

INTRODUCTION

Women play a very important role in human progress and have a significant place in the society. Women are encouraged to demand their rights and retrieve to arrive the headship prospects. They have wider choices to grow educationally, economically, socially and politically and projections are improved more for current and future generations. In the society, women are becoming not only a substantial unit but also affecting the progress. (Bachelet, 2017). They are the key to viable development and quality of life.

Over the years their lives changed in total. History says that apart from diseases and dangers, for many women there was difficulty in life. The present life expectancy is seventy years for women and it is still persistently rising. Also, women are able to cherish a better Quality of Life throughout their life apart from living for a longer time. To achieve this, women need to take care of their own health and also, they can follow the methods of keeping themselves fit and try to achieve the maximum level of personal health. Even though men and women have many health problems in common, women always have their own health issues, which warrant a special attention. (Conrad, 2018). Future generation's health is dependent on the health of the current women (Parkavi, 2016).

A Women's right to the enjoyment of the highest standard of health must be guaranteed throughout her life time, equal to that of men. Women are affected by many health issues that have an adverse impact on life include impoverishment and economic dependence, gender based violence, discrimination and limited autonomy in decision making especially sexual and reproductive life. Women's health is described in relation to reproductive health, and in terms of diseases that emerge in the woman's reproductive organs. (Women and health, 2019).

Gynecology is defined as the branch of medicine involved in health issues of women. In "Gynecology" "gyneco," means "woman," - "logic," means "knowledge." When read as one word, it means "woman knowledge." It is very much essential for each woman to have access to the information and specifics regarding the health issues of women not limiting to the reproductive organs but also to the various aspects of her body. (Conrad, 2018).

In between the puberty and menopause time, for most of the women, there are multiple opportunities that would be provided for their personal development and fulfillment. At the same time, there might be some health risks arising at this time connected to the sexual and reproductive diseases that would end up in creating a significant inconvenience of disability and mortality specifically issues like HIV infections and Cancer. (WHO, 2017). The occurrence of cancer is in the rise during the recent times. Cancer can occur in all the live cells of the human body and normally is a set of diseases having the same characteristics. There are different types of cancer, each one having its own history. This is mainly ascribed to the increased life duration, excessive growth of population, changes in lifestyle, industrialization and urbanization.

‘Fighting cancer is half the battle, living life is another half.’

The word “Cancer” is obtained from Greek word “*Karkinos*” (for crab) which denotes to a common Non-Communicable Disease (NCD) categorized by the growth of cancer cells in any portion of the body. (Rajpal et al., 2014). Failure to control its distribution can often be associated with death. (American Cancer Society, 2019).

Overall globally cancer stands at second position which causes death and also it contributes in total of about thirteen percent of the universal deaths (eight and half million). Cancer prevalence was originally most evident in the developed nations, now it has been on an increase significantly in the developing countries. (Rajpal et al., 2018). One-sixth of the deaths are caused by this globally. An estimated 17 million cases of cancer diagnosed all over world and deaths were around 9.5 million during the year 2018. About twenty percent of cancer instances occurred in low- and medium-Human Development Index countries. (American Cancer Society, 2019).

Presently, there is a transition of health situation faced by India. In addition to the unfinished agenda to control communicable diseases and nutritional deficiencies, there is an escalating epidemic of Non-Communicable Diseases (NCDs). In India, NCDs are projected to account for sixty percent of total deaths including cancers that account for about seven percent of the deaths (Dahiya et al., 2016).

In India cancer is evolving as a foremost public health issue in modern days. After cardiac diseases, cancer has developed as an imperative cause of illness and death. This problem is likely to double up in the next twenty years. (Singh et al., 2018). At any point

of time, in India, it is projected that there are two to two and half million patients with cancer and about seventy thousand new cases emerging yearly and almost half of them die. (NICPR, 2018). Annually, there are about one million new cancer cases and with a death rate of sixty-seven per one lakh. The age-regulated occurrence is projected as ninety-seven in one lakh persons with greater occurrence in town areas. (Elangovan et al., 2017).

The data suggests that the occurrence of cancer is high among the elderly and between women who are in the age groups of reproduction. (Rajpal et al., 2014).

The most commonly seen cancers in women are gynecological cancers and are believed to be an emerging public health issue. Owing to the paucity of awareness about cancer, irregular pathology, and shortage of proper facilities to screen them in the countries like India, majority of the women are already in an advanced stage, unpleasantly affecting the diagnosis and medical conclusions. (Maheshwari et al., 2016).

