



An Extensive Examination by Visual Inspection Method for Cervical Cancer among Women

Mr. Pradeep Tyagi¹, Prof. Dr. Jinu K Rajan²

¹Research Scholar, Malwanchal University Indore.

²Research Supervisor, Malwanchal University, Indore.

Introduction

There are several taboos around the subject of cervical cancer, including: HPV, multiple sexual partners, early sexual activity, smoking, impaired immune systems, multiple pregnancies, the use of contraceptive pills, and other STDs like chlamydia and gonorrhoea as well as genetic changes.

There has been an alarming increase in the number of people who are aware that faulty sanitary napkins are the primary cause of cervical cancer in recent years. As well as second-hand cervical cancer is exacerbated by a variety of risk factors, including tobacco and obesity, incorrect timing of food intake, a lack of hydration, and exposure to the sun's UV radiation, dust, and other irritants. There has been a decline in cervical cancer mortality and incidence rates in developed countries due to the widespread use of Pap tests and liquid based cytology. HPV DNA testing and visual inspection can be used in a low-resource environment.

Cells are smeared on a microscope slide and fixed with a fixative in conventional cytology procedures. Typically, the slide is forwarded to the lab for testing. The sensitivity and specificity of traditional cytology tests were found to be 72% and 94%, respectively. It has been proven time and time again that the visual inspection method visual inspection of the cervix using acetic or Lugol's Iodine to high-light precancerous lesions is feasible and cost-effective for screening and treatment. Between 47% and 62% of the population is sensitive. Early identification and mortality reduction of cervical cancer in resource-poor settings can be achieved through the use of visual screening technologies. The lack of transportation, the women's lack of knowledge about cancer screening programmes, and the statistical evidence that more cases of cervical cancer occur in distant villages as the risk factors are expected to lead the investigator to select the village for the present study.

Methodology

The researcher used a descriptive study design and a quantitative survey approach. There were 200 women between the ages of 30 and 50 in Indore, Madhya Pradesh, who participated in the investigation. Non-probability convenient sampling was used to pick the participants, and data were obtained from 200 samples. The medical officer of the Primary Health Care Center (PHC) gave the go-ahead for data collecting. Visual inspection approach was used for screening in accordance with the inclusion and exclusion criteria. In order to achieve the aforementioned goals, the acquired data was analysed using descriptive and inferential statistics. According to a modified "Anderson Healthcare Utilization Model," data on demographic, menstrual, obstetric and gynecologic data and visual inspection methods were used to determine the prevalence of cervical cancer.

Results and discussion

Most positive instances (60 percent) and most negative cases (29 percent) were between the ages of 41 and 45, according to demographic factors. There were 29.2 percent of positive examples of illiterate women in the workplace, however 70.8 percent of negative examples were. There were 77 percent positive instances, and 68.7 percent negative cases among the Coolie workers. It was found that 20% of husbands were coolie labourers in advantageous situations and 10% of husbands were coolie labourers in unfavourable situations. Sixty-six percent of happy marriages took place before the age of 20, while 44.2% of unhappy unions took place before that age. When it came to the length of their marriage, 30% of those who scored positively had been married for over 10 years, whereas 789.9% of those who scored negatively had been married for over ten.

Alcohol was consumed by 45 percent of the husbands in the favourable cases, whereas it was consumed by 61.5 percent of the husbands in the negative examples. There was no prior awareness in the majority of positive cases, while 88.5 percent of negative cases had no prior knowledge. When it comes to menstrual features, 75 percent of positive cases and 61.5 percent of negative patients had their first menstruation between the ages of 13 and 15. Seventy-five percent of those who tested positive had a normal menstrual cycle, compared to seventy-eight percent of those who tested negative. The menstrual flow lasted an average of 4-6 days for 75% of those who were positive and 4-5 days for 50% of those who were negative.

