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Cervical Cancer Rates and Risk Factors among Women in Several Lucknow Villages: A Descriptive Study

Mr Chandra Prakash Pandey

Tutor, Career College of Nursing, Lucknow

Introduction

The human papillomavirus (HPV), having multiple sexual partners, beginning sexual activity at a young age, smoking, having a weakened immune system, having multiple pregnancies, using contraceptive pills, contracting STDs like chlamydia and gonorrhoea, and having genetic changes have all been linked to cervical cancer. Starting sexual activity at a young age is another risk factor.Alterations to a person's genetic make-up may also raise the likelihood that an individual will get cervical cancer.Over the course of the last few years, there has been a significant rise in the number of individuals who are aware of the fact that poor sanitary products are one of the primary causes of cervical cancer. Tobacco use, extra body weight, poor eating habits, dehydration, and extended exposure to the sun's ultraviolet rays, dust, and other irritants are all examples of factors that have been linked to an increased risk of cervical cancer. A lack of water is distinct from the other risk factors.The death rate associated with cervical cancer as well as the incidence rate have both decreased in industrialised nations, in part due to the increased use of Pap tests and liquid-based cytology. Either a DNA test for HPV or a physical inspection of samples may be completed with a little investment of time and money.The techniques involved in cytology begin by smearing cells on a microscope slide and then fixing them in a fixative. This is the fundamental stage in the process. Typically, the slide will be sent to a laboratory, where it will undergo further inspection. The findings showed that cytology tests had a typical sensitivity of 72 percent and a specificity of 94 percent.An examination of the cervix with acetic acid or Lugol's iodine, which looks for precancerous lesions, is a screening and therapy option that is low-cost and requires little effort. There is a possibility that between fifty-seven and sixty-two percent of the population is sensitive. Visual screening has the potential to minimise the number of fatalities caused by cervical cancer in countries with limited resources.The researcher decided to conduct her research in this particular municipality because she believed that the lack of public transportation, women's unfamiliarity with cancer screening programmes, and a higher prevalence of cervical cancer in more rural areas would all contribute to the confirmation of her theory. In addition, she believed that this particular municipality would be the most appropriate setting for her research. Methodology

Methodology

Both a quantitative and a descriptive method were used in carrying out this investigation. For the purpose of the study, questionnaires were given to 100 different women living in Lucknow, Madhya Pradesh, who were between the ages of 30 and 50. Convenience sampling, a non-probabilistic selection method, was used to pick the participants, and a total of one hundred samples were analysed in this study. The medical director of the PHC facility gave his approval for the right to collect the data. The inclusion and exclusion criteria served as a map for the screening procedure, which consisted mostly of a visual assessment. Therefore, both descriptive and inferential statistical methods were used in the analysis of the data that was gathered. We were able to arrive at an estimate of the prevalence of cervical cancer by applying the "Anderson Healthcare Utilization Model" to our data on demographics, menstruation, obstetrics and gynaecology, as well as visual examination. These factors were taken into consideration.

Results

The biggest number of people who were both positive and negative occurred between the ages of 35 and 40, with 48% and 28%, respectively. In spite of the fact that 29% of working women were illiterate, 72% of those who lacked this aptitude were unable to accomplish what they had set out to do. Only 64.2% of people working at Coolie reported feeling sad, while 78% expressed confidence about their future. According to the findings of our study, although 23% of spouses worked as servers in situations that were fairly pleasant, 12% of those same people did so in settings that were less than ideal. However, only 42% of unions that eventually failed had their beginnings before the age of 21, whereas 68% of successful unions did. Those who had a bad opinion of themselves were much more likely to have been married for a period of less than 10 years, while those who had a favourable opinion of themselves were more likely to have been married for a period of 15 years or more.It was shown that 56% of married women and 45% of married men who were pleased with their marriages consumed alcohol. In contrast, just 51% of the instances that were unsuccessful had any previous information, while the great majority of successful cases did not. Seventy percent of girls who tested positive for the hormone began menstruating between the ages of 13 and 15, in contrast to the 64 percent of girls who began menstruating by the time they tested negative for the hormone. Seventy-one percent of the people in the group with positive test results had regular periods, whereas seventy-four percent of the people in the group with negative test results did. Seventy-five percent of the women who received positive news also had shorter menstrual periods, but only fifty-six percent of

