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QUALITY OF LIFE OF WOMEN WITH CERVICAL CANCER

Gynecology

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ABSTRACT

BACKGROUND: The diagnosis of cancer is a major threat to the Quality Of Life (QOL) of the patient, particularly if it is a case of carcinoma of the reproductive organs. Even though our health care setup lays stress on the need for a comprehensive approach, there are many practical problems in its implementation. Curative measures are immediately applied, but less importance is given to the other domains of health. The aim of the study is to determine the QOL of women with cervical cancer and find out the association between QOL and selected variables.

MATERIAL AND METHODS: A cross sectional survey was carried out on 100 women with cervical cancer who have undergone radiation therapy and attended in oncology departments of MCCH, Thrissur. Semi structured interview schedule and rating scale were used for assessing the socio demographic data, clinical data and QOL.

RESULTS: The total QOL was average in majority of the women with cervical cancer, living with their husbands and not living with their husbands. There is significant association between QOL of women with cervical cancer, living with their life partner and stage of disease at the time of diagnosis and co morbidities. Also there is significant association between QOL of women with cervical cancer, not living with their life partner and their parity and duration after diagnosis of the disease.

CONCLUSION: Majority of the women with cervical cancer were not experiencing good QOL. Information booklet on cervical cancer and its management prepared by the researcher can be utilized for patients to deal with the problems and complications of cervical cancer.

KEYWORDS

Quality Of Life; women; cervical cancer; domains

INTRODUCTION:

The QOL has become an important focus of Oncology nursing practice and research, because the diagnosis and treatment of cancer often cause adverse side effects affecting the QOL. The issues related to the QOL have been identified as among the top priorities for research by the Oncology nursing society. [1]

Cancer of reproductive system takes a heavy toll on women's lives. Among them cervical cancer is one of the major killer diseases of young women. [2] The physical and psychological adjustment a women faces with a diagnosis of cervical cancer is a multi dimensional process. It also poses a threat to the care of a women's sense of sexuality simply because of the anatomical location of the cancer. [3] Cervical cancer is the 4th most common cancer in females next to breast, colorectal and lung cancers. Also it is the 2nd most common cancer in female reproductive organ cancers, next to breast cancer. [4] Over half of women are diagnosed with stage I disease when the tumor is clinically limited to the cervix. Primary treatment with surgery or irradiation alone cures 85% to 90% of patients with stage I cervical cancer. Despite similar effectiveness, however, each treatment modality involves distinct clinically acute and late complications. [5] Although radical hysterectomy and radiotherapy are associated with comparable rates of complications, the quality, chronicity and severity of these complications are difficult to compare. [6]

Researcher's own clinical experience and in view of these, the study was conducted to assess the QOL of women with cervical cancer and to determine the association with selected variables.

Ethical consideration

The study protocol was approved and monitored by Institutional Research Committee (IRC) and Institutional Ethics Committee (IEC) [IEC NO. B1/312/2013/CONTSR (13) Dated 11/06/2014]. Participants and their caregivers were informed and signed the consent form. All personal details were kept confidential.

MATERIAL AND METHODS:

A cross sectional survey was carried out on 100 women with cervical cancer who have undergone radiation therapy and attended in oncology departments of MCCH, Thrissur. A sample consisting of 100 women with cervical cancer who have undergone radiation therapy and who fulfils the selection criteria were selected by non probability purposive sampling technique.

The following tools were used

1. **Semi structured interview schedule:** It was divided into section A (socio demographic data) and section B (clinical data).
2. **Rating scale:** Included 53 items under 5 domains of life which were physical, emotional, social, economical and sexual domains and 2 items to assess self opinion on health status and QOL. Each question had 4 options and scores ranged from 1 – 4 (minimum to maximum wellbeing). The four options and scores were; never (Score
4), rarely (Score 3), often always (Score 2) and always (Score 1). According to the score obtained and based on mean values, QOL was graded in to good, average, and poor QOL.

Study procedure

The investigator collected socio demographic and clinical data by a semi structured interview schedule with the help of case books. Rating scale was used to assess the QOL. The technique used for data collection was self report. The total time spent on each patient was 35-40 minutes. After the data collection an information booklet on cervical cancer was administered to the participants.

Analysis of data was done with the help of descriptive and inferential statistics.

RESULTS:

Section I: Socio demographic and clinical data of women with cervical cancer

A: Socio demographic characteristics

Among the women with cervical cancer who participated in the study, 44% were in the age group of 56-65 years, majority of the women were Hindus, 52% were house wives and 42% had monthly family income between Rs 1501 and Rs 3000. More than half of the women with cervical cancer were married and living with husbands. 40% had three deliveries, 69% had attained menopause. Husbands were the primary care givers among 49% of them.

B: Clinical data

More than half (58%) of the women with cervical cancer were in stage II, 72% were received chemotherapy and radiation therapy, 47% of the subjects were having co morbid illness. 85% were not having a family history of cancer.

