COMPARATIVE STUDY TO ASSESS THE LEVEL OF QUALITY OF LIFE AMONG OLD AND NEWLY DIAGNOSED PATIENTS WITH CANCER CERVIX AT MEENAKSHI MISSION HOSPITAL MADURAI TAMILNADU.

A DISSERTATION SUBMITTED TO THE TAMILNADU Dr. M.G.R MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER SCIENCE IN NURSING

APRIL-2011

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ABSTRACT

A comparative study to assess the level of quality of life among old and newly diagnosed patients with cancer cervix Meenakshi Mission hospital and research centre, Madurai, Tamilnadu, was conducted in partial fulfillment of the requirement for the award of a degree of Master of Science in Nursing under the Tamilnadu Dr.M.G.R.Medical university, Chennai. The research design was descriptive design. Sample size was 60; Purposive sampling technique was used to select the samples.

OBJECTIVES OF THE STUDY WERE :-

- To assess the level of quality of life among old patients with cancer cervix.
- To assess the level of quality of life among newly diagnosed patients with cancer cervix.
- To compare the level of quality of life among old and newly diagnosed patients with cancer cervix.
- To associate the level of quality of life among old patients with cancer cervix and their selected demographic variables such as age , education, religion, residence, occupation, income of the family, marital status, number of children, type of family, family history of caner, stage of cancer and type of treatment

- To associate the level of quality of life among newly diagnosed patients with cancer cervix. and their selected demographic variables such as age , education, religion, residence, occupation, income of the family, marital status, number of children, type of family, family history of caner, stage of cancer and type of treatment.

HYPOTHESES:

- There is a significant difference in level of quality of life among old and newly diagnosed patients with cancer cervix
- There is a significant association between level of quality of life among old patients with cancer cervix and selected demographic variables such as age , education, religion, residence, occupation, income of the family, marital status, number of children, type of family, family history of caner, stage of cancer and type of treatment
- There is a significant association between level of quality of life among newly diagnosed patients with cancer cervix and selected demographic variables such as age , education, religion, residence, occupation, income of the family, marital status, number of children, type of family, family history of caner, stage of cancer and type of treatment

MAJOR FINDINGS OF THE STUDY :

- Majority of the 59 (98.3%) cancer cervix patients were in the age group of 35-65 years.
- Majority of the 55(91.7) were belong to Hindu.
- Majority of 46 (77%) cancer cervix patients were illiterate.
- Majority of 24(40%) cancer cervix patients were housewife.
- Majority of 49(82%) cancer cervix patients were in rural areas.
- Majority of 52(87%) cancer cervix patients family income is Rs.3000-4000.
- Majority of the patients 37(67%) cancer cervix patients having 3-5 children.
- Majority of the patients 53(88%) cancer cervix patients were in a II stage of cancer.
- Majority of the patients 20(67%) were receiving radiation therapy and chemotherapy.
- Majority of the patients 45(75%) were married.
- Majority of the patients 31(52%) were in joint family.
- Majority of the patients 56(93%) were not having family history of cancer.
- Majority of the 21(70%) old patients with cancer cervix had medium level of quality of life.
- Majority of the 19(63%) newly diagnosed patients with cancer cervix had medium level of quality of life.

- The results indicated that the mean score of quality of life among old patients with cancer cervix is higher than the mean score of newly diagnosed patients with cancer cervix.

- The results indicated that there was a significant association between level of quality of life among old patients with cancer cervix and selected demographic variables such as age , education, religion, residence, occupation, income of the family, marital status, number of children, type of family, family history of caner, stage of cancer and type of treatment

- The results confirmed that there was a significant association between level of quality of life among newly diagnosed patients with cancer cervix and the selected demographic variables such age , education, religion, residence, occupation, income of the family, marital status, number of children, type of family, family history of caner, stage of cancer and type of treatment

RECOMMENDATIONS:

On the basis of the present study following recommendations were made,

- A similar study could be done on a large sample.
- The study could be done with intervention may help to improve the quality of life.
- A study could be done to determine the coping strategy of patient with cancer cervix.
- A study could be done to determine the effectiveness of spirituality on quality of life among with patient with cancer cervix.
- A similar study could be conducted in the community area.
- A similar study could be done on a longitudinal basis.
- A similar study may be conducted to find out the incidence of cancer cervix and related complications.

CONCLUSION:

Management of early cancer cervix symptoms and adherence to medical treatment is the main challenges in controlling cancer cervix the findings of the study reveals that old patients with cancer cervix had higher quality of life than the newly diagnosed patients with cancer cervix.

The following conclusions are drawn from findings of the study.

The result of the study reveals that the old and newly diagnosed patients with cancer cervix fell in the category of medium level of quality of life. In order to improve their quality of life among old and newly diagnosed patients with cancer cervix, regular treatment and life style modifications are to be encouraged among individuals and society through the mass media and community health camps.

CHAPTER I

INTRODUCTION

"At ounce of prevention is worth a pound of cure
Avert the danger that has not yet arisen" .

- pathanjali

One of the greatest investments which we can make is to invest in health. There is no other investment like it…. Health is a life insurance success and happiness.

Cancer is one of the silent killer diseases throughout the world. The name cancer itself produces threat to many individuals fortunately many types of cancer can be detected, early and treated completely. More people are surviving with cancer as a result of early diagnosis and treatment **(park 2005).**

There are many types of cancer, cancer cervix, lung cancer, breast cancer, colorectal cancer, stomach, liver etc.. Among these cancers, the cancer of uterine cervix possesses a serious health problem worldwide and it is the most common cancer in women and virtually in all developing countries. **(Indian journal of community medicine January 2010.)**

Cancer affects all people in the world. In world wide approximately 10 million people are diagnosed with cancer and more than 6 million die of the diseases every year. About 22.4 million persons were living with cancer in the year 2000.

Cancer cervix is the second most common cancer among women. Worldwide 47,000 new cases are in the developing countries. Most cervical cancer are the squamous cell type. Squamous cell carcinoma usually begins at the squamous junction near the external end of cervix. Cervical adeno carcinoma diagnosed as it invade the cervical glandsCervical cancer takes the lives of more than 270,000 women every year, over 80% of them in less developed countries . Deaths from this disease not only cause great suffering, but also as loss of mothers, grandmothers, and other essential family members who take care of children and provide income also cause a significant economic hardship. The highest incidence and mortality rates are in sub Saharan (**health screen journal may 2010)** Africa; Latin America and Caribbean, south and southeast Asia. Even in industrialized countries like Africa that have experienced dramatic declines. The death rate is still high in regions with poor access to health care (or) other barriers to cervical cancer screening and early treatment. **(Health Screen Journal May 2010**

Infection of the cervix with human papilloma virus (HPV) is the most common cause of cervical cancer. Not all, women with HPV infection, however, will develop cervical cancer women who do not

regularly have a pap smear to detect HPV(or) abnormal cells in the cervix are at increased risk of cervical cancer.