Gynecological cancers can occur anywhere in the female conceptive framework of the vulva (female external genital organs), vagina, cervix, uterus, fallopian tubes, or ovaries. These malignancies can particularly infect the nearby tissues and parts or spread via the lymph vessels and lymphatic structure or flow system. (Ramirez, 2017). The most common cancers are cervical, endometrial, and ovarian cancers and the rare cancers are vulvar, vaginal and fallopian tube cancers.

Cancer of cervix is the utmost usual and avoidable cancers. (Ferlay et al., 2015). In fact, it is among the main health issue in the universe and is one among the topmost reason for Disability – Adjusted Life-Years (DALYs). (Dicker, 2015). Among women, the cervical cancer is most common cause for death that too in the women among the socioeconomically poor countries. (Ferlay et al., 2015).

The narrow and the lowest portion of the uterus is cervix, where the cancer begins. During pregnancy the growing fetus is held in the uterus. The cervix serves as connectivity between the inferior parts of the uterus to the vagina. When healthy cells of the superficial areas of the cervix grow without control, they change into a mass known as tumor. This tumor could be of benign or cancerous in nature. The tumors that are cancerous are harmful so that there is a possibility that this could extend to other organs of the body. If the mass is benign it would not extend. (Cancer Net Editorial Board, 2017).

The fourth most cancer that occurs frequently in the world is cervical cancer in women. The projected new cases were five lakh and seventy thousand in 2018 accounting to six percent of total cancers that are occurring in females. Majority percentage (ninety percent) of the deaths were caused by this in the socioeconomically backward places in world, where it constitutes about thirteen percent of the total (WHO, 2018). High normalized occurrence rates, more than twenty per one lakh women, are found in the Western, Eastern, and South-Central Asia, Southern Africa, Central Africa, Melanesia and South America. (Foliaki, 2015).

The second most cancer commonly found in India is cervical cancer, and an estimated twenty five percent of deaths are accounted between the women suffering from cancer. Also, in India, the third largest cancer mortality is caused by the cervical cancer which accounts for an estimated ten percent of all deaths because of cancer. (Narayana, 2017). Globally, India contributes about twenty percent of cases as reported. About seventy five percent cases are detected in the terminal stage which leads to faint chances of long-term survival and cure. (Harsha Kumar and Tanya, 2014).

Age normalized occurrence rate of the cancer of cervix in India is about thirty per one lakh and age-standardized mortality rates seventeen per one lakh is the highest in South Central Asia. In India, in a span of about every eighth minute one woman dies of cervical cancer. (NICPR, 2018). Only in an advanced and incurable stage two-thirds of the new cancers are diagnosed. Also, about sixty percent of cancer patients are at a very crucial stage in their lives among the ages of thirty-five and sixty-five years. (NCCP, 2018). Each day about two hundred women are perishing to this disease in India. In a report by National Health Portal of India, four hundred and thirty-six million women at the age range of fifteen years are found to be at risk. (WHO, 2018). This is most frequently found among the ages of thirty-five and forty-four. In elderly aged women who are above sixty-five years, this cancer constitutes of fifteen percent. Only a very little percent who are below the age of twenty are found to be affected by this disease. (Cancer Net Editorial Board, 2019).

Cervical cancer is considered completely avoidable because of the generally slow development of the disease and the availability of assessment and the HPV (Human Papilloma Virus) vaccine. (Torre et al., 2017). The death rate has reduced very much in relation to the cancer of cervix in the socioeconomically advanced countries because most of the occurrences are found out in a regular interval. (Vaccarella et al., 2017). However,

still there are many occurrences of the cancer in the places where there is still a shortage of good assessment methods and they are less known of the awareness involved in it. (Torre et al., 2017).

In the socioeconomically advanced places, where the assessment protocols are already in prevalence and are being followed for longer periods, the number of occurrences has come down to four percent yearly and as a whole seventy percent. Information about the cancer of cervix issues and mainly the information about its connectivity with Human Papilloma Virus (HPV) is very much useful in combating the disease in the economically advanced places by conducting huge interventional camps.

Even though cervical cancer is a disease that can be prevented, the existence is high in most of the economically improving nations. Chief reason is late stage diagnosis due to lack of knowledge of the threat elements, screening and preventive methods of the disease. (Narayana, 2017). Having adequate knowledge and good information about the perils involved and the indicators will rise the approval of cancer assessment programs and will motivate to get support sooner for protecting the disease. (Mwaka et al, 2016).

