple sexual partners (n=89)	03	3.37	XIV
10	Oral contraceptives Pills more than five years (n=89)	02	2.24	XV
11	Initial age of sex <18 years of age (n=89)	05	5.61	XII
12	Recurrent Diarrhea, upper RTIs, and Fever?	17	17	VIII
13	Sexually transmitted infections such as Chlamydia, gonorrhea, syphilis, Genital warts or HIV/AIDS	00	00	
14	Abnormal vaginal bleeding	10	10	XI
15	Foul smelling vaginal discharge	27	27	V
16	Didn't change the sanitary napkin after every 4-6 hrs in a day during menstruation	21	21	VI
17	Didn't use any contraceptive measures (n=89)	54	60.67	II
18	Didn't wash the genital area well after sexual intercourse (n=89)	12	13.48	IX
19	Didn't go for walk or exercise at least for 15-30 minutes	18	18	VII
20	Didn't have 5 servings of fruits and vegetables in a day	47	47	III
21	Haven't ever been vaccinated to prevent cervical cancer	100	100	I
22	Haven't undergone pap test (n=89)	89	100	I

Discussion

In the present study, all the women (100%) are at the risk of getting cervical cancer because no women have ever been vaccinated to prevent cervical cancer and ever gone for cervical screening but women having sexual intercourse <18 years of age is only 5% and no women having more than one sexual partner.

This study is consistent with the findings of the study conducted by Sogukpinar N. [6] who determined the risk factors of cervical cancer in Izmir, Turkey, which showed that women (82.4%) did not have the smear in the last three years and who had sexual intercourse before 16 years of age and having more than one sexual partner constituted lower rates [6].

Conclusion

The study concluded that all the women at risk for developing cervical cancer as one or more factors are contributing in developing cervical cancer.

Recommendations

- A study should be replicated on large sample to validate and generalize its findings.
- Further study can be conducted to assess the screening behavior and practice of women regarding cervical cancer with the aid of community based intervention.

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