Among Indian women, cancer of the cervical and breast, accounts for nearly 60% of all cancers. several studies reveals a close association of cervical cancer with poor genital hygiene, multiple pregnancies, multiple sexual partners, early marriage, early coitus, early child bearing and repeated child birth have been associated with increasing risk. **(Health Screen Journal May 2010)**

World health organization study found that cancer cervix was the high risk for the women who were using birth control pills like estrogen and more common in lower socioeconomic groups reflecting probably poor genital hygiene. Cervical cancer forms in the interior lining of the cervix, the junction of the vagina and uterus The development of cervical cancer is typically occurs over a period of years. The progression to cervical cancer begins with the development of precancerous stage in normal cells.(**World Health Organization 2010).**

When we see about global burden of cancer cervix the incidence and mortality was like 470233 in 2000. So the cancer cervix is the important problem for the women in global level. There are no noticeable signs of early cervical cancer but it can be detected early with yearly check-ups. Early cervical cancer may not cause noticeable signs (or) symptoms. Women should have yearly check-ups, including a pap smear to check for abnormal cells in cervix.

Frumovitz M, et al (2005) the aim of this study was to compare quality of life and sexual functioning in cervical cancer survivors treated with either radical hysterectomy and lymph node dissection (or) radiotherapy. The 14 patients with surgery, 37 radio therapy, 40 control were included for analysis. Univariate analysis was used with Patients who had surgery and controls. Patient's who had radiation were significantly poorer scores on standardized questionnaires measuring health related quality of life (physical and mental health) Psychosocial distress and sexual functioning of cervical cancer survivors treated with radiotherapy had worse sexual functioning than those treated with radical hysterectomy and lymph node dissection. Cervical cancer survivors treated with surgery alone can expect overall good quality of life and sexual function not like the peers without a history of cancer.

Patients with advanced carcinoma of cervix present with various treatable symptoms like vaginal bleeding ,pelvic pain, unusual vaginal discharge, pain during sexual intercourse, pelvic mass etc. cancer treatment like radiation therapy, chemotherapy, and surgery, play the important role to reduce the symptoms and restricting the metastasis thereby improve the quality of life of cancer cervix patients.

NEED FOR STUDY

In an enormously populated country like India, women are susceptible to "cervical cancer" at an age of 15 years according to a survey conducted by the (WHO) 1,32,082 women are diagnosed with cervical cancer every year and tragically,74,118 succumb to the fate of this dreaded disease and die. India has become a vulnerable zone as far as cervical cancer is concerned. As per statistics, 2.4 % of women in India between the age group of 0-64 years stand at a risk of acquiring the disease as compared to 1.3% of women from the rest of the world. The cervix, which is an extremely important part of a women's body can be affected by cancer, when types of many viruses called the human papilloma, viruses (HPV) affect the tissues in the cervix. The virus spreads through sexual contact. Infection by HPV does not always and necessarily lead to cancer. Most often, women bodies are capable of countering HPV infection. However, at times the cancer affects the surface cells of the cervix. If not diagnosed and treated, the cancer invades into the inner regions of the cervix and deeply infects the peripheral tissues. There is also a possibility that the cancerous cells break off from the tumors in the cervix and get transported to other regions in the body through the blood stream (metastasis). **(Health screen journal may 2010).**

WORLD SCENARIO:

In the majority of developing countries, cervical cancer remains the number one cause of cancer related deaths among women. A women who does not have her three short prevention vaccine , her regular pap test screen and HPV test when recommended, significantly increases her chances of developing cervical cancer. High risk HPV types are directly related to cervical cancer, yet many women are unaware of what HPV is (or) the relationship it has to cervical cancer. Cervical cancer is one of the leading cancer among women, which affects approximately 490,000 women each year, resulting in approximately 270,000 deaths worldwide. The five year survival rate of invasive cervical cancer is currently 72%. Improvements in screening and the development of prophylactic vaccines have decrease the incidence of late stage of cancer. The American cancer society estimates 11,070 women will be diagnosed with invasive cervical cancer and 3,870,will die of the cervical cancer within 5years.

The burden of human papilloma virus is second only to human immunodeficiency virus among sexually transmitted diseases. Health – related quality of life areas that are impacted substantially by human papilloma virus include emotional, social, and sexual functioning. **(Milanova TF et al 2007)**

A study at U.S.A showed that reduced distress during examinations with new technology may improve adherence to cervical cancer screening recommendations . They also proved that distress is reduced and adherence improves when health care providers match interventions

to patients informational processing styles .Investigations of survivors quality of life report conflicting findings, but studies indicate that survivors experience anger over reproductive age, loss of interest in sex and perhaps a greater vulnerability to sexual dysfunction compared with survivors of other cancers **(Miller SM etal 2009).**

INDIAN SCENARIO:

Cervical cancer is the commonest malignancy among women in India. &second most common form of cancer in the world as a whole. Worldwide, particularly in developing countries, cervical cancer remains the major cause of death in women accounting for an estimated 16,0000 deaths every year. The adjusted incidence rate for cervical cancer has been reported to vary from 14,100,000 women in various cancer registries in India. Only one preventive strategy currently available is cytological screening (PAPSMEAR)(**Indian journal of community medicine January 2010).**

According to the national cancer registry programme of India, said that cancers of the uterine cervix and breast are the leading malignancies noted in Indian women. It has been estimated that in india,100,000 new cases of cervical cancers are stage III (or) higher at the time of diagnosis. Due to lack of uniform policies and programs in organizing cervical cancer control activities no doubt cancer cervix remaining a major cause of death among Indian women. Clinical molecular and epidemiological investigation have shown strong etiological association between human papilloma virus (HPV)and cervical cancer. Infact, almost all cervical cancers (99%) contain the genes of high-risk HPVs most common types are 16,18,31&45.(**Indian journal of community medicine September 2008**).

The cervical cancer burden in India alone is estimated to reach 1, 00000 by (2011) The differential pattern of cervical cancer and the wide variation in incidence are possibly related to environmental differences. Etiological association and possible risk factors for cervical cancer have been extensively studied. Sexual reproductive factors, socioeconomic factors (education, income), viruses (herpes simplex virus, human papilloma virus, HIV)&other factors such a smoking, diet, oral contraceptives hormones etc…

Mrs.shata.v (2009) conducted a study at Chennai to estimates that the number of new cervical cancer cases per year is 500,000 of which 79% occur in developing countries. She says that "cancer of uterine cervix is one of the leading causes of cancer death among women worldwide". She further added that cancer cervix is ranked highest (or) second highest among cancer in women in developing countries. Where as in affluent countries cervical cancer does not even rate within the top 5 leading cancer in women.

The investigator during her clinical experience at Meenakshi Mission hospital and research centre, Madurai found that the old and newly diagnosed patients with cancer cervix those are getting treatment in oncology ward and oncology outpatient department. coping ability and , adjustment to the treatment was comparatively lower for the patients with cancer cervix.

