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A STUDY TO ASSESS THE QUALITY OF LIFE AMONG WOMEN WITH CERVICAL CANCER IN SELECTED HOSPITALS AT CHENNAI

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ABSTRACT

Cervical cancer is the third most common cancer in women worldwide. Cervical cancer is a disease that develops quite slowly and begins with a precancerous condition known as dysplasia cervical cancer is a type of cancer that occurs in the cells of the cervix. The present study aimed to explore the quality of life among women with cervical cancer. The study was carried out in RMD pain and palliative care centre. Total 280 samples were included for data collection. The tool used for this study consist of four parts Part 1: Socio demographic variables of women, Part 2: Clinical variables of women, Part 3. EORTC C 30 and Cx 30. The study result showed that the women's qualities of life in regard with global health mean scores were 6.88 with the SD of 1.52. In regard with functional scales Physical functioning mean scores were 11.75 with SD of 2.69, role functioning mean scores were 5.32 with SD of 0.99, emotional functioning mean values were 12.94 with SD of 1.68, cognitive functioning mean scores were 5.13 with SD of 1.41, Social functioning mean scores were 7.03 with SD of 1.28 Sex function mean scores were 7.16 with SD of 3.57, for symptom scale the mean scores were 41.63 with SD of 3.75, symptom experience mean scores were 31.45 with SD of 2.97 for Lymph edema mean scores were 2.78 with SD of .745, for peripheral neuropathy mean scores were 3.02 with SD of .89, for Menopausal symptom mean score were 2.45 with SD of 0.75, sexual worry mean score were 1.91 with SD of 1.10.

KEYWORDS: Cervical Cancer, Quality Of Life, Palliative Care, Functioning.





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INTRODUCTION

Cervical cancer is a type of cancer that occurs in the cells of the cervix — the lower part of the uterus that connects to the vagina. Various strains of the human papillomavirus (HPV), a sexually transmitted infection, play a role in causing most cervical cancer.1 every year in India, 122,844 women is diagnosed with cervical cancer and 67,477 die from the disease. India has a population of 432.2 million women aged 15 years and older who are at risk of developing cancer. It is the second most common cancer in women aged 15-44 years.2 India also has the highest age standardized incidence of cervical cancer in South Asia at 22, compared to 19.2 in Bangladesh, 13 in Sri Lanka, and 2.8 in Iran. Therefore, it is vital to understand the epidemiology of cervical cancer in India. 3 However treatment modalities are associated with long term side effects that significantly impacts quality of life (QOL) in cervical cancer survivors. The study was conducted to explore the quality of life. The study was conducted to explore the quality of life.

MATERIALS AND METHODS

The study was carried out in RMD Pain and Palliative care centre, raghavaiah road, T.nagar, Chennai, Tamil nadu. The sample included were women with cervical cancer who were attending RMD Pain and Palliative care centre. After obtaining consent from the women, one point data collection was done. The total sample size was 280, and the sampling method used was purposive sampling technique. The tool Consist of four parts, Part 1: Socio demographic variables of women, Part 2: Clinical variables of women, Part 3, EOTC C30 CX24. The results were calculated and tabulated with regard to quality of life. The inclusion criteria were, Women diagnosed with cervical cancer and undergoing regular treatments, and who are willing to participate in the study, women currently receiving treatment for at least three months, and women with age limits between 18 to 60 years. The exclusion criteria were women who was having other health problems

along with cervical cancer, and who was having physical and mental challenges.

