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A Descriptive study to assess the relation between selected demographical variables and chances of cervical cancer among women residing in Selected Villages in Indore

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Introduction

The human papillomavirus (HPV), having multiple sexual partners, beginning sexual activity at a young age, smoking, having an impaired immune system, having multiple pregnancies, using contraceptive pills, and other sexually transmitted diseases (STDs) like chlamydia and gonorrhoea, as well as genetic changes, are all taboos that are associated with cervical cancer. Genetic changes are also a risk factor for cervical cancer.

Over the course of the last few years, there has been a significant increase in the number of individuals who are aware that the major cause of cervical cancer is the use of defective sanitary napkins. Smoking, being overweight, eating at the wrong times, not getting enough water, and being exposed to the sun's ultraviolet rays, dust, and other irritants are some of the factors that have been linked to an increased risk of developing cervical cancer. Other risk factors include not getting enough water.

The widespread use of Pap tests and liquid based cytology has contributed, in part, to the decline in death and incidence rates caused by cervical cancer in industrialised nations. Little in the way of resources is needed to carry out either a DNA test for HPV or a physical inspection of samples.

In standard cytology methods, a step that involves smearing cells on a microscope slide and then fixing them in a fixative is a typical step. In most cases, the slide will be sent to a laboratory in order to undergo further testing. According to the findings, the average sensitivity of cytology tests was 72%, while their specificity was 94%.

An examination of the cervix with acetic acid or Lugol's iodine in order to detect precancerous lesions is a screening and therapy option that is both practicable and economical. Sensitivity may be found in between fifty-seven and sixty-two percent of the general population. The use of visual screening technology has the potential to lower the death rates associated with cervical cancer in areas with limited resources.

The researcher decided to conduct her study in this particular municipality because she had a strong presumption that factors such as a dearth of public transportation, women's lack of familiarity with cancer screening programmes, and a higher prevalence of cervical cancer in more rural areas would all contribute to the verification of her theory.

Methodology

This inquiry was quantitative in character and used a descriptive study technique as its research methodology. In Indore, Madhya Pradesh, one hundred different ladies between the ages of 35 and 55 took part in the study. The participants were chosen via the use of a non-probabilistic selection method known as convenience sampling, and a total of one hundred samples were analysed. The data collection was given the go-ahead by the medical director of the PHC centre, who gave it their stamp of approval. The inclusion and exclusion criteria served as a roadmap for the screening technique, which consisted mostly of visual examination. The gathered information was analysed using both descriptive and inferential statistical methods so that these objectives could be met. We were able to estimate the prevalence of cervical cancer by doing an analysis of data pertaining to demographics, menstruation, obstetrics and gynaecology, as well as visual examination, using a modified version of the "Anderson Healthcare Utilization Model."

Results

The highest concentration of both favourable (55%) and unfavourable (30%) cases was seen between the ages of 40 and 46. In spite of the fact that 29% of working women lacked literacy, 71% of those who did not possess this skill did not achieve their goals. Only 66.4% of the Coolie staff members reported feeling gloomy, whereas 77% of the staff members reported feeling hopeful. We observed that whereas 22% of partners worked as coolies in environments that were fairly pleasant, 11% of partners did so in environments that were less than ideal. Despite the fact that 66 percent of successful marriages had their start before the age of 21, just 43 percent of marriages that eventually failed did so before the age of 21. In comparison, seventy-seven percent of those who gave themselves a poor rating had been married for less than ten years, while three-fifths of those who gave themselves a high rating had been married for more than 15 years.

In the healthy marriages, 54% of the women and 62% of the husbands reported drinking alcohol. The overwhelming majority of successful instances

did not have any previous information, whereas just 51% of failed cases did. Seventy percent of women who tested positive for the presence of the hormone began menstruation between the ages of 13 and 15, whereas only 64 percent of those who tested negative did so. 72% of the people in the group that was given a positive test and 78% of the people in the group that was given a negative test had regular periods. 71% of the women who received positive findings had shorter menstrual periods (five or six days), while 55% of the women who did not get positive results had cycles that lasted six days on average.

68% of those who tested positive had menstrual periods that lasted between 22 and 31 days, while 67% of those who tested negative had cycles that lasted between 21 and 33 days. Those who tested positive for the presence of the virus were more likely to have longer cycles. Patients who reported having no symptoms of menorrhagia included both those who tested positive (70%) and those who tested negative (88%). Seventy-two percent of those who really suffered from dysmenorrhea admitted to having the condition, in contrast to just 43 percent of people who falsely claimed to have the condition. According to the results of this research, 88.2% of participants who tested positive and 89.0% of those who tested negative said that they had never had metrorrhea.

Factors that put women between the ages of 31 and 55 at risk for developing cervical cancer This was confirmed by exhaustive testing performed on a total of one hundred different samples of the product. Only seven percent of the samples had cervical cancer, whereas ninety-seven percent of the controls did not. The results of Mak's study supported the conclusions reached by this inquiry (2017). Nearly all of the polls' samples (97%) turned out to have negative results when they were analysed. These implications are supported by the results of a similar investigation conducted by Anil. Only nine percent of respondents observed a positive influence, while the remaining eighty-four percent saw a negative one. When there were few resources available, the author of the research discovered that visual inspection was the most effective form of evaluation.

There is an increased likelihood of acquiring cervical cancer among women between the ages of 31 and 55 who have had normal menstrual, obstetric, and gynaecological histories in the past. There is a significant connection between a person's age, education level, employment, marital status, and other demographic characteristics with the development of cervical cancer (P 0.05). At the 0.05 level of significance, there was no link between the professions of the spouses, the duration of their marriage, or their familiarity with the visual inspection technique. Also, there was no correlation between the length of their marriage and their familiarity with the approach.

At the threshold of P 0.05, menstrual variables such menstrual cycle length and dysmenorrhea are associated with an increased risk of cervical cancer; however, this association disappears when the level of significance is raised to $P > 0.05$.

This research found a link between the incidence of cervical cancer and specific obstetric and gynaecological features, such as site of birth and number of abortions, however it did not find a correlation between these factors when the P value was more than 0.05. [Citation needed] It would seem from the data that the respondents have certain points of agreement with one another. However, factors such as the education level, occupation, domicile, or social behaviour of the spouse were not relevant. Factors such as the kind of contraception used, a high parity, and advanced age were found to greatly increase the risk of post-coital haemorrhage. The goal of the study was to discover, among the female participants of the research project, characteristics that might have led to an increased risk of acquiring cervical cancer. According to the most recent research, 63 percent of sample participants married before the age of 25, 72 percent had several children, and one hundred percent were economically disadvantaged. Researchers found that the chance of developing cervical cancer increased with age, the number of pregnancies a woman had, the number of sexual partners she had, the length of time she went without using contraception, and the existence of a family history of the illness. The researcher claims that a sizeable section of the people under observation had genetic characteristics that made them more likely to acquire cervical cancer.

Conclusion

After doing a large amount of study, we came to the following conclusions. The outcomes of the research indicate that a visual examination of a woman's cervix is sufficient for the detection of cervical cancer in women. It is your best bet in terms of effectiveness, user-friendliness, and the amount of time required to come up to speed. The visual examination approach could be taught to nurses and emergency medical technicians. The typical amount of time spent in training is between sixteen and twenty-five days. At light of this, it is conceivable to think of putting it to use anywhere else than in a medical facility. Visual inspection approaches are able to be used for mass screening even in settings with limited available resources.

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