Hence, the investigator felt that this present study would help them to improve the quality of life, and to develop positive coping abilities regarding cancer cervix So, the investigator selected this study.

STATEMENT OF THE PROBLEM :

A comparative study to assess the level of quality of life among old and newly diagnosed patients with cancer cervix at Meenakshi Mission hospital and research centre ,Madurai, Tamilnadu.

OBJECTIVES OF THE STUDY

1. To assess the level of quality of life among old patients with cancer cervix.
2. To assess the level of quality of life among newly diagnosed patients with cancer cervix.
3. To compare the level of quality of life among old and newly diagnosed patients with cancer cervix.
4. To associate the level of quality of life among old patients with cancer cervix and their selected demographic variables such as age , education, religion, residence, occupation, income of the family, marital status, number of children, type of family, family history of caner, stage of cancer and type of treatment
5. To associate the level of quality of life among newly diagnosed patients with cancer cervix. and their selected demographic variables such as age , education, religion, residence, occupation, income of the family, marital status, number of children, type of family, family history of caner, stage of cancer and type of treatment.

HYPOTHESES:

- ✓ There is a significant difference in the level of quality of life among old and newly diagnosed patients with cancer cervix.
- ✓ There is a significant association between level of quality of life among old patients with cancer cervix and selected demographic variables such as age, education, religion, residence, occupation, income of the family, marital status, number of children, type of family , family history of cancer, type of treatment, stage of cancer.
- ✓ There is a significant association between level of quality of life among newly diagnosed patients with cancer cervix and selected demographic variables such as age, education, religion , residence, occupation, income of the family, marital status, number of children, type of family, family history of cancer, type of treatment, stage of cancer.

OPERATIONAL DEFINITIONS

Quality of life

Quality of life refers to the degree of goodness (or) standard of life among patients with cancer cervix which are measured by a ferrans and powers quality of life index scale.

Newly diagnosed patients

It refers to the clients who are diagnosed to have cancer cervix with less than 6 months period.

old patients

It refers to the clients who are diagnosed to have cancer cervix with more than 2 years irrespective of age.

Cancer Cervix

It is refers to the clients those who are diagnosed to have cancer cervix with cytological investigation.

ASSUMPTIONS

1. Newly diagnosed patients with cancer cervix will have low level of quality of life when comparing with old patients with cancer cervix.

2. Newly diagnosed patients with cancer cervix level of coping will be less than the old patients with cancer cervix.

3. Selected demographic variables of the samples may have an influence over the level of quality of life among old and newly diagnosed patients with cancer cervix.

4. Adequate information regarding the cancer cervix and adjustment modalities will improve the quality of life among patients.

LIMITATIONS

1. The study sample size is limited to 60.
2. The study period was limited to only 6 weeks.

PROJECTED OUTCOME

1. The findings of this study will help the investigator to know about the level of quality of life among old and newly diagnosed patients with cancer cervix.

2. This study will help the nurses to give necessary information and provide counseling to the patients with cancer cervix will improve the quality of life.

CONCEPTUAL FRAME WORK

A conceptual framework can be defined as a set of concepts and assumptions that integrate them in to a meaningful configuration.

Conceptual frame work of this study is based on **Rosenstocks Beckers (1974) And Mainm's (1975) Health Belief Model** It addresses the relationship between the person's belief and behavior. It provides a way of understanding and prediciting how clients will comply with health care therapies.

It include the following components

- Individual perception
- Modifying factors
- Likelihood of action.

INDIVIDUAL PERCEPTION:

The first component in this model involves the individual's perception of susceptibility to an illness. In this study individual's perception refers to demographic variables such as age, education, religion, residence, occupation, income of the family, marital status, number of children, family history of cancer, type of family, type of treatment, stage of cancer

.

MODIFYING FACTORS:

According to the author the second component modifying factors refers to, Nursing intervention usually focus on factors that can be modified and commitment to plan of action.

The investigator has planned to use modified ferrans and powers quality of life index scale to assess the level of quality of life among old and newly diagnosed patients with cancer cervix. In this study, modifying factor refers to the level of quality of life. The level of quality of life is graded as low, medium, high levels.

Cues to action

In this study nursing actions focused on pelvic floor exercises , diet, perinea hygiene , sexual life relaxation therapy , sleep and rest reducing anxiety would help to improve the quality of life among the old and newly diagnosed patients with cancer cervix.

LIKELIHOOD OF ACTION:

According to the author the third component refers to the Preventive and teaching action may include lifestyle changes and increase adherence to medical therapies or a search medical advice or treatment, so the quality of life could be improved.

