

**SPECIMEN FORMAT FOR THESES OF MONTH**

<b>Faculty</b>	:	Faculty of Women's Studies
<b>Department</b>	:	Women's studies
<b>Branch/ Area:</b>	:	Women's Studies
<b>Sub Subject Heading:</b>	:	Quality of Life of women with cervical cancer
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<b>Title of the thesis</b>	:	Analysis of the risk factors and interventions to promote better quality of life among women with cervical cancer at selected hospitals ,Chhattisgarh
(i) In Roman Script (ii) In roman Script	:	=
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## **Abstract within 300 words**

Women play a very important role in human progress and have a significant place in the society. 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 to obtain the maximum level of health. Cervical cancer is the fourth most frequent cancer in the world that occurs among women. It is completely preventable because of the slow progress of the disease and the survival rate could be increased if the Quality of Life is improved. The main aim of the study was to identify the risk factors and implement the interventions to provide better quality of life among women with cervical cancer to improve the survival rate. The study title **“Analysis of the Risk factors and Interventions to Promote Better Quality of Life among Women with Cervical Cancer at Selected Hospitals, Chhattisgarh”**

Explorative survey design and Pre- test and Post- test control group design were adopted for the study. The purposive sampling technique was used and 110 samples were selected which comprised of experimental (55 women) and control (55 women) groups. Survey and interview techniques were used to collect the data from the women. EORTC C-30 and EORTC CX-24 Quality of Life scales were used to assess the Quality of Life of women with cervical cancer before and after the specific interventions.

The findings of the study revealed that the important risk factors were young age at marriage (50%), first delivery between the age of 15 to 19 years (47%), usage of oral contraceptives (77%), and sexually transmitted diseases (45%). The major risk factor identified was 96% of them had not undergone PAP smear investigation before the diagnosis of cancer. Women with cervical cancer were compromised with Quality of Life. Specific complementary therapies showed significant improvement in quality of life at  $p < 0.001$  level in physical and psychological functioning. Sexual functioning was not significant after the interventions.

Study highlighted that improvement in knowledge of cervical cancer prevention and important strategies would reduce the exposure of risk factors among young population. The health care counselors should play an active role to address the needs of the women by encouraging the utilization of specific complementary interventions to improve the Quality of Life during the disease process.

Good health is essential to lead a productive and fulfilling life of dignity. On the account of paramount achievements women have attained these days, only better health will allow them to lead a

healthy and long life and serve the society in a better manner. If we say that women are like a cogwheel in the family cart, it is not an exaggeration.

**i) Major objectives :**

1. Identify and explore the risk factors of women with cervical cancer.
2. Analyse the Quality of Life among women with cervical cancer before interventions in experimental and control 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 experimental and control groups.

**ii) Hypothesis:**

1.  $H_{01}$ -There is no significant difference in EORTC score of Quality of Life among experimental group before and after interventions.
2.  $H_{02}$ -There is no significant difference in EORTC score of Quality of Life among control group before and after interventions.
3.  $H_{03}$ .There is no significant difference in EORTC score of Quality of Life between control and experimental groups after interventions.

**iii) Methodology :**

**Research Approach- Quantitative research**

**Research Design-**Explorative Survey design Quasi Experimental Pre test- Post test control group design

**Accessible Population-** Women with Cervical Cancer aged between 30-60 years got admitted in selected hospitals, Chhattisgarh

**Sampling Method** -Non-Probability Purposive sampling

**VARIABLES - INDEPENDENT VARIABLE**

Interventions to promote better Quality of Life

**Dependent Variable**

Quality of Life of Women with Cervical Cancer

### **Demographic Variable, Confounding Variable**

Age, marital status, education, religion, habitat, occupation, husband occupation, monthly income, family monthly income, type of family, number of children, Type of Diet, Source of information, and financial Supportive system, type of cancer, stage Of Cancer, duration of diagnosis, type of treatment, and number of admissions.

#### **iv) Findings:**

##### **1. Demographic Profile of Women**

- ❖ Majority of women (45 percent) were between the age group of 41-50 years and 12 percent of them were aged above 50 years.
- ❖ Majority of the women (89 percent) were married.
- ❖ In regards to the level of education most of the women (31 percent) were noted to be illiterate and seventeen percent (7 percent) became graduates.
- ❖ Majority of the women (84 percent) were Hindus.
- ❖ Regarding the Habitat, majority of the women (68 percent) living in rural area.
- ❖ Occupational status of the women revealed that 64 percent were employed in private sector organizations only 2 percent were professionals.
- ❖ Monthly income of the women, nearly half of them (45 percent), was less than Rs 5000 and only about 7 percent in the range of Rs 10,000 to Rs 20,000.
- ❖ Regarding the type of family, nearly half of the women (44 percent) were living as a joint family.
- ❖ As far as the number of children, almost (44 percent) of the women had two children and one woman had one child.
- ❖ Regarding the financial supportive system most of them (42 percent) were supported from the local community and only about 24 percent were supported by government organizations.

##### **2. Health history**

- ❖ Most of the women (60 percent) were affected by squamous cell carcinomas and 13 percent of them were having adenosquamous carcinomas.
- ❖ More than half of the women (61 percent) fall in the Stage III category and 39 percent were found to be in the Stage II.