66 percent of those who tested positive had a menstrual cycle that lasted 21-35 days, whereas 67 percent of those who tested negative had a cycle that lasted 21-35 days. Positive patients (69%) and negative patients (88%) both reported no menorrhagia in their respective cases. People who tested

positive for dysmenorrhea reported it 77% of the time compared to 43 per cent whose symptoms were nonexistent. A total of 87.8% of positive patients and 88.8% of negative patients in this study reported no symptoms of metrorrhoea.

Risk factors for cervical cancer in women ages 30 to 50 (between the ages of 30 and 50) This was found in 200 samples after a thorough investigation. 4 percent of samples were found to be positive for cervical cancer, whereas 96% were negative. This investigation's conclusions were confirmed by Durowadeet's research (2014). (2014). More than 95% of the samples returned negative results, according to the polling data cited. Anil's findings from a comparable study support this conclusion (2010) Only 8% of respondents had a positive outcome, while 84% had a negative consequence, according to the survey. It was found that a visual inspection strategy worked well in resource-constrained scenarios, according to the study's author.

Women between the ages of 30 and 50 are more likely to get cervical cancer if they have regular menstruation, obstetrics, and gynaecology. $P < 0.05$ indicates a substantial association between the prevalence of cervical cancer and many demographic factors, such as age, education, occupation, and marital status. Using a p-value of 0.05, we found no correlation between the spouse's work, the length of the marriage, or prior knowledge of the visual inspection approach.

Although cervical cancer is linked to menstrual factors at a $P < 0.05$ level, such as the duration of monthly flow and dysmenorrhea (as opposed to $P > 0.05$), it is not at $P > 0.05$. A correlation between the prevalence of cervical cancer and selected obstetric and gynaecological variables at $P < 0.05$ (parity, method of delivery, contraceptive type and colour discharge, amount of discharge, dyspareunia, post-coital bleeding and presence of pruritus vulvae), but not at $P > 0.05$, such as place of birth and the number of abortions, was found in this study. There was a degree of agreement among those surveyed, according to the findings of the investigation. Researchers found that post-coital bleeding was strongly associated with the type of contraception used, high parity, and age, but not with a husband's degree, career, place of abode, or social behaviour. To see if the women who took part in the survey had any factors that enhanced their risk of developing cervical cancer. Sixty-six percent of the samples were married before they turned 20, 63 percent of the samples were multiparous, and every single sample was low-income, according to the results of the current study. Study participants were shown to have a higher risk of cervical cancer if they were older, had more pregnancies, had more sexual partners, had longer usage of contraception, and had a family history of the disease. Many of those who participated in this trial, according to the researcher, were at high risk of developing cervical cancer in the future.

Conclusion:

This is what we may infer from our research's findings: According to the conclusions of this study, a woman's cervical cancer can be diagnosed by a visual inspection. In terms of efficiency, convenience and training requirements, it's the best option. Nurses and paramedics can be taught the visual inspection method. Only 5-14 days of training are required. This means it can be utilised in both a hospital and non-hospital environment. Large-scale screening can be accomplished with visual inspection approaches in resource-constrained environments.

REFERENCE

1. Asian Journal of Obstetrics and Gynaecology Practice, 2016, vol:2, page no:7
2. Indian Journal of cancer, 2014, vol:51, page No:124-128.
3. Indian Journal of Community Medicine 2015, Vol:3, page No:1-6
4. Indian Journal of Medical Research(2012), vol:136, page No: 205-210.
5. International Journal of Gynecology and obstetrics, 2012, vol: 119, Page No: 262-265
6. IOSK Journal of Nursing and health science, 2014, vol:3, Page No: 51-55.
7. IOSR Journal of Dental and medical science, 2012, vol:1, page no:1-4.
8. Journal of Nursing education and practice 2016, Vol:6, page no: 76-87.
9. Journal of preventive Medicine HYG, 2012, Vol:53, page no: 213-219
10. M. Leyva et. al., / Californian Journal of health promotion, 2006, Vol:4, Page No: 13-24.
11. NHL journal of Medical Sciences, 2013, Vol:2, page No:65-68.