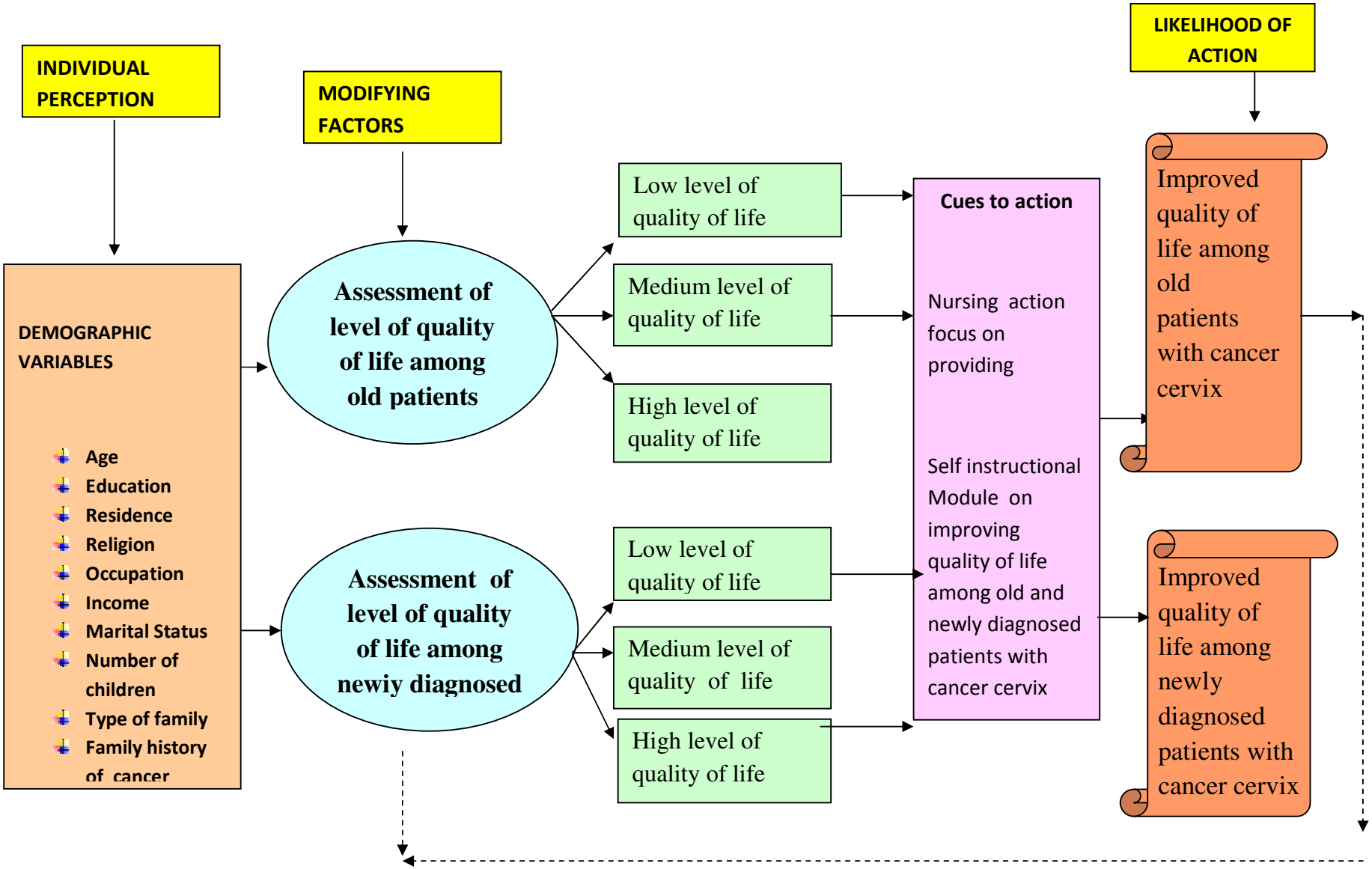


FIG 1: CONCEPTUAL FRAME WORK BASED ON " HEALTH BELIEF MODEL"

(ROSENSTOCKE'S AND BECKER 1974) & MAINMA (1975)

CHAPTER-II

REVIEW OF LITERATURE

The review of literature entails systemic identification; location and scrutiny of written material that contains relevant information pertaining to the study.

SECTION –A

Studies related to quality of life of patients with cancer cervix

Taechaboonsermsak P, et al(2005) conducted a study in Thailand about the Causal relationship between health promoting behavior and quality of life in cervical cancer patients among 488 cervical cancer patients those who were undergone radiotherapy. All the patients completed the Personal Data Form, Cognitive perception Form, Health promoting behavior scale, the social support questionnaire and The Functional Assessment of Cancer Therapy General (FACT-G) form. The results demonstrated that health promoting behavior had a significant direct positive effect on quality of life (beta = 0.71, $p < 0.01$). Cognitive perceptual factors had a significant direct effect on health promoting behaviors ($P = 0.69$, $p < 0.01$). Social support had a significant direct effect on the cognitive perceptual factors ($P = 0.64$, $p < 0.01$), health promoting behavior (beta = 0.70, $p < 0.01$), and the

quality of life (beta = 0.48, $p < 0.01$). Age and education did not have a significant total effect on the quality of life. Family income had a significant direct effect on cognitive perceptual factors (beta = 0.10, $p < 0.05$). The stage of cancer had a significant direct negative effect on cognitive perceptual factors (beta = -0.11, $p < 0.05$) and the quality of life.

Frumovitz M, et al (2005) , conducted a study in USA about Quality of life and sexual functioning in cervical cancer survivors among 114 patients treated with either radical hysterectomy and lymph node dissection or radiotherapy. Patients completed the standardized questionnaires measuring health-related quality of life (physical and mental health psychosocial distress and sexual functioning). The disparity in sexual function remained significant in a multivariate analysis. Univariate and multivariate analyses did not show significant differences between radical hysterectomy patients and controls on any of the outcome measures. Cervical cancer survivors treated with radiotherapy had worse sexual functioning than did those treated with radical hysterectomy and lymph node dissection.

Zola P, (et al 2003) conducted a study about the role of the French-Italian glossary of complications in the outcome evaluation of cervical cancer treatment: in Italy among 579 patients affected by cervical cancer treated in five Italian institutions. A minimum of 12 months follow up was required. All medical records of the patients enrolled, were examined by two independent reviewers in order to classify the complications according to the glossary.Out of 579 patients

319 (55.1%) were free of complications and 260 (44.9%) experienced at least one complication. The distribution by Grade was: G1 58.9%, G2 27.5%, G3 13.5%. The glossary included all observed complications, except for pulmonary fibrosis. The glossary is still a useful instrument in evaluating the outcome of cervical cancer treatment, whatever the therapy, and should be considered in quality of life assessment.

Capelli G, et al, 2002 conducted a study in Italy to evaluate the feasibility of measuring health-related quality of life (HRQOL) in a gynecologic oncology clinic by using an instrument that is nonspecific for cancer patients. Participants in this study included 115 women between the ages of 21 and 83 years who were referred to a university hospital for ovarian, endometrial, and cervical carcinoma. They completed the SF-36 questionnaire. Mean results for the entire sample, for different disease status (primary vs. progressive/recurrent disease), and reason for encounter (surgery, preoperative, postoperative, palliative chemotherapy, and follow-up) were compared with age-specific expected mean values for each SF-36 scale, based on published Italian reference values for the healthy population. Patients' attitude to the questionnaire was generally good. Mean values on the SF-36 scales varied. Role (Physical and Emotional) scales showed the highest differences from the expected age-specific values in all situations. Patients with primary disease showed little or no differences for the other six scales from the expected values, whereas a significant 10-point mean decrease in every SF-36 scale was recorded for patients with progressive/recurrent disease. A biologic interaction among cervical

carcinoma, age, and disease status was found in multivariate models, showing worst scores for patients with progressive/recurrent cervical carcinoma on almost all scales. Administration of generic HRQOL questionnaires in special health care delivery settings is feasible and well accepted and may help physicians and nurses to look beyond "what's wrong" in their patients.

Vistad I, **etal (2006)** conducted a study in Norway A critical review of patient-rated quality of life studies of long-term survivors of cervical cancer. The aim of this critical review was to summarize and discuss the research findings of Quality of life in Cancer cervix survivors based on self-report measures in terms of physical, psychosocial, and sexual well-being. Electronic databases were used to identify the studies published between 1966 and August 2005. In earlier stages of cancer cervix and following surgery alone, there seem to be minor differences between cancer cervix survivors and control groups concerning various Quality of life domains.Reviewed studies indicate that quality of life in cervical cancer survivors is reduced compared to the general female population following radiotherapy, but less often following surgery and earlier stages of cervical cancer.

Visser MR, **van Lanschot JJ**, **Goma. DJ (2006) ,** conducted a study in the Netherlands about Quality of life in newly diagnosed cancer patients waiting for surgery is seriously impaired. Among 196 with lung, periampullary, oesophageal and cervical cancer completed questionnaires on generic QL (SF-36), overall QL, cancer-site specific symptoms (EORTC-modules), anxiety (STAI), health expectations,

demographics and comorbidity. The Quality of life of these patients is seriously impaired. In this study cancer-site was not a specific aspect but fatigue and emotions of their lives.