- ❖ Regarding the type of treatments received by women, more than half of them (51 percent) were treated by surgery, chemotherapy and radiation methods while only 49 percent of them were treated by chemotherapy and radiation.
- ❖ In stage III cancer 60 percent and in stage II, 37 percent were newly diagnosed.
- ❖ In stage III cancer more than half (60 percent) were admitted for the first time to the hospital and in stage II mostly half of them (56 percent) were admitted between 2-3<sup>rd</sup> time.

### **3. Identification of Risk Factors of Cervical Cancer**

#### **a. Personal Risk Factors of Women**

- ❖ Age at marriage of women revealed that half (50 percent) of the women were married at the age group between 14-18 and only 12 percent were falling into the 24-28 age group category.
- ❖ As for the income status of the family, the majority (59 percent) were earning Rs 5000-Rs 20000 per month as a family income and remaining 41 percent were having above Rs 25000 as family income.
- ❖ With regard to diet consumption, majority (54 percent) of the women were not able to take a balanced diet while about 46 percent of the patients were able to follow a balanced diet.
- ❖ Most of the women (50 percent) had no history of personal habits like tobacco and betel chewing, while about 37 percent and 6 percent of them had the habits of chewing tobacco and betel respectively.
- ❖ Regarding the marital status, most of the women (87 percent) were married.
- ❖ In relation to the number of marriages 95 percent of the women were married once and only 5 percent of them, married twice.
- ❖ Regarding husband's marital status 68 percent of women's husbands had first marriage and remaining 32 percent of them married twice.

#### **b. Family Welfare and Sexual Risk Factors of Women**

- ❖ Mostly half (47 percent) of the women delivered the first baby between the age group of 15-19 and 15 percent of them, between the age group of 25-29.
- ❖ Forty two percent of the women had two deliveries and one woman had six deliveries

- ❖ Most of the (85 percent) women had a normal delivery and 15 percent had caesarian section delivery.
- ❖ Majority of the women (63 percent) did not have a history of abortion and the rest 37 percent had.
- ❖ Regarding the temporary family planning measures, 77 percent were using oral contraceptives and only about 23 percent used Copper -T.
- ❖ Most of the women (72 percent) did not have a familial history of cancer and in the instances where there was a familial history, majority (65 percent) was of maternal type and 35 percent was of paternal.
- ❖ It is marked that 45 percent of them had communicable diseases through sexual transmission, and remaining 55 percent of them had no exposure to such type of infections.
- ❖ In regards with Pap smear almost all the women (96 percent) were not investigated for PAP smear test prior before diagnosis of cancer, only four percentage of them tested once before.

**1. Assess the Quality of Life of Women with Cervical Cancer before and after Interventions in Experimental Group. (EORTC Scale C-30).**

- ❖ . There was a notable difference in mean score of functioning, symptoms, single-item, and global health status with P value  $p < 0.001$ . Hence this signifies the hypothesis  $H_0$ . Thus, the Hypothesis  $H_0$ – **“There is no significant difference in EORTC score of quality of life among experimental group before and after interventions”** is rejected.

**2. Assess the Quality of Life of Women with Cervical Cancer before and after Interventions in**

- ❖ . There was a noteworthy variation in mean score of Multi-Item scale and Single-Item Scale, and with P value  $p < 0.001$ . Hence this signifies the hypothesis  $H_0$ . Thus, the hypothesis  $H_0$  - **“There is no significant difference in EORTC score of quality of life among experimental group before and after interventions”** is rejected. Significance was not found in sexual /vaginal functioning and sexual enjoyment.

**3. Assess the Quality of Life of Women with Cervical Cancer before and after in Control Group. (EORTC Scale C-30).**

In Control Group, the Quality of life scores (QLQ- C30) were assessed in Functioning Scale, Single Item Scale and Global Health Status with P value of  $p < 0.001$ . Hence this signifies the Hypothesis **H<sub>02</sub>: There is no significant difference in EORTC score of quality of life among control group before and after interventions is rejected.**

**4. Assess the Quality of Life of Women with Cervical Cancer before and after in Control Group. (EORTC scale CX-24).**

- ❖ The body image, vaginal and sexual functioning, sexual worry, sexual activity and sexual enjoyment were not significant. The majority of the scores were not significant statistically before and after the assessment. Thus, the Hypothesis **H<sub>02</sub> was accepted. There is no significant difference in EORTC score of quality of life among control group before and after interventions is accepted.** Significance was found only in symptom experience, lymphedema and peripheral neuropathy.

**5. Evaluate the Quality of Life of Women with Cervical Cancer after Interventions between Control and Experimental Groups (EORTC scale C-30).**

- ❖ The Quality of Life scores (QLQ- C30) were assessed between control and experimental group using Functioning Scale, Symptom Scale, Single Item Scale and Global Health Status and the result shows that there is a significant difference in mean scores at 0.05 percent level with P value of  $p < 0.001$ . Hence this signifies the Hypothesis **H<sub>03</sub>. Thus, the hypothesis “There is no significant difference in EORTC score of quality of life between control and experimental group after interventions” is rejected.**

**6. Evaluate the Quality of Life of Women with Cervical Cancer after Interventions between Control and Experimental Groups (EORTC scale CX-24).**

The Quality of Life scores (QLQ- CX24) were evaluated between control and experimental group and the results showed there was a substantial amount of difference in mean scores at 0.05 percent level with P value of  $p < 0.001$  in Single Item and Multi Item Scale. Hence this signifies the Hypothesis **H<sub>03</sub>. Thus, the hypothesis “There is no significant difference in EORTC score of quality of life between control and experimental group after interventions” is rejected**

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