

## **Assessment of Risk Factors of Cervical Cancer among Married Women in Selected Coastal Region, Kerala - A Descriptive Study**

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### **ABSTRACT**

**Aim and objective:** To assess the risk factors of cervical cancer among married women in selected coastal region, Kerala.

**Methodology:** A non experimental descriptive research design was used, using 100 married women who satisfy the inclusion criteria were selected as samples from coastal region using non probability purposive sampling technique and the risk factors of cervical cancer among married women were assessed through structured interview schedule.

**Results:** The risk factors for cervical cancer found to be associated are early age at first coitus, extra marital relationship, number of birth given and using cloth as sanitary napkin. These findings showed that the fisher women are at risk of developing cervical cancer as they had many factors contributing to it.

**Conclusion:** The researcher identified various risk factors of cervical cancer among married women in coastal region and also the study revealed that there were selected risk factors which had statistical significant association with their demographic data. Mass awareness and screening programme can be initiated to reduce the magnitude of the problem.

**Keywords:** Associated factors, coastal region, cervical cancer, fisher women

### **INTRODUCTION**

Cancer can have severe health consequences, and it is a leading cause of death. Breast, lung, uterine cervix, and stomach cancer are most common among

women. Cervical cancer is the second most cancer among woman and is the primary cause of cancer related deaths in developing countries. More than 60% of world's total new annual cases occur in Africa, Asia and Central and South America. These regions account for 70% of the world's cancer deaths. Rural women are at higher risk of developing cervical cancer as compared to their urban counterparts.

In India more women die from cervical cancer than in any other country, it kills around 72,000 women every year (National Cancer Control Programme, 2012). Some of the most common cancer types, such as breast cancer, cervical cancer, oral cancer and colorectal cancer have high cure rates when detected early and treated according to best practices. (World Cancer Report, 2014)

Cervical cancer tops the list of cancers in women in the rural belt while any Kerala study. It could be a comment on the changing lifestyle and hygiene habits of the urban and the rural population that is reflected in the registry, but experts point out that there are practical difficulties in making it a scientific comment.

### **Objective**

To assess the risk factors of cervical cancer among married women in the coastal region.

### **METHODOLOGY**

A non-experimental descriptive research design was adopted to assess the risk factors of cervical cancer among married women in selected coastal region,

Kerala. The sample size consisted of 100 married women who fulfilled the inclusion and exclusion criteria and were selected through non probability purposive sampling technique. The study was conducted at the coastal region of Thrikkunnappuzha, Alappuzha District. It covers about 26,790 coastal women population, in that 9850 women were between the age group of 20-50 years.

The tool consisted of 2 parts demographic variables and structured interview schedule to assess the various risk factors.

### Section A: Demographic data

Consisted of demographic variables which included age, religion, educational status of women, educational status of husband, monthly family income, occupation of wife, husband occupation and marital status.

### Section B-Structured Interview Schedule

A structured interview schedule was developed to assess the risk factors of cervical cancer among married women in the coastal region. It comprised of 26 questions about personal factors such as Tobacco usage and alcohol, menstrual and perineal hygiene factors such as type of sanitary napkin, change of sanitary napkin, drying of used cloth napkin and washing of perineum, sexual factors such as vaginal douching after coitus, frequency of sexual intercourse, extra marital relationship, premarital sex and age of first sexual debut, family welfare and gynecological factors such as use of temporary family planning methods, intra uterine device usage (copper T), problem in uterus, vaginal discharge, post coital bleeding and husband having problem.

A formal permission was obtained from the Ward member of Thrikkunnappuzha Panchayath, Alappuzha district, Kerala The investigator selected 100 samples, who fulfilled the sample selection criteria by using non-probability purposive sampling technique. The investigator obtained verbal

and written informed consent from the participants after introducing herself and explained the purpose of the study. The investigator went to the participants' residential places and made them to sit comfortably in a well-ventilated room. The investigator used structured interview schedule to assess the risk factors of cervical cancer which took about 15 to 20 minutes. The confidentiality regarding the data was assured to win their cooperation during data collection. After data collection, their doubts were clarified and the pamphlets were distributed regarding awareness of cervical cancer.