Zeng. V.C ., ching S.S., zeng A.Y. (2010) conducted study in quality of life measurement in women with cervical cancer among chinese cervical cancer survivors . Patients completed the multidimensional quality of life. Instruments were identified from 41 articles these instruments could be classified into four categories generic cancer specific, cancer site, and cancer Survivor – specific instruments with internal consistency varying from 0.68-0.99 , the test – retest reliability ranged from 0.60 -0.95 based on the test of the Pearson coefficient . Although all these instruments met the minimum requirements of reliability and validity, the original version of these instruments were mainly in English as quality of life can be affected by culture , studies assessing the quality of life of cervical cancer survivors in china (or) other non –English speaking countries should choose (or) develop instruments relevant to their own cultural context. There is need to develop comprehensive quality of life instrument for Chinese cervical cancer survivors across the whole survivorship for short (< 5years and) and long time (more than 5years) surivivorship .

Chung .N.N et al (2009) conducted a study in Taiwan about to the comparison of surgery or radiotherapy on complications and quality of life in patients with the stage I B and IIA Uterine cervical cancer among 202 patients . The participants completed the European organization for research and treatment of cancer quality of life

questionnaire and complications questionnaire score 30 . There was no difference in sexual dysfunction between these two modalities. comparison of EURTC QLQ – C 30 showed that the majority of issued had minimal difference between these two treatment modalities, except social functioning (P<0.05, higher in radio therapy group), constipation (p<0.001., higher in surgery group)and diarrhea (p<0.01., ., higher in radio therapy group).In early stage uterine cervical cancer patients , surgery or radio therapy resulted in different complications , Where as long- term quality of life showed few difference between these two different modalities.

Kobayashi M , et al (2009) conducted a study in Japan about the psychological distress and quality of life in cervical cancer survivors after radio therapy The Purpose of the study is to evaluate whether difference in the type of radiotherapy, disease stage, and self esteem influence psychological distress and quality of life (QOL) among cervical cancer survivors. The participants completed the Japanese version of the Hospital Anxiety and Depression scale, the functional assessment of cancer therapy General and the Rosenberg self-esteem scale. They concluded that psychological distress and Quality of life (QOL) differed significantly in accordance with the survivor's in the high self esteem group had lower level of anxiety and depression and higher quality of life score (emotional and social | family aspects of quality of life and total quality of life) than those in the low self esteem group psychosocial support with consideration of a patients self esteem is necessary throughout and beyond radiotherapy for cervical cancer.

Tang C.S et al (2009) Conducted a study in Hong Kong about the quality of life and it's age-specific factors in cervical cancer patients at different stages of life among 173 patients with cervical cancer. The respondents completed the WHO quality of life scale – Chinese – Hong Kong (HK) version (WHO QOL- BREF- HK) and compared across age groups. The result shows that the age groups did not differ in the level of quality of life, except for the social relationship domain. Older patients reported poorer social functioning than younger patients Diagnosis and stage of cancer were positively associated with age, physical morbidity and history of termination of pregnancy. Patients age had a significant impact on the experience of quality life. Older patients had poorer social relationship than younger patients Religion seemed to have a protective effect against poor social functioning in aging patients.

Gotay C.C et al (2008) conducted a study about adaptation and quality of life among long term cervical cancer survivors in the military health system Among 41 respondents completed the self administer questionnaire including standardized measures of quality of life ,distress and sexuality . Survivors received more than cancer screening than the general population. Nearly one half of respondents reported no effect of cancer on their sexual relationships. Cervical cancer survivors over all reported a higher quality of life, many experienced significant decrements in sexual functioning.

Beesley V.L. et al(2008) conducted a study to evaluate health behavior(smoking, physical activity, fruit and vegetable intake) and body mass index of gynecological cancer- survivors and their

association with Quality of life Among 802 gynecological cancer patients Data were collected through mail survey the questionnaire included validated measure of health behaviors, quality of life, clinical status, and demographic variables. They found that gynecological cancer subtype,61-68 %, were insufficiently active (or) sedentary, 19-44% were obese, 31-41% had less than two daily serves of fruit and 6 – 21% smoked significantly more among endometrial cancer than other cancer survivors were obese (44%, 95%), smoking was more prevalent among cervical cancer survivors(21%, 95%) a positive linear trend of physical activity level with quality of life (P = 0.039). This research demonstrates the importance of integrating physical activity and test the causal effect of exercise on quality of life are a future research priority.

Herzog TJ.,et al (2007) conducted a study in Washington about the impact of cervical cancer on QOL in women with cervical cancer, as well as the effect on patient's partners. Study results showed that fear, self-blame, distress and anxiety about cervical cancer are common in women who receive abnormal pap test result or positive human papilloma virus. Such results impact body image, self esteem, relationship with partners and sexual and reproductive issues, while adding to an overall decrease of quality of life in women's cervical cancer. The impact of a cervical cancer and precancerous test on quality of life , should be managed as part of a complete health care plan to improve quality of life . Cervical cancer patients should seek supportive counseling and education about self-care and adherence to treatment and follow-up plans continue cervical cancer screening.

Bradley S, et al, (2006), conducted a study in USA about Quality of life and mental health among 152 cervical and endometrial cancer survivors. The goal of this study was to examine quality of life and mood in long-term survivors of cervical and endometrial cancer. Relationships of quality of life and mood with demographicsand disease factors were also investigated. The participants completed the Quality of life, mood, and demographics were assessed by questionnaires. There was no significant differences in quality of life or depressive symptoms between the three groups. Cervical cancer survivors reported significantly more anxiety than endometrial cancer survivors, and more dysphoria, anger, and confusion than either endometrial cancer survivors or healthy controls. Greater depression and mood disturbance were reported by unemployed and unmarried cancer survivors. Treatment modality, stage of disease, and length of time since diagnosis were not related to quality of life or mood. Quality of life in cervical and endometrial cancer survivors approximates that of healthy controls by 5 years post-diagnosis. However, cervical cancer survivors report more negative mood than survivors of endometrial cancer or healthy controls. Cancer survivors who are unemployed or living alone may be especially at risk for mood and mental health difficulties

Greimel, ER, et al. (2008) , conducted a study to investigate the long term treatment side effects on the quality of life and sexual functioning of cervical cancer survivors understanding different treatment regimens. The study result showed that cervical cancer survivors treated with radiotherapy are likely at risk for impaired quality

of life. Survivors treated with surgery chemotherapy return to a similar level of quality of life without a history of cancer. Although the sexual activity rate is lower in irradiated patients their sexual pleasure is similar to patients after surgery and chemotherapy.