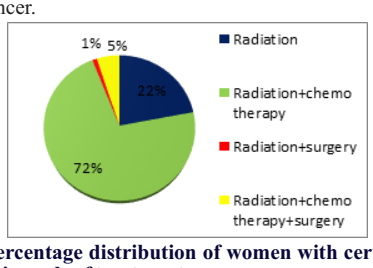

Figure 1: Percentage distribution of women with cervical cancer based on their mode of treatment

Figure 1 depicts that 72% of the women with cervical cancer underwent chemotherapy and radiation therapy.

Section II: Description of women with cervical cancer based on QOL

Among the women with cervical cancer who participated in the study majority of them had average QOL in physical and emotional domain, poor QOL in social and economic domain. Among 61 women with cervical cancer who were married and living with husband, 57.38% had poor QOL in the sexual domain. The total QOL was average in majority of the women with cervical cancer, living with their husbands and not living with their husbands.

SECTIONS III: Association between QOL of women with cervical cancer and selected variables

Table 1: ***Association between QOL of women with cervical cancer living with their life partner and selected variables***

N=61

SLNO	Variables	df	χ^2 Value
1	Stage of disease	1	3.98*
2	Co morbidities	1	5.8*

*significant at p (0.05)

Table 1 shows that 2 value calculated for stage of disease at the time of diagnosis and co morbidities with QOL of women with cervical cancer living with their life partner (3.98 and 5.8) were greater than table value (3.84) at 0.05 level of significance, so the null hypothesis is not accepted and it is interpreted that there is a significant association between QOL of women with cervical cancer living with their life partner and stage of disease at the time of diagnosis and co morbidities.

Table 2: ***Association between QOL of women with cervical cancer, not living with their life partner and selected variables***
N=39

SLNO	Variables	df	χ^2 Value
1	Parity	1	6.19*
2	Duration after diagnosis	1	3.94*

*significant at p (0.05)

Table 2 shows that x^2 value calculated for parity and duration after diagnosis of the disease with QOL of women with cervical cancer, not living with their life partner (6.19 and 3.94) were greater than table value (3.84) at 0.05 level of significance, so the null hypothesis is not accepted and it is interpreted that there is a significant association between QOL of women with cervical cancer, not living with their life partner and parity and duration after diagnosis of the disease.

DISCUSSION:

The findings of the study are discussed below in relation to observations made by other studies, which the investigator has reviewed. The study focused on the QOL of women with cervical cancer who have undergone radiation therapy.

This study shows that majority of the women with cervical cancer (81%) were Hindus. This is in accordance with the population proportion in terms of religion in Kerala and that of Thrissur district. Hindus, who constitute 56.2% of the Kerala's total population, is the most prominent religious community in the state which is followed by Christians and Muslims. [7]

In this study 53.12% of women with cervical cancer were married between the age of 14-18 years and 35% of them had more than 3 deliveries. The findings match with the results of a study of Priya R in which majority of the women with cervical cancer (92%) had been married for 12 to 20 yrs and 50% of them had more than 5 pregnancies. [8]

The present study revealed that all the women with cervical cancer who participated in the study were experiencing problems in physical, emotional, social, economical and sexual domains of life. This is supported by the study conducted by Jennifer L. Hunter on the impact of cervical cancer treatment on sexual function and intimate relationships in Midwest United States. [9]

On assessment of the QOL of women with cervical cancer, the overall QOL was average among 45.9% of the women with cervical cancer, living with their life partner and 58.97% of the women with cervical cancer, not living with their life partner. The findings of the present study are consistent with the descriptive study on QOL of cervical cancer patients attending in OPD of Salem Cancer Institute conducted by Priya R. [8]

The present study revealed that among 61 women with cervical cancer, living with their life partner, 57.38% had poor quality of life in the sexual domain and 32.79% had average QOL. These findings are also supported by the study on comparing QOL between cervical cancer patients and general healthy women by Sukumaran Swangvaree and colleagues which depicted that cervical cancer highly affected to sexual function. [10]

Association between QOL and selected variable shows a significant association between QOL of women with cervical cancer, living with their life partner and stage of disease at the time of diagnosis and co morbidities. These findings are supported by study conducted by Nie SX and colleagues to evaluate health behaviors and QOL in cervical cancer survivors which depicted a significant association between HRQOL and tumor stage. [11]

CONCLUSION:

Based on the findings of the study, the overall QOL was poor in 39.35% of the women with cervical cancer, living with their life partner, average among 45.9% and good among 14.75% of them. The overall QOL was average among 58.97% of the women with cervical cancer, not living with their life partner, poor among 41.03% and none of them had good QOL. It also revealed that 70% of the women with cervical cancer had average QOL in the physical domain, 58% had average QOL in emotional domain and 52% had poor QOL in social domain.

There was significant association between QOL of women with cervical cancer, living with their life partner and stage of disease at the time of diagnosis and co morbidities. Also there is significant association between QOL of women with cervical cancer, not living with their life partner and their parity and duration after diagnosis of the disease.

The findings of the study have implications in nursing practice, nursing education, nursing administration and nursing research.

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LIST OF ABBREVIATIONS

QOL : Quality Of Life
MCCH : Medical College Chest Hospital
HRQOL : Health related Quality Of Life

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