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Explore The Coping Strategies Among Women with Cervical Cancer In Selected Hospitals At Chennai.

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ABSTRACT

Statement of the problem: Explore the coping strategies among women with cervical cancer in selected hospitals at Chennai. 1. To explore the coping strategies among women with cervical cancer. The Roy Adaptation Model was used for this study. Qualitative approach. Cross-sectional descriptive survey. RMD pain and palliative care centre. All cervical cancer patients. women with cervical cancer patients who is attending -- RMD pain and palliative care centre. Sample size: 280 women. Sampling technique: Purposive sampling technique was adopted Inclusion criteria: 1. Women diagnosed with cervical cancer and undergoing regular treatments, 2. Women who are willing to participate in the study, 3. women who are available during data collection period 4. Women who can understand Tamil and English language, 5. Women currently receiving treatment for at least three months, 6. Women age limits between 18 to 60 years Exclusion criteria:1. Women who is having other health problems along with cervical cancer, 2. Women who is having physical and mental challenges, 3. Women who had never been treated for cervical cancer, 4. Women who had irregular treatment for cervical cancer, 5. Women who treated for cervical cancer other then India, Official permission from concern authority of RMD pain and palliative care centre were obtained, Ethical consideration: Ethical clearance was obtained from concern authority of Bharath University, Data collection procedure: After obtaining consent from the women, one point data collection was done. Data analysis descriptive and inferential statistics, It Consist of four parts Part 1: Socio demographic variables of women, Part 2: Clinical variables of women, Part 3. COPE questionnaire. The study result showed that women were had Positive interpretation mean scores 9.97 with SD 1.39, mental disagreement mean scores 9.17 with SD 2.67, Focus vent mean scores 10.88 with SD 1.90 , Active coping mean scores were 9.90 with SD of 1.58, Denial mean scores was 8.67 with SD of 2.61, Religious coping mean scores were 9.97 with SD of 2.53 , Humor coping the mean scores was 7.75 with SD of 2.57, Behavioral mean scores were 9.28 with SD of 1.59, Restraint mean scores was 9.50 with SD of 1.68, Emotional coping the mean scores were 10.02 with SD of 1.92, Substance mean scores 5.73 with SD of 1.97, Acceptance mean scores were 11.67 with SD of 1.75, Suppression mean scores 9.92 with SD of 1.73, Planning the mean scores 10.55 with SD of 1.54, Social support coping mean scores 10.61 with SD of 1.67 . Problem focused coping mean scores were 50.59 with SD of 6.77, Emotional focused coping mean scores 45.16 with SD of 9.15, Dysfunctional coping mean scores were 47.83 with SD of 4.47.

Keywords: cervical cancer, women, Chennai.

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INTRODUCTION

India has the highest number of deaths from cervical cancer than any other country. More women in India die from cervical cancer than in any other country, according to a new report that warns deaths from this preventable disease will rise unless attitudes to women change. Cervical cancer kills around 72,000 women in India every year, more than 26% of the 275,000 deaths worldwide, cervical cancer is one of the most widespread gynecological malignancies in women worldwide treatment strategies and screening modalities have largely evolved these past years resulting in an improvement of survival. However, treatment modalities are associated with long term side effects that significantly impacts quality of life (QOL) in cervical cancer survivors.

Coping with cervical cancer on a daily basis is challenging due to adverse effects of the treatment and its outcome of the treatment modalities. Fear is a part of our daily lives which leads to most frequent stressors. It has serious emotional effect and takes courage to carry on. For the family ,a diagnosis of cancer in a family member impacts on all facets of life, including physical demand for practical care, emotional strain, change in role and responsibilities, adjustment to work and career schedules and matters of personal and sexual intimacy. Therefore to explore the coping mechanism of cervical cancer women's is very important in order to find possible measures. The aim of this study is to evaluate coping strategies among cervical cancer survivors.

Statement of the problem:

Explore the coping strategies among women with cervical cancer in selected hospitals at Chennai

Objectives:

- a) To explore the coping strategies among women with cervical cancer

Operational definitions:

- a) **Explore:** In this study it refers to the systematic investigation of coping measures adopted by the women after diagnosis of cervical cancer.
- b) **Coping strategies:** In this study it refers expressed coping mechanisms measured by (COPE) questionnaire either adaptive or constructive or maladaptive coping strategies adopted by the women with cervical cancer, in order to effectively dealing or managing with the disease condition and adverse reactions of treatment and to regain equilibrium in all aspects of life process.
- c) **Women** –Women diagnosed with cervical cancer and undergone minimum 3 month of treatment aged between 18 to 60 years
- d) **Cervical cancer** - Women diagnosed with abnormal cell growth arising from cervix and ability to invade or spread to other parts of the body and treated for cervical cancer.

Conceptual framework: The **Roy's Adaptation Model** was used for this study.

MATERIALS AND METHODS

Research approach: Qualitative approach.

Research design: Cross-sectional descriptive survey.

Setting: RMD Pain and Palliative care centre.

Population: All cervical cancer patients.

Sample: women with cervical cancer patients who were attending RMD Pain and Palliative care centre.

Sample size: 280 women .

Sampling technique: Purposive sampling technique was adopted

Inclusion criteria: 1. Women diagnosed with cervical cancer and undergoing regular treatments, 2. Women who are willing to participate in the study, 3. women who are available during data collection period 4. Women who can understand Tamil and English language, 5. Women currently receiving treatment for at least three months, 6. Women age limits between 18 to 60 years

Exclusion criteria: 1. Women who is having other health problems along with cervical cancer, 2. Women who is having physical and mental challenges , 3. Women who had never been treated for cervical cancer, 4. Women who had irregular treatment for cervical cancer ,5. Women who treated for cervical cancer other then India,

Study Permission: Official permission from concern authority of the RMD Pain and palliative care centre were obtained,

Ethical consideration: Ethical clearance was obtained from concern authority of Bharath University,

Data collection procedure: After obtaining consent from the women, one point data collection was done.

