Quality of Life of Women Living with Cervical Cancer in Dharmapuri

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Abstract
Women living with cervical cancer are increasing in everyday life especially in the developing countries. The prevalence of cervical cancer among women increases by 28.8% of the total cases annually (Zeng, Ching and Long, 2010). One of the common widespread gynecological malignancies worldwide among women is cervical cancer (Seigel R. et. al, 2012).The women with cervical cancer relatively have five year survival rate was estimated for around 91.5%. The treatment for cervical cancer is effective when compared to the past decades. The different methods oftreatment such as surgery, radiotherapy or chemotherapy are available for treating patients with cervical cancer. The quality of life of women with cervical cancer needs due attention by the health care professionals towards the cancer survivors in improving their quality of life. The women with cervical cancer may have different perspective towards quality of life. The cancer survivors in Western countries stated quality of life as being healthy and independent in reclaiming life and having psychological well-being and better social relationships (Khalil, J., Bellefqih, et. al., 2015).Descriptive research design was used in this study among 60women respondents living with cervical cancer. The respondents are selected fromDharmapuri Medical College Hospital those who are in the process of cancer treatment. In this study an attempt was made to analyze the quality of life of women living with cervical cancerin Dharmapuri.
Keywords: Women with cervical cancer, Dharmapuri and Quality of life

Introduction

Cervical Cancer is termed as the fourth most common cancer among women worldwide is one of the leading malignancies for Indian women. The occurrence of cervical cancer among rural women accounts for 37% whereas among the urban women it accounts for 16% (Nandakumar, Ramnath and Chaturvedi., 2009). The common age group of getting cervical cancer is between 30 - 40 years, but there is a bimodal increase which occurs after 70 years with an increased rate of mortality (Kokawa, Takekida, et al., 2010).

Cervical cancer mainly affects families with lower socioeconomic groups, worldwide 85% of the population is living in developing countries (Ferlay J., Soerjomataram, et al., 2013). The major reason behind the cause of cervical cancer includes lack of access to health care services which includes screening and treatment of precancerous lesions; sexually transmitted Human Papilloma Virus (HPV) was also identified as one of the major cause of cervical cancer. The incidence and mortality of cervical cancer have largely reduced over the past 50 years with the support of treatment facilities and technologies.

Women with cervical cancer experience physical, psychological, social, functional, medical and sexual disruptions. The diagnosis and treatment of cervical cancer also result in tremendous burden in daily life (Grumann, et al., 2001) .The physical effects and treatment of cervical cancer are numerous and it includestiredness, pain, bladder dysfunction, and vaginal and bowel problems. Apart from this, the cervical cancer survivors have reported psychological distress such as anxiety, anger, and mood disturbance. Additionally, the side effects of sexual and reproductive problems result in the treatments for cervical cancer which includes reduced sexual desire, premature menopause, loss of fertility, and a reduction in vaginal elasticity. This often results in pain and impaired sexual functioning among the survivors of cervical cancer.

Methods & Materials

The study objectives were: i) To study the personal and social demographic background of the women with cervical cancer ii) To analyze the quality of life of women with cervical cancer, and iii) To assess the relationship between a personal profile and quality of life of women with cervical cancer.
The study was conducted with a sample of 60 women living with cervical cancer who are in the process of treatment in Dharmapuri Medical College Hospital. The study employed simple random sampling to capture the women with cervical cancer population. The descriptive research design was adopted in this study to find out the quality of life of the respondents.

A structured questionnaire was framed and administered to the respondents to collect the primary data. Participants are asked to provide information socio-demographic information such as age, gender, marital status, domicile, occupation and income. Apart from this informations about the treatment of cancer and expectations from the family were measured. Another part of the questionnaire was the quality of life of women with cervical cancer. The tool used to measure the Quality of life of the respondents was adopted from the World Health Organization Quality of Life (WHO QOL - BREF) assessment tool. The WHO QOL-BREF is a self-reported scale consisted of 26 items. Among those 26 items, two items are framed to measure overall Quality of life and general health. The balance 24 items consist of four domains which measure physical health, psychological health, social relationships, and environment. All items were presented on a 5-point Likert scale. The internal consistency for physical health, psychological health, social relationships and environment was 0.60, 0.73, 0.71, and 0.64 respectively.