The risk factors are such features when exposed by a human being rises the chances of getting a health illness or wound. (WHO, 2018)

The risk factors of the cancer of cervix include early age of initial sex contacts, having many companions, many full-term pregnancies, damages caused through the Human Papilloma Virus, early age of giving birth to a baby. Smoking, issue related to immunology, Chlamydia infection, use of hormonal drug to prevent abortions, familial history, extended contraceptives usage orally, HIV infections and not having routine PAP tests are some of the other causative agents. (Mwaka et al., 2016.).

Karimi et al., (2010) has done a cross sectional study on 100 cervical cancer women to evaluate the main risk factors involved in the cancer of cervix. Results revealed the important risk characteristics were early age marriages, less age during initial delivery, lack of having a PAP test assessment and smoking. The study concluded that there was a major connectivity issue within bulk assessment protocols and screening tests in reducing the disease. The study highlighted to increase women knowledge about the main risk factors involved in the disease and have an idea to them of the routine cervix tests.

Aweke (2017) conducted an analysis in women to assess the skill involved with the causative agents of cancer of cervix among the eighteen to forty-nine years age group. Study results reveal that 90.1 percentage of women had less skill and about ten percentage had been assessed for cancer of cervix earlier to assessment. Results revealed the significance of knowledge importance of awareness building, rising the expertise and encouraging effective exploration for fitness material for cancer of cervix. So, it is important to embrace the avoidance methods from various health facilities at each point.

Therefore, finding out the main risk factors of the disease remains as a chief task in avoidance of this disease. (Momenimovahed and Salehiniya, 2017).

The five-year survival rate is sixty-six percentage. However, this can differ by aspects such as age, origin and descent. The five-year endurance rates for white women is sixty nine percent; for the black women, it is fifty six percent. Among the white women who are below fifty years, the rate is seventy eight percent. For black women aged fifty and older, it is forty seven percent. (Cancer Net Editorial board, 2019).

The survival duration is directly proportional to the stage of cancer at the period of initial diagnosis. The existence rate of a women turns out to be better when the disease is diagnosed and treatment is started while in the initial periods. Most of the cervical cancer women are detected in progressive periods which is the reason for a very poor chance of having a longer period of existence and remedy. (Harsha Kumar and Tanya, 2014). In India, majority of the incidents are detected at later and serious stages which affects the quality of life and lessens the survival rate. (Narayana, 2017).

World Health Organization's definition of Quality of Life (2018) is relating a person's physical condition, degree of independence, mental condition, personal beliefs, public associations, and environment. It is a superior welfare in Physical, Emotional, Communal, Spiritual, Psychological, Logical and Cultural aspect of human being. Quality of Life covers to contain the performance of everyday activities that reflect well-being, functioning, satisfaction, and control over disease. (Muliira et al., 2017).

Cancer women have experienced of unusual indicators to upset the routine functionality such as physical weakening, emotional concerns, anxiety, and reduced interest in sex, and family association. (Wilailak et al., 2014).

In cervical cancer, physical disorders followed by surgery involves the female genital anatomy which affects the body image and sexual functions. Radiotherapy could harm the epithelium and vaginal mucosa. Chemotherapy could prompt various harmful results like vomiting, nausea, constipation, changes in weight, diarrhea, mucositis and changes in hormonal levels. (Fernandes et al., 2015). Various psychological features include low self-esteem, changes in self-image, and beliefs about the origin of cancer, fears, marital tensions and worries will create problems to the life quality. (Fernandes et al., 2015). Majority women are sexually active during their fertile period and that is the period they are diagnosed with cervical cancer. Sexual activity in addition to self-esteem is also highly inspired by the treatment received. (Khalil, 2015).

Cancer disease along with the treatment have a huge influence on the women's day to day activities creating a tough time in handling the family chores, difficulty at work and inability to move freely within the society. This results in troubling in a longer term both emotionally and health wise, even if treated successfully. (Wilailak et al., 2014).

In a study done by Sunderam et al., (2016) to evaluate the life quality of cancer women, in regard to the treatment types and to establish the life quality, one hundred and thirteen cancer patients (sixty-four undergoing chemotherapy and forty-nine radiotherapy) were interviewed by an authenticated survey. Study results revealed that women who had undergone treatment had a modest Quality of Life. Methods of treatment leads into side effects on a longer term and has controls on life quality in women.

Patients affected by cancer are compromised with physical health, sexual function, emotional functioning, environment and communal functions and individual scopes are serious in the adjustment course. If specific intermediations were done focusing on these lines then it can probably give a good and improvised Quality of Life. (Molassiotis et al., 2018).