## RESULTS & DISCUSSION

### Description of Demographic Variables of the Married Women

Frequency and percentage distribution of demographic variables of the married women With regard to age in years, 29(29%) were between the age of 36-40 years, 96(96%) of them were Hindu, 49(49%) of them were intermediate education and 55(55%) of their husband had high schooling, 80(80%) of them were earning monthly income of Rs. 1803-5386.55 (55%) of them were working in the field of knitting ropes, 83(83%) of their husband were fisherman, and all are married.

Table 1: Frequency and percentage distribution of personal risk factors of the married women. N=100

S.No.	Personal factors	No.	%
1.	<b>Tobacco usage</b>		
	Yes	-	-
	No	100	100.0
2.	<b>Alcohol usage</b>		
	Yes	-	-
	No	100	100.0
3	<b>Dietary pattern</b>		
	Vegetarian	1	1
	Ova vegetarian	-	-
	Non vegetarian	99	99.0
4.	<b>Shellfish eating</b>		
	Yes	71	71.0
	No	29	29.0
4.1	<b>If yes, frequency of eating</b>		
	Once in a month	3	3.0
	Once in 2 months	2	2.0
	Once in 3 months	13	13.0
	Once in 4 months	1	1.0
	Once in 6 months	41	41.0
	Once in a year	11	11.0

**Table 2: Frequency and percentage distribution of the menstrual and perineal hygiene factors of married women No=100**

S.No.	Menstrual and Perineal Hygiene Factor	No.	%
<b>1.</b>	<b>Age at menarche</b>		
	10-12	10	10.0
	13-15	<b>87</b>	<b>87.0</b>
	16-18	3	3.0
<b>2.</b>	<b>Regularity of Menstrual cycle</b>		
	Regular	<b>88</b>	<b>88.0</b>
	Irregular	12	12.0
<b>3.</b>	<b>Type of Sanitary Napkin</b>		
	Commercial pad	<b>67</b>	<b>67.0</b>
	Cloth	33	33.0
<b>4.</b>	<b>Change of Sanitary Napkin</b>		
	Once in a day	-	-
	Twice a day	20	20.0
	Thrice a day	<b>71</b>	<b>71.0</b>
	More than three times	9	9.0
<b>5.</b>	<b>Drying of Napkin</b>		
	Under the Sun	<b>33</b>	<b>33.0</b>
	Inside the Bathroom	-	-
	Throw in Dust Bin	-	-
<b>6</b>	<b>Washing of Perineum</b>		
	After urination	-	-
	After defecation	-	-
	Both one & two	<b>100</b>	<b>100.0</b>

**Table 3: Frequency and percentage distribution of the sexual factors of the married women N=100**

S.No.	Sexual Factors	No.	%
<b>1</b>	<b>Age of first Sexual Debut</b>		
	≤15yrs	-	-
	16-20yrs	<b>32</b>	<b>32.0</b>
	21-25 yrs	64	64.0
	26-30 yrs	4	4.0
<b>2</b>	<b>Frequency of Coitus</b>		
	Daily	-	-
	Weekly thrice	<b>17</b>	<b>17.0</b>
	Weekly twice	56	56.0
	Weekly once	14	14.0
	Once in while	13	13.0
<b>3</b>	<b>Vaginal Douching after Coitus</b>		
	Yes	<b>99</b>	<b>99.0</b>
	No	1	1.0
<b>4</b>	<b>Extra Marital Relationship</b>		
	Yes	<b>3</b>	<b>3.0</b>
	No	97	97.0
<b>4.1</b>	<b>If yes, No. of Partners (N=3)</b>		
	One person	<b>3</b>	<b>3.0</b>
	Two person	-	-
	Here person	-	-
	More than three	-	-

Association of demographic variable, the educational status of women with dietary pattern, age of women and husband occupation with frequency of coitus, monthly family income with change of sanitary napkin and educational status of women and educational status of husband with genital problem among Women were found to be high statistical significance at  $p < 0.01$  level.