Statistical tools namely simple percentage analysis and Karl Pearson correlation analysis were used to analyze the primary data. Secondary data for the study have been collected from various articles in journals, magazines, websites and books.

Results & Discussion

Table No 1 shows the classification of the respondents based on socio-demographic profiles such as their age, gender, marital status and religion.

Table 1

S.No	Demographic Variable		Frequency	%
1	Age	18 - 25 years	11	18.3
		26 - 30 years	13	21.7
		31 - 40 years	25	41.7
		41 - 50 years	6	10
		51 - 60 years	5	8.3
Total			**60**	**100**
2	Marital status	Single	8	13.3
		Married	39	65
		Divorcee	13	21.7
		Separated	0	0
Total			**60**	**100**

3	Religion	Hindu	34	56.6
		Muslim	10	16.7
		Christian	16	26.7
Total			**60**	**100**

From the above Table 1 it is clear that

- 41.7 percent of the women with cervical cancer belongs to the age group of 31 - 40 years.
- Nearly 2/3rdof the women with cervical cancer comprising 65 percent are married.
- More than half of the respondents 56.6 percent are Hindus.

Table 2 shows the classification of the respondents based on their opinion about the causative factor in cancer

Table 2

S.No	Causative Factor in Cancer	Frequency	%
1	Tobacco	23	38.3
2	Alcohol	5	8.3
3	Food habit (Spicy foods)	7	11.7
4	(Hepatitis B) h/o Jaundice	11	18.3
5	Stress	14	23.4
Total		**60**	**100**

Table No: 2 revealthe causative factor that lies behind cancer. Among the total respondents, 38.3 percent responded that using tobacco is the major causative factor behind cancer followed by stress with 23.4 percent. The other factors that are responsible for causing cancer include Jaundice (18.3%), food habits (11.7%) and the least 8.3 percent of the women with cervical cancer responded the reason as the usage of alcohol.

Table 3 shows the classification of the respondents based on their opinion about the risk factors for cancer.

Table 3

S.No	Cancer Risk Factors	Frequency	%
1	Alcohol	13	21.7
2	Smoking	11	18.3
3	Life style	26	43.3
4	Radiation	6	10
5	Pills	4	6.7
Total		**60**	**100**

The Table No: 3depict the risk factors of cancer. Nearly half of the women with cervical cancer 43.3 percent state that life style is the major risk factor. This shows that change in life style has a major impact on the health of the individual, followed by this is contributed by alcohol consumption with 21.7 percent, smoking (18.3 percent) and less contributing factors are radiation (10 percent) and consumption of pills (6.7 percent).

Table 4 A Relationship between Family's Expectation, Stigma and Quality of Life

	Family's Expectation	Stigma	Quality of life
Family's Expectation	1	.186**	0.234**
Stigma		1	.103**
Quality of life			1

**0.01 level of Significance

Family's expectation regarding the capacity of patients, Stigma and Quality of life of women with cervical cancer are related to each other by using Karl Pearson's Correlation analysis. The obtained Pearson Correlation value helps to know about the strength and direction of the relationship that exists between the variables. The dependent variables that have a positive and significant relationship with each other were explained in table 4.

Family's expectation regarding the capacity of patientswas found to have a positive relationship with the other two variables such as Stigma ($r = .186$, $p<0.05$) and Quality of life ($r = .234$, $p<0.05$). Similarly, Stigma has a positive relationship with Quality of life ($r = .103$, $p<0.05$) of women with cervical cancer.

Conclusion

In India, women with cervical cancer survivors are increasing concerning different habits and way of life. This study analyzed the quality of life of women with cervical cancer in Dharmapuri by measuring their physical health, psychological health, social relationships and environment. It was observed that they are having a moderate level of psychological health and physical health. It was also reported that the social relationship with cervical cancer survivors need to be enhanced so that their overall quality of life will be improved. Hence, the women with cervical cancer for having a better quality of life has to be given much attention to their aspects by enhancing their recreational and social relationship in the environment.

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