Integrative oncology provides a broad range of complementary medicine therapies, which can supplement supportive and palliative care, and focuses primarily on reducing symptoms resulting from radiation and chemotherapy treatments, improving Quality of Life (QoL) and performance. (Eran et al., 2018). Corresponding therapies to name a few are, therapy for relaxing, acupuncture, yoga, guided imagery, mild exercise, melody or drawing therapy, aromatherapy, massage, nutritive therapies and sustenance care programs. (Cancer Australia, 2019).

Lutgendorf et al., (2002) highlighted in his study where he evaluated the effect of particular intermediations such as corresponding therapies to improve the life quality of ninety-eight initial stages and regionally progressive women with cancer of cervix. The study revealed that over the course of first year there was a significant improvement in emotional and functional well-being for early stage, and in advanced patients' improvement seen in physical well-being, reduction in anxiety, depression and confusion.

NEED FOR THE STUDY:

- The reproductive years of women are of significant value to their lifetime. Their role in Reproductive Health (RH) is influenced by, and could induce her class and liberation as a person. (D'Souza et al., 2013).
- Women in India represent a susceptible group for cancer due to the low priority of health, and obstacles in access to healthcare for various reasons. Cancer of cervix is the mostly found cancer in India, but universally cancer of breast is the most common one. (Sharma et al., 2013).
- Until the terminal stage it is non-symptomatic and there are no symptoms experienced by women and so screening is very essential. Improvement in women skill about the characteristics of cancer of cervix and motivation for regular pap smears will help to control the disease. (Narayana, 2017).
- Cancers have destructive effect on the lives of those troubled with it. It infuses a gloomy sense of panic and fear in the mind of those suffering from it and those receiving treatment as well. It destroys the patients, physical and psychological well-being and affecting their well being. (Bashir et al., 2017).
- Healthy well-being is highly being utilized as a primary result extent in evaluating treatment efficiency. Thus, the policymakers are recognizing the importance of the quality health for better management and to make decisions.
- Complementary therapies are a variety of methods to maintenance intended at augmenting the life quality and improvising comfort those are usually utilized in combination with conservative treatments in medicine, in the surgical, radiology, oncology, and targeted and hormonal therapies. (Cancer Australia, 2017).

Life quality is reflected to be a vital outcome that reveals effect of health conditions, treatments and diseases from a particular standpoint of patients. The

assessment of this is a major constituent in offering a whole portrayal of the outcomes of cervical cancer and also assessing the potential advantages of various therapies and cures.

Hence the research study has been undertaken on identification of risk factors and implement the interventional packages of complementary therapies such as multi-dimensional exercises, dietary management, progressive muscle relaxation therapy, guided imagery and family focused interventions to promote life quality to improve the rate of survival of women diseased by cancer of cervix.

The study on “**Analysis of the Risk factors and Interventions to Promote Better Quality of Life among Women with Cervical Cancer at Selected Hospitals, Chhattisgarh**” was framed with the following objectives to:

1. Identify and explore the risk factors of women.
2. Analyse the Quality of Life among women with cervical cancer before interventions in control and experimental groups.
3. Implement the interventions to promote better Quality of Life of women with cervical cancer in experimental group.
4. Assess the Quality of Life of women with cervical cancer before and after interventions in experimental group.
5. Assess the Quality of Life of women with cervical cancer before and after in control group.
6. Evaluate the Quality of Life of women with cervical cancer after interventions between control and experimental groups.

HYPOTHESES

1. H₀1-There is no significant difference in EORTC score of Quality of Life among experimental group before and after interventions.
2. H₀2-There is no significant difference in EORTC score of Quality of Life among control group before and after interventions.
3. H₀3-There is no significant difference in EORTC score of Quality of Life between control and experimental groups after interventions.

SCOPE OF THE STUDY

1. Cervical cancer is an preventable cancer amongst all the cancers, identifying the risk factors aids to prevent future occurrence of cancer of cervix and restore the comprehensive health of women.
2. The study recommends the utilization of complementary therapies to promote the better Quality of Life of women with cervical cancer.
3. The study would enable the refining of health care policies for the upliftment of health of women with gynecological cancers.

LIMITATION OF THE STUDY

1. The study was conducted only among women diagnosed with cervical cancer for a period of one to five years.
2. The study was limited only to stage I, II and III of women with cervical cancer. Stage IV cervical cancer was not included in the study.