Tambieraza,ZA, etal.(2007) Conducted a study to assess the quality of life in patients with cervical carcinoma (stage I to stage II) among 180 patients in all clinical groups under going treatment.The study result showed that those receiving complex radiotherapy alone showed lowest level .At the same period quality of life failed to recover until 6 months after treatment.

CHAPTER III

RESEARCH METHODOLOGY

Research methodology are the steps, procedures, and strategies for gathering and analyzing the data in research investigation **(polit hungler 2001) .** This chapter deals with methodology followed by the investigator to assess the quality of among old and newly diagnosed patients with cancer cervix in Meenakshi mission hospital at Madurai.

Research approach

Quantitative approach was used for this study.

Research Design

descriptive design was adopted in this study.

Setting of the study

This study was conducted in oncology wards and oncology out patient department of Meenakshi mission hospital at Madurai which is situated 50 km away from Matha college of Nursing, Manamadurai. This hospital is reputed for mulitispeciality with the bed strength of 650, which consists of various departments like cardiology, cardiothoracic surgery, Medical, surgical, nephrology, urology, pediatrics, oncology, IRCU, ICUs, obstetrics and gynecology etc…The oncology unit has the bed strength of 50 Nearly 20 to 25 patients are getting radiation therapy/chemotherapy Everyday, More than 50 patients are attending oncology outpatient department for follow up. The total Number of

Cancer cervix patient's in oncology ward and out patient department per month is nearly 250, which include 150 old and 100 newly diagnosed patients with cancer cervix.

Population

The target population of this study was patient's with cancer cervix admitted in oncology ward and oncology out patient department of Meenakhi Mission Hospital at Madurai.

Sample Size:

The sample consists of 60(30 old and 30 newly diagnosed patient's with cancer cervix) admitted in oncology ward and oncology out patient department of Meenakshi Mission Hospital and Research Centre at Madurai.

Sampling technique:

Old and newly diagnosed cancer cervix patients in Meenakshi Mission Hospital who fulfilled the inclusion criteria were selected as samples, by purposive sampling technique .

Criteria for sample selection:

Inclusion criteria:

a) Patients diagnosed with cancer cervix for more than two years
b) Patients diagnosed with cancer cervix less than 6 months
c) Subject speaking and understanding Tamil (or) English

Exclusion criteria:

a) Other type of cancer patients like ovaries, breast ,oral and stomach cancer
b) Those who are critically ill.
c) Those who are not willing to participate

Description of the Tool:

The tool consisted of 2 parts

Part –I Demographic Data

Part – II Quality of life scale (ferrans and powers quality of life index scale)

Part –I

Deals with demographic variables of cancer cervix patients such as age, educational status, occupation, family income, religion, marital status, Residence, type of family, number of children, type of treatment , stage of cancer.

Part –II

Consist of 25items, regarding quality of life among old and newly diagnosed patient's with cancer cervix based on activities of daily living , perception pain, relationship with family members , partners and others who take care of the family responsibilities, emotional support , financial support from the family, body image disturbance and sexual life etc.

Scoring procedure:

Each item consists of 1-5 score. Each question carries a score of 1 for very dissatisfied level of quality, (2) for dissatisfied level of quality, (3) for uncertain, (4) for satisfied level of quality, (5) for very satisfied level of quality. The score for the state of quality of life index scale ranged from 25 to 125 .

The subject is classified in to three groups based on their score from Mean

+/- Standard deviation formula as follows :

Level of quality of Life	Old patients with cancer cervix	Newlydiagnosed patients with cancer cervix
Low	25-57	25-42
Medium	58-84	43-71
High	85-125	72-125

Testing of the Tool

Content validity :

The observational checklist of quality of life index scale was given to five experts for validating the content. Experts were asked to give their opinion and suggestions about the content. Some revisions including modification of language and format were made on the basis of suggestion given by the advisor under whose guidance the study was conducted.

Pilot study

A pilot study was conducted in Meenakchi Mission Hospital research centre at Madurai. 6 cancer cervix patients were selected, (3 old patient's and 3 newly diagonosed patients with cancer cervix by purposive sampling techniques who fulfilled the inclusion criteria. Quality of life was assessed by using modified powers and ferrans quality of life index scale .

The pilot study did not show any major problem in the design of the study. The subjects included in the pilot study were excluded from the main study. Modification was done in the tool. Analysis of the pilot study data showed that statistical test chosen to test the hypotheses were appropriate and feasible.

Data collection Procedure:

The data collection was done for 6 weeks in Meenakshi Mission Hospital and Research centre at Madurai. The researcher got formal permission prior to data collection from the medical director, nursing superintendent and head of department of oncology ward to conduct the study. The researcher went to the oncology outpatient department at 9:00am and introduced herself to the staff picked up the out patient records those who fulfilled the inclusion criteria, then the researcher call out the sample by name and introduced herself to the samples. Formal consent was obtained from the samples. After getting their consent questionnaires were given to the samples and proper explanation were provided for each sample. About 1 hour was spent for collecting the data from each sample. The researcher spent her time in out patient department from 9:15 am to 1:15 pm, Then the researcher went to the inpatient department of oncology unit and introduced herself to the staff and picked up the inpatient records those who fulfilled the inclusion criteria After getting their consent questionnaires were given to the sample about 1 hour was spent for each sample to collect the data. The researcher spent her time in inpatient department from 2:15p.m to 5:15p.m. Everyday 2 to 4 subjects were selected by purposive sampling which includes old and newly diagnosed patients with cancer cervix. After the questionnaires were filled the researcher terminated by giving thanks to the respondents.

Plan for Data analysis:

The data were summarized , organized, tabulated and analyzed. The data were analysed according to the objective of the study by using descriptive , frequency, percentage, standard deviation, mean and chi-square, independent 't'-test .

Protection of Human rights:

The research proposal was approved by dissertation committee prior to pilot study. Permission was obtained from the Principal Matha College of Nursing and also from the Head of the Department, Medical surgical Nursing, consent from Medical Director, head of the Department of oncology ward, nursing superintendent. verbal consent was obtained from the study subject and the data collection was kept as confidential. Assurance was given to the subjects that anonymity of each subject would be maintained .

CHAPTER –IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of collected data from 60 patients with cancer cervix, who are getting treatment in oncology unit and oncology out patient department of meenakshi mission hospital and research centre, Madurai , to assess the level of quality of life among cancer cervix patients .Analysis is a method for rendering quantitative, meaningful and providing intelligible information, so that the research problem can be studied and tested including the association between the variables. The purpose of analysis is to reduce the data to a interpretable and meaningful form so that the result can be compared and significance can be identified.

Data were collected through standaridized and structured interview schedule. The obtained data were analyzed by using descriptive and inferential statistics which were necessary to assess the level of quality of life among cancer cervix patients.

PRESENTATIONS OF DATA:

The analysis of the data was organized and presented under the following sections.

SECTION-I

Table 1:

Frequency and percentage distribution of samples according to selected demographic variables.