The occupation of husband were found to be statistically significant association with type of family planning method at the level of  $p < 0.05$ .

**Table 4: Frequency and percentage of the family welfare practices and Gynecological problems among married women N=100**

S.No.	Family welfare practices and Gynecological factors	N	%
<b>1</b>	<b>Age at Marriage</b>		
	17-21	<b>57</b>	<b>57.0</b>
	22-24	39	39.0
	25-28	4	4.0
<b>2.</b>	<b>Duration of Marital life in years</b>		
	1-10	25	25.0
	11-20	<b>50</b>	<b>50.0</b>
	21-30	25	25.0
<b>3.</b>	<b>Number of Birth given</b>	1	1.0
	Nil		
	1	17	17.0
	2	<b>72</b>	<b>72.0</b>
	3 and above	9	9.0
<b>4.</b>	<b>Use any family planning methods</b>		
	Yes	<b>63</b>	<b>63.0</b>
	No	37	37.0
<b>4.1</b>	<b>If Yes, Type of Method</b>		
	Birth pills	-	-
	Copper T	<b>52</b>	<b>52.0</b>
	Calender Method	4	4.0
	Condom	7	7.0
<b>4.2</b>	<b>If copper T duration of usage</b>		
	5 years	1	1.0
	10 years	<b>51</b>	<b>51.0</b>
<b>5</b>	<b>Painful bleeding after coitus</b>		
	Yes	<b>1</b>	<b>1.0</b>
	No	99	99.0
<b>6</b>	<b>Genital problems(Husband )</b>		
	Yes	<b>1</b>	<b>1.0</b>
	No	99	99.0
<b>6.1</b>	<b>If yes, Specify</b>		
	Ulcer in penis	-	-
	Discharge in penis	-	-
	Rashes or ulcer in penis	-	-
	Others(Itching penis)	<b>1</b>	<b>1.0</b>
<b>7</b>	<b>Genital Problems (Women)</b>		
	Yes	<b>16</b>	<b>16.0</b>
	No	84	84.0
<b>7.1</b>	<b>If yes, Specify,</b>		
	Vaginal discharge	<b>15</b>	<b>15.0</b>
	Utero vaginal prolapsed	1	1.0
<b>8</b>	<b>Family history of cancer</b>		
	Yes	<b>25</b>	<b>25.0</b>
	No	75	75.0
<b>8.1</b>	<b>If yes N=25)</b>		
	Maternal	10	10.0
	Paternal	<b>15</b>	<b>15.0</b>

### IMPLICATIONS:

- The midwife practitioner should play a vital role in assessing the risk factors of cervical cancer, in order to reduce the morbidity rates.
- Encourage frequent screening procedures among vulnerable and high risk groups.

- Implement frequent Mass Education and Awareness Programme in order to identify the risk factors of cervical cancer.
- Incorporate the findings of the study to plan training program for all health care personnel at peripheral health units
- Collaborate with governing bodies and non-governmental organizations to create policies, mobilize resources and create awareness on cervical cancer.
- The findings of the study will help the professional nurses and nursing students to improve their knowledge and assessment techniques.
- Promote in depth research on each risk factors and its contribution towards cervical cancer.

## CONCLUSION

The researcher identified that sexual factors such as early age at first coitus, extramarital relationship, family welfare practices such as number of birth given, gynaecological factors, menstrual factors such as using cloth as sanitary napkin were the risk factors of cervical cancer among married women in coastal region. The study findings revealed that there was a statistically significant association of selected risk factors with demographic variables therefore; a woman must gain adequate awareness on control of risk factors of cervical cancer. Mass awareness campaigns and screening programme may be initiated as per the guidelines laid down by professional organizations to reduce the magnitude of the problem.

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