RESULTS AND DISCUSSION

Out of 280 samples most of the women belongs to the age group of between 36 to 50 years about 152 (54.3%), and of them were 51 to 60 years 109(38.9%) and only 19 (6.8%) of them were 18 to 35 years. With regard to marital status most of the women were about 79(28.2%) and 13(4.6%) 188(67.1%). divorce/separate/widows and unmarried respectively. With regard to duration since time of diagnosis, majority of the women were in between 3 month to 3 years about 121 (43.2%), between 4 to 6 years about 89(31.8%), and 48(17.1%), 22(7.5%) of them were between 7 to 9years and 10 to 12 years respectively. With regard to cancer stage majority of the women were in stage 3 about 138 (49.3%) and 107 (38.2%), 35(12.5%), of them were stage 2 and 1 respectively and none of them were in stage 4. With regard to treatment majority of the women were underwent radiation therapy about 113(40.4%), and 102 (36.4%) of them were underwent combined therapy, only 61(21.8%) of them were received chemotherapy and 4(1.4%) of them were underwent total abdominal hysterectomy. The study result showed that the women's qualities of life in regard with global health mean scores were 6.88 with the SD of 1.52.ln regard with functional scales Physical functioning mean scores were 11.75 with SD of 2.69. role functioning mean scores were 5.32 with SD of 0.99. emotional functioning mean values were 12.94 with SD of 1.68, cognitive functioning mean scores were 5.13 with SD of 1.41, social functioning mean scores were 7.03 with SD of 1.28 .In regard with symptoms scales revealed that the fatigue mean scores were 10.47 with SD of 1.71, nausea, pain mean scores were 7.10 with SD of 1.98. and vomiting mean scores were 6.07 with SD of 1.31, role insomnia mean scores were 3.59 with SD of .69, appetite loss mean scores were 3.071 with SD of 0 .73 and dyspnoea mean scores were 2.64 with SD of .83 ,constipation mean score were 2.46 with SD of .75, diarrhoea mean score were 2.32. With SD of 0.95.

Table 1

Mean SD of Quality of Life and Its Dimensions of the women (EORTC QLQ C-30)

S.No	Variables	N	Mean	SD
1.	Global health	280	6.889	1.521
2.	Physical functioning	280	11.753	2.697
3.	Role functioning	280	5.328	.997
4.	Emotional functioning	280	12.942	1.683
5.	Cognitive functioning	280	5.135	1.412
6.	Social functioning	280	7.035	1.283
7.	Fatigue	280	10.471	1.714
8.	Nausea vomiting	280	6.075	1.316
9.	Pain	280	7.107	1.982
10.	Dyspnoea	280	2.642	.838
11.	Insomnia	280	3.592	.691
12.	Appetite loss	280	3.071	.734
13.	Constipation	280	2.460	.751
14.	Diarrhea	280	2.328	.953

Table 2
Mean, SD of quality of life of women with cervical cancer (CX-24) Quality of Life scores

SI.No	Variables	N	Mean	SD
1	Functional Symptom	280	16.339	7.601
2	Body Image	280	5.746	3.14921
3	Sex	280	1.896	1.103
4	Sex Enjoy	280	1.528	.968
5	Sex Function	280	7.167	3.575
6	Symptom Scale	280	41.632	3.759
7	Symptom Experience	280	31.457	2.971
8	Lymphedema	280	2.785	.745
9	Peripheral Neuropathy	280	3.025	.893
10	Menopausal Symptom	280	2.450	.755
11	Sexual Worry	280	1.914	1.103

CONCLUSION

Cervical cancer is one of the leading causes of death among women in India, technological development made possible advancement of the cancer treatment and increasing the cancer survivors ⁴. Hence quality of life among cervical cancer patients is very important

aspects, especially developing country like India there is a need to assess the quality of life and implement the relevant measures to cervical cancer survivors⁵.

CONFLICT OF INTEREST

Conflict of interest declared none.

REFERENCES

- 1. WHO, Cervical Cancer Estimated Incidence, Mortality and Prevalence Worldwide in 2012 [Internet]. Available from: www.who.int/entity/mediacentre/factsheets/fs297/en/- 42k
- 2. The Wall Street Journal India [Internet].May10,2013.Availablefrom:blogs.wsj.com/indiarealtime/.../india-has-highest-number-of-cervical-can.
- **3.** Sreedevi A, Javed R, Dinesh A. Epidemiology of cervical cancer with special focus on India.International Journal of Women's Health.April 2015;volume 7:405-414.
- 4. Katowa-Mukwato Patricia, Mwape Lonia, , Maimbolwa C, Margaret , Muleya C, Mutinta and Namushi L. Stress and coping with cervical cancer by patients. A qualitative inquiry 2cancer diseases hospital.2015; 167-171.
- 5. Damodar G,Gopinath S,. Vijayakumar S, and. Yedukondala Rao A. Reasons for Low Quality of Life in South Indian Cancer Patient Population: A Prospective Observational Study. Indian J Pharm Sci. 2014; 76(1): 2–9.