Table 2:

Frequency and percentage distribution of samples among old patients with cancer cervix according to level of quality of life.

Table 3: Frequency and percentage distribution of samples among Newly diagnosed patients with cancer cervix according to level of quality of life.

SECTION-II:

Table 4:

Comparison of level of quality of life among old and newly diagnosed patients with cancer cervix.

SECTION-III:

Table 5:

Association between the level of quality of Life and selected demographic variables among old patients with cancer cervix.

Table 6:

Association between the level of quality of Life and selected demographic variables among newly diagnosed patients with cancer cervix.

SECTION-I

Frequency Percentage Distribution Of Old and Newly Diagnosed Patient with Cancer Cervix

Table-1 **N=60**

S. No	Demographic Variables	Old	New
		Frequency(%)	Frequency(%)
1.	**Age (in Years)**		
	a) 25 to 35	0(0)	1(3)
	b) 36 to 45	6(20)	12(40)
	c) 46 to	12(40)	16(54)
	d) 56 to 65	12(40)	1(3)
	e) Above 65	0(0)	0(0)
2.	**Educational qualification**		
	a) Illiterate	21(70)	25(83)
	b) Primary school level	4(14)	2(7)
	c) High school level	1(3)	3(10)
	d) Higher secondary level	1(3)	0(0)
	e) Degree	3(10)	0(0)

3.	**Religion**		
	a)Hindu	24(80)	27(90)
	b) Christian	2(7)	2(7)
	c)Muslim	4(13)	1(7)
4.	**Residence**		
	a) Rural	24(80)	25(83)
	b) Urban	6(20)	5(17)
5.	**Occupation**		
	a) Govt. Employee	1(3)	1(3)
	b) House wife	14(47)	9(31)
	c) Daily labourer	8(27)	10(33)
	d) farmer	7(23)	10(33)
6.	**Total Income of the family (per month)**		
	a) Rs 3000 to Rs 4000	26(87)	26(87)
	b) Rs 4001 to Rs 5000	3(10)	2(7)
	c) Rs 5001-toRs 6000	0(0)	1(3)
	d) Above Rs. 6000	1(3)	1(3)

7	**Marital Status**		
	a) Married	25(83)	20(67)
	b) Unmarried	0(0)	0(0)
	c) Separated	0(0)	0(0)
	d) Widow	5(17)	9(30)
	e) Divorced	0(0)	1(3)
8	**No. of Children**		
	a) 1 to 2	6(20)	7(24)
	b) 3to 5	17(57)	21(70)
	c) Above 5	7(23)	1(3)
	d) Nil	0(0)	1(3)
9	**Type of family**		
	a) Nuclear family	10(33)	15(50)
	b) Joint family	18(60)	13(43)
	c) Extended family	2(7)	0(0)
	d) Separated family	0(0)	2(7)

10	**Family history of cancer**		
	a) Yes	3(10)	1(3)
	b) No	27(90)	29(97)
11	**Stage of cancer**		
	a) stage I	4(13)	3(10)
	b) stageII	21(70)	22(73)
	c) stageIII	3(10)	5(17)
	d) stageIV and above	2(7)	0(0)
12	**Type of treatment**		
	a) Chemo therapy	17(57)	3(10)
	b) Radiation therapy	0(0)	20(67)
	c) Surgery	0(0)	0(0)
	d) All	13(43)	7(23)

Table -1 shows the Frequency Percentage Distribution of samples based on the Demographic Variables.

Regarding age 18 (31%) samples are in the age group of 36-45 and 28 (47 %)years,12(40%) samples are in the age group of 46-55 and 13(23%) years,12(40%)samples are in the age group of 56-65 years.

Regarding religion 51(85%) samples are belong to Hindus religion, 4(7%) samples were Muslims, and 5(8.37%) Samples are Christians.

Regarding Residence 49(82%) samples were living in rural area and 11(18.3%) samples were living in Urban area.

Regarding education status of patients shows that 46(77%) samples were illiterate,6(10%) Samples Studied upto Middle school level ,4(7%) samples Studied upto high school, 4(7%) samples Studied upto higher secondary level and 3(5%) studied upto degree.

Regarding occupation 2(3.33%) Samples are government employee, 23(38.3%) Samples are house wife,18 (30%) Samples are daily labourer, and 17(28.3%)samples are farmer.

Regarding Income of the family per month 52(87%) samples were getting Rs 3000-4000,5(8.3%) samples were getting Rs 4001-5000, and 2(3.33%) samples are getting above Rs 6000.

Regarding marital status 45(75%) Samples are Married, 14(23.3%) Sample are widow. and 1(1.7) Sample are divorced.

Regarding the number of children 13(22%) samples are having 1to2 children, 38(63.3%) samples are having 3to5 children , 8(13.3%) Samples are having more than 5 children and 1(1.7%) Samples are not having any child.

Regarding type of family 25(42%) respondents were from nuclear family,31(52%) respondents were from joint family , 2(3.33%) respondents from extended family, and 2(3.33%)respondents are separated.

Regarding family history of cancer 4(7%) samples had the family history of cancer, 56(93.5%) Samples are had no family history of cancer.

Regarding stage of cancer 7(11.7%) Samples are in I stage of cancer,43(72%) Samples in II stage of cancer,8(13.3%) samples in III stage of cancer,2(3.33%)samples in IV stage of cancer.

Regarding type of treatment 20(33.3%) samples are undergone chemotherapy, 20(33.3%)samples are undergone radiation therapy 13(22%) samples are Undergone all types of treatments like radiation therapy ,chemotherapy, and surgery.

