



## **The Relationship Between Cervical Cancer Risk Factors and Socio-Demographic Characteristics Among Women in Dehradun's Villages.**

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### **Introduction**

HPV (Human Papillomavirus) Having multiple sexual partners, starting sexual activity at a young age, smoking, having a compromised immune system, having multiple pregnancies, using contraceptive pills, and other sexually transmitted diseases (STDs) such as chlamydia and gonorrhoea, as well as genetic changes, are all linked to cervical cancer. Cervical cancer is linked to genetic alterations as well. There has been a considerable rise in the number of people who are aware that the use of faulty sanitary napkins is the major cause of cervical cancer in recent years. Smoking, being overweight, eating at the wrong times, not getting enough water, and being exposed to the sun's UV rays, dust, and other irritants are all risk factors for cervical cancer. Exposure to irritants such as dust and other particles is another risk factor. Another factor that adds to the danger is a scarcity of water. Cervical cancer mortality and incidence rates have dropped in developed countries as a consequence of the widespread use of Pap tests and liquid-based cytology. There are no resources required to perform an HPV DNA test or a physical examination of samples. Smearing cells on a microscope slide and then fixing them with a fixative is a routine step in traditional cytology procedures. In the vast majority of situations, the slide will be forwarded to a laboratory for further testing. Cytology tests have an average sensitivity of 71% and specificity of 91%, according to data. Checking the cervix with acetic acid or Lugol's iodine to search for precancerous lesions is a feasible and cost-effective screening and treatment technique. This might be done to identify cervical lesions. It is believed that between 57% and 62% of the general population is sensitive to some degree. If visual screening technologies were adopted, the number of deaths caused by cervical cancer may be lowered in countries with limited resources. The researcher chose this town for her study because she was convinced that the data would help verify her idea. A lack of public transportation, women's unfamiliarity with cancer screening programmes, and a greater frequency of cervical cancer in more rural regions were among the elements she felt would contribute to the validity of her idea.

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### **Methodology**

This investigation used a quantitative approach, with a descriptive study technique serving as the research's methodological framework. One thousand distinct women between the ages of 30 and 50 from Dehradun, Uttarakhand, took part in the research. A total of one hundred samples were analysed after the participants were chosen via convenience sampling, which is a kind of non-probabilistic selection. Before signing off on it, the PHC center's medical director authorised the data collection and gave it the go-ahead. To guide its conclusions, the screening approach relied primarily on visual cues and employed the inclusion and exclusion criteria as a type of checklist. To achieve these goals, the collected data were analysed using both descriptive and inferential statistical approaches. We were able to estimate the prevalence of cervical cancer by analysing demographic, menstrual, obstetrics and gynaecology, and visual examination data.

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### **Results**

Between the ages of 41 and 46, there was a considerable rise in the proportion of both favourable (56%) and unfavourable (31%). Despite the fact that thirty percent of working women were illiterate, seventy-two percent of those who lacked this talent failed to achieve their goals. The number of Coolie employees who reported feeling down was just 65%, whereas 72% reported feeling upbeat. We discovered this after discovering that although 28% of couples who worked as coolies did so in pretty decent locations, 12% did so in less-than-ideal conditions. Despite the fact that 67% of divorced marriages began before the age of 20, only 44% of divorced marriages began before the age of 21. In comparison, 77% of those who evaluated themselves poorly had been married for fewer than ten years, and 35% of those who rated themselves highly had been married for more than fifteen years. Those who thought highly of themselves were more likely to be pleased with their relationships.

In good partnerships, 55% of married women and 63% of married men reported using alcohol. The vast majority of successful cases had no prior knowledge, compared to just 54% of unsuccessful cases when this was the case. Only 65% of women who tested negative for the hormone started menstruating between the ages of 12 and 14, while 70% of women who tested positive for the hormone started menstruating between those ages. 75% of those who had positive tests had regular periods, but 79% of those who had negative tests did not have regular periods. 71% of the women who had good results had shorter menstrual cycles, while 53% of the women who did not have good results had cycles that lasted an average of six days. 63% of women

who tested positive had menstrual periods lasting 21 to 31 days, whereas 68% of those who tested negative had cycles lasting 21 to 33 days. Those who tested positive for the virus were substantially more likely to have shorter cycles. Patients who tested positive (72% of total patients) and those who tested negative (85% of total patients) both reported no menorrhagia symptoms. Only 42 percent of individuals who fraudulently claimed to have dysmenorrhea truly had the ailment, compared to 72 percent of those who acknowledged having it while suffering from it. According to the findings of this inquiry, 18.2% of the subjects tested positive for the chemical, while 78% tested negative.

Cervical cancer is caused by a variety of risk factors in women aged 30 to 50. This was shown through comprehensive testing on a total of one hundred distinct product samples. Cervical cancer was discovered in just 7% of the samples, whereas there was no indication of the illness in 97% of the controls. Susan's investigation provided additional evidence to support the study's findings (2016). After statistical examination of the polling samples, almost all of them (95%) returned negative results. These findings are corroborated by Anil's findings from an experiment that was quite similar to this one. Only nine percent of respondents saw a positive impact, while eighty-four percent saw a negative effect. When minimal resources were available, the author of the study concluded that an eye exam was the most effective technique for assessment.

Cervical cancer is more common in women aged 30 to 50 who have had normal menstrual, obstetric, and gynaecological histories. This age group is associated with increased risk. The chance of acquiring cervical cancer is significantly related to a person's age, level of education, occupation, marital status, and other demographic characteristics. There was no link between the couples' occupation, marital length, or amount of familiarity with the visual inspection approach at the 0.05 level of significance. Furthermore, there was no relationship between the duration of their marriage and the amount of experience they each had with the technique. In this study, a link was identified between the incidence of cervical cancer and a number of obstetric and gynaecological characteristics, including the region of the woman's birthplace and the total number of abortions; however, this association was not detected when the P value was greater than 0.05. According to the data, the respondents had some areas of agreement with one another. However, criteria such as the spouse's education level, career, area of residence, or social behaviour had no effect on the choice. It was discovered that the kind of contraception used, having a high parity, and being of advanced age all significantly raised the risk of post-coital haemorrhage. The study's participants were all female, and the investigation's purpose was to establish which variables, if any, may have led to an elevated chance of developing cervical cancer among the women who took part in the study. According to the most current study, 62% of participants in the sample were married before the age of 21, 73% already had multiple children, and 100% were from low-income families. Researchers discovered that a woman's chance of acquiring cervical cancer rose with age, number of pregnancies, number of sexual partners, length of time without using contraception, and the existence of a family history of the illness. The amount of time a woman went without taking contraception was another factor that raised her chance of getting cervical cancer. The researcher discovered that a significant percentage of those who took part in the study had genetic traits that made them more likely to acquire cervical cancer.

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## Conclusion

We obtained the following conclusions after doing extensive research. According to the findings of the study, a visual inspection of a woman's cervix is adequate for detecting cervical cancer in females. It is your best alternative in terms of efficiency, user friendliness, and the amount of time necessary to get up to speed. Nurses and other medical personnel who work in emergency circumstances might be taught the visual evaluation method. The period spent training often spans from fifteen to twenty-five days. As a result, it is possible that it may be employed in situations other than those connected with the medical business. Even when there are limited resources available, visual inspection procedures may be employed for mass screening.

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