Tools: It Consist of four parts Part 1: Socio demographic variables of women, Part 2: Clinical variables of women, Part 3.

COPE Questionnaire

Major finding of the study follows

1 .Socio demographic variables of women:

- **With regard to age:** Most of the women were belongs to the age group of between 36 to 50 years about 152 (54.3%), and of them were 51 to 60 years 109(38.9%) and only 19 (6.8%) of them were 18 to 35 years.
- **With regard to marital status:** Most of women were about 188(67.1%), 79(28.2%) and 13(4.6%) married, Divorce/separate/widows and unmarried respectively
- **With regard to income:** Most of the women's monthly income were less than 10,000 Rs about 241(86%),and 36(12.9%) of them were between 10,001 to 20,000 Rs and 3 of them were about 20,001 to 30,000 Rs , none of them were earning more than 30001.
- **With regard to occupation: majority** of the women were about 110(39.3%) private employee and 109 (38.9%) of them were former, about 55(19.7%) daily wages and 4(1.4%) 2 (.7%) of them were government employee and House wife respectively. None of them were self employed.
- **With regard to habitat:** about 202 (72.1%) and 78(27.9%) of them were habitat in rural and urban respectively
- **With regard to Co Habitatat:** Most of the women living with partner about 145(55.8%), and 93(33.2%) of them were living with others children/relatives, only 42 (15%) of them were living alone
- **With regard to Co morbidity:** Most of them living with hypertension about 85 (30.4%), and 79 (28.2%) of them were living with Diabetes mellitus and living with Diabetes and hypertension were about 31(11.1%) and other diseases like hemorrhoids, disk prolapse,GI Diseases were about 18(6.4%).
- **With regard to Body mass Index: About** 158(56.4%), 79(28.2%), and 48 (15.4%) of them were normal weight, underweight and overweight respectively. None were Obese.
- **With regard to Insurance:** About 196(70.0%), 84(30.0%) of had insurance and not had respectively
- **With regard to Social support:** About 277 (99.9%), 3 (1.1%) of the women were not received and received social support respectively

2. Clinical variables of the women :

- **With regard to duration since time of diagnosis:** Majority of the women were in between 3 month to 3 years about 121 (43.2%) , between 4 to 6 years about 89(31.8%), and 48(17.1%), 22(7.5%) of them were between 7 to 9years and 10 to 12 years respectively

- **With regard to Cancer stage:** Majority of the women were in stage 3 about 138 (49.3%) and 107 (38.2%), 35(12.5%), of them were stage 2 and 1 respectively and none of them were in stage 4.
- **With regard to treatment:** Majority of the women were underwent radiation therapy about 113(40.4%), and 102 (36.4%) of them were underwent combined therapy, only 61(21.8%) of them were received chemotherapy and 4(1.4%) of them were underwent total abdominal hysterectomy
- **With regard to metastasis:** Majority of the women had metastasis of cervical cancer about 153(54.6%) and 127(45.4%) of them did not had it.
- **With regard to Types of tumor:** Majority of the women were had Squamous cell carcinoma about 229 (81.8%), and 17 (6.1%), of them were had Adeno carcinoma, 29(10.3%) of them were had other type of tumors and only 5(1.8%) of them had were had Adeno squamous cell carcinoma.
- **With regard to parity:** Majority of the women were multt para about 175(62.8%) and about 24(8.3%) , 81(28.9%) of them were nulli and primi para respectively
- **With regard to Menopausal status:** Majority of the women were in post menopausal period about 200 (71.4%) and about 80 (28.6%), of them were in premenopausal period.
- **With regard to abdominal mass:** Majority of the women were had abdominal mass about 204 (72.9%), and 76 (27.1%) of them were not had.
- **With regard to hospitalization during last year:** Most of the women were had hospitalization during last year about 250 (89.3%) and only 30(10.7%) of them did not had.

Table 1: Describes the mean, standard deviation on coping strategies among women

Items	N	Mean	SD
Positive interpretation	280	9.9712	1.39075
Mental disengagement	280	9.1750	2.67366
Focus vent	280	10.8857	1.90485
Active coping	280	9.9000	1.58306
Denial	280	8.6738	2.61245
Religious coping	280	9.9750	2.53776
Humor coping	280	7.7500	2.57956
Behavioral	280	9.2893	1.59026
Restraint	280	9.5036	1.68909
Emotional	280	10.0250	1.92403
Substance	280	5.7312	1.97178
Acceptance	280	11.6739	1.75256
Suppression	280	9.9283	1.73471
Planning	280	10.5591	1.54870
Social support coping	280	10.6107	1.67692
Problem focused coping	280	50.5971	6.77830
Emotional focused coping	280	45.1649	9.15345
Dysfunctional coping score	280	47.8388	4.47169

CONCLUSION

Cervical cancer is the preventable cancer but still it the most common cancer among women, due to availability of the treatment facilities the cervical cancer patients survival rate has been increased still the quality of life among survivors of cervical cancer need to be explored and relevant measures to be taken to improve the quality of life, not only that the coping mechanisms of the patient must be measured longitudinally because negative compliance and social isolation can lead to a worse prognosis.

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