the women who received negative news had menstrual cycles that averaged six days.Comparatively, 69% of the women whose test results were positive had menstrual periods that lasted between 22 and 30 days, while 68% of the women whose test results were negative had cycles that lasted between 21 and 35 days. People who were determined to be infected with the virus also had longer cycles than the average person in the community. 74% of those who took the positive test and 82% of those who took the negative test said that they did not have any symptoms of menorrhagia. Only 44% of individuals who fraudulently claimed to have dysmenorrhea acknowledged having the condition, in contrast to the 72% of those who were really suffering from it and admitted having it. Those who tested positive for the infection claimed never having had diarrhoea 64% of the time, whereas those who tested negative for the infection reported never having had it 69% of the time.Factors that put women between the ages of 30 and 55 at risk of having cervical cancer This was determined by exhaustive testing performed on one hundred different samples of the product. Only seven percent of the samples had cervical cancer, but there was no evidence of the disease in ninety-seven percent of the controls. The conclusions of Raja's investigation were consistent with those of our inquiry (2021). The findings of the study, which included almost all of the polls' samples (97 percent), were unfavorable. These judgements are given further weight by the results that Anil obtained from similar research. Only nine percent of those interviewed had a positive influence, while eighty-four percent saw a negative impact from the question. When there were limited amounts of resources available, the author of the research discovered that visual examination was the most effective method of assessment.Women between the ages of 30 and 55 who have had normal menstrual, obstetric, and gynaecological histories in the past have an elevated risk of developing cervical cancer. This risk is associated with a higher chance of developing cervical cancer. There is a strong correlation between a person's age, level of education, occupation, marital status, and other demographic variables and the risk of developing cervical cancer. There was no correlation between the occupations of the spouses, the length of their marriage, or their familiarity with the visual inspection approach when using a significance level of 0.05. There was also no correlation found between the duration of the couples' marriages and the degree to which they were comfortable with the procedure.Menstrual factors, such as the duration of the menstrual cycle and dysmenorrhea, have been associated with an increased risk of cervical cancer at the lower P 0.05 criterion; however, this association vanishes when the higher P > 0.05 threshold is used.This study discovered a connection between the occurrence of cervical cancer and certain obstetric and gynaecological characteristics, such as the location of the woman's place of birth and the number of abortions she had, but it did not find a correlation between these factors when the P value was greater than 0.05. [Further citation is required] According to the findings, the respondents seem to have some points of consensus with one another in specific areas. The history of the relationship, their occupation, where they lived, and how they interacted with their social circle were unimportant. A considerable increase in the risk of post-coital haemorrhage was shown to be associated with characteristics such as the technique of contraception, high parity, and advanced age. Within the group of female volunteers who served as the sample for this study, the researchers wanted to determine whether or not there were any variables that may have played a role in the development of cervical cancer. Recent research has indicated that 63 percent of sample participants married before the age of 21; 78 percent had several children; and 100 percent were living on a low income. Researchers found that a woman's risk of developing cervical cancer increased with her age, the number of pregnancies she had, the number of sexual partners she had, the length of time she went without using contraception, and the presence of a family history of the disease. Another factor that increased a woman's risk of developing cervical cancer was the length of time she went without using contraception. According to the author of the study, a sizeable percentage of the people who participated in the research had hereditary risk factors that made them more prone to acquiring cervical cancer.

Conclusion

Following is what we discovered after conducting extensive research. According to the findings of the research, a simple visual examination of the cervix is all that is required to determine whether or not a woman has cervical cancer. It's your best bet in terms of effectiveness, user friendliness, and the steepness of the learning curve. It is possible for nurses and emergency medical technicians to learn a visual examination procedure. The average amount of time spent training is between sixteen and twenty-five days. This lends credence to the idea that it may potentially be used in locations outside of hospitals. Because it does not require a significant amount of equipment or staff to perform a visual inspection, it is an excellent option for use in settings with limited resources where it is important to undertake mass screening.

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