FIGURE-1

Percentage Distribution Of Samples According To Age

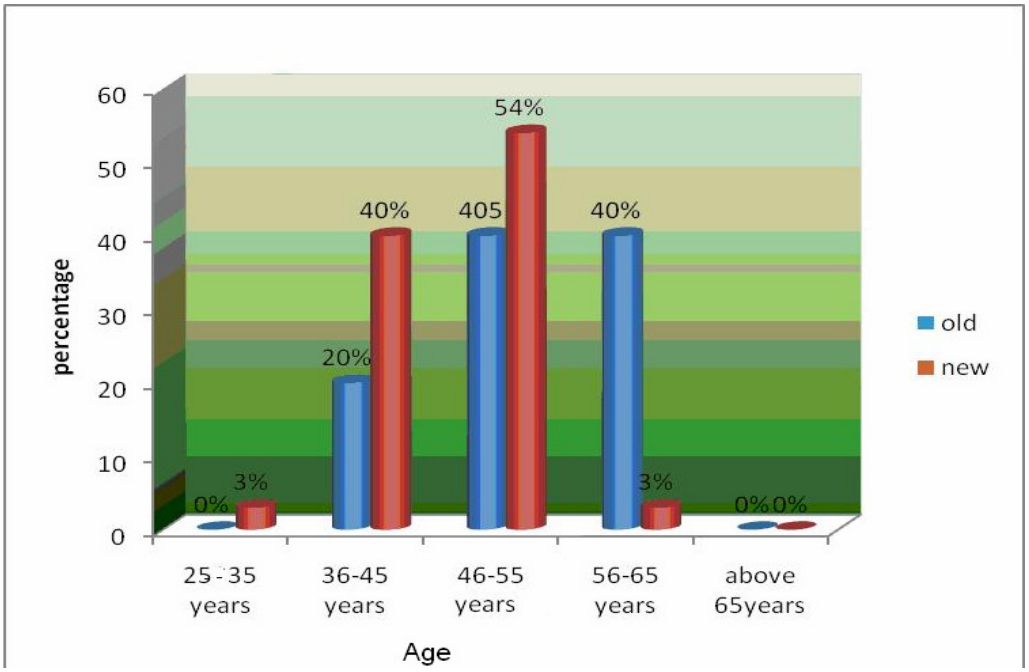


FIGURE-2

Percentage distribution of samples according to education

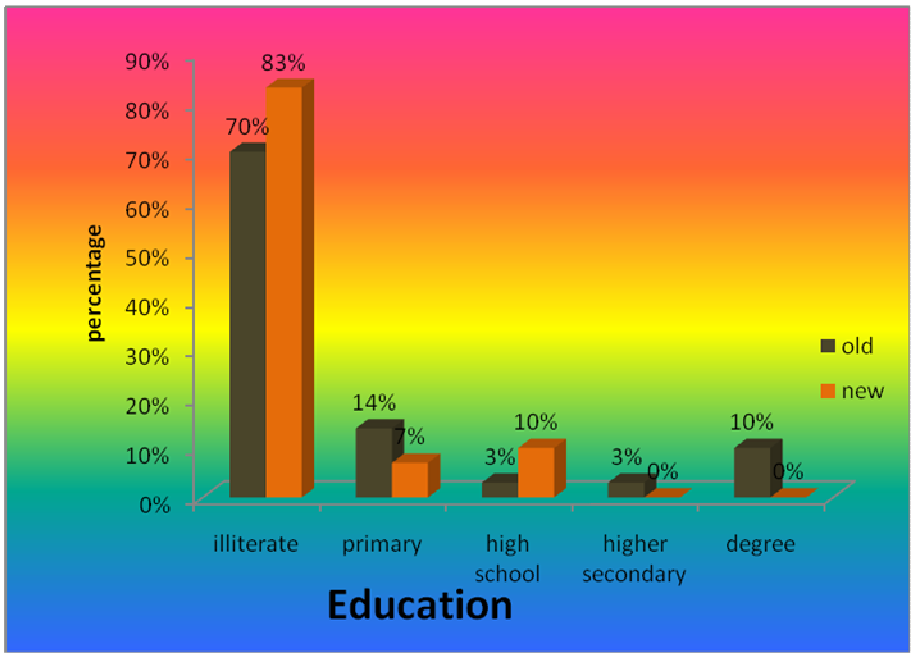


FIGURE-3

Percentage distribution of samples according to Religion

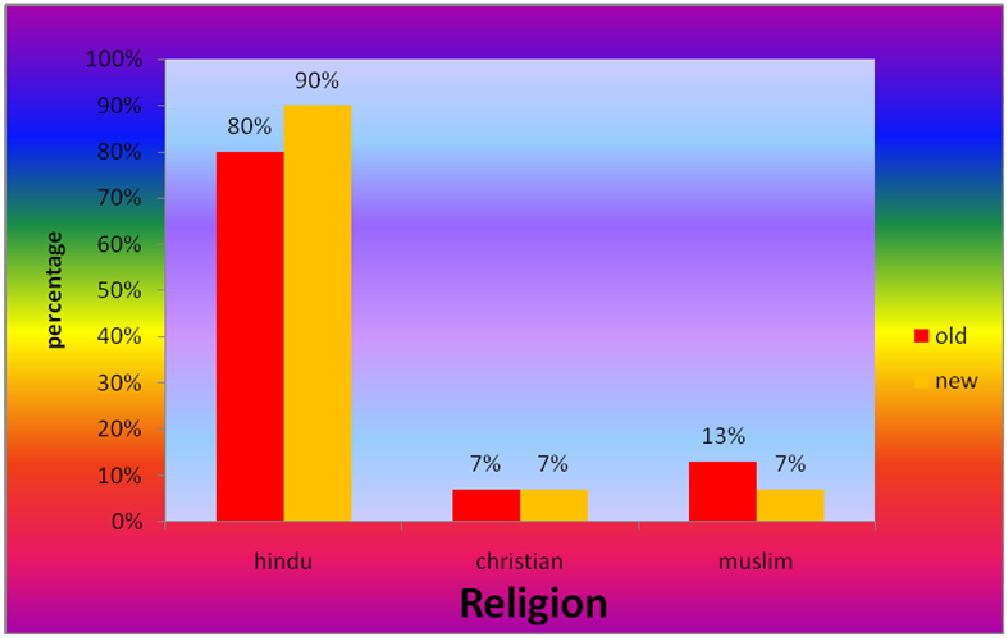


Figure-4

Percentage distribution of samples according to Residence

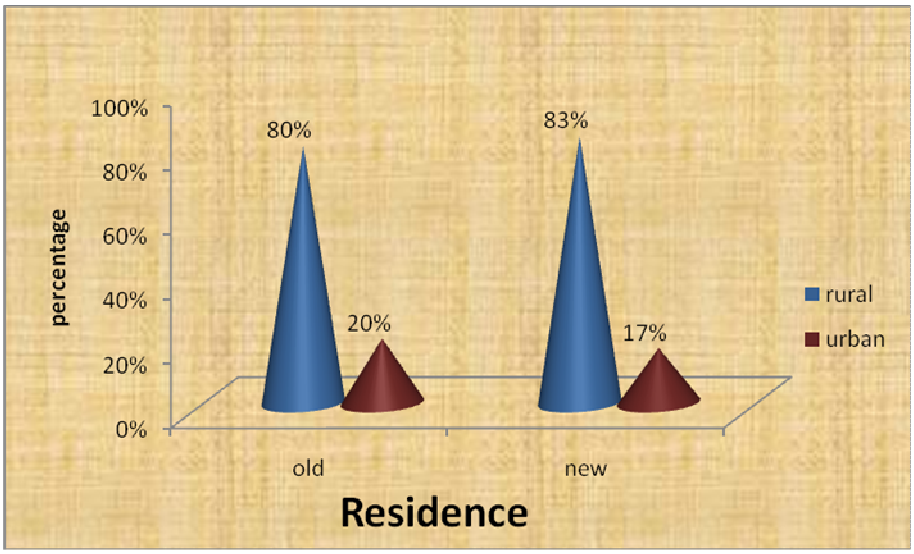


FIGURE-5

Percentage distribution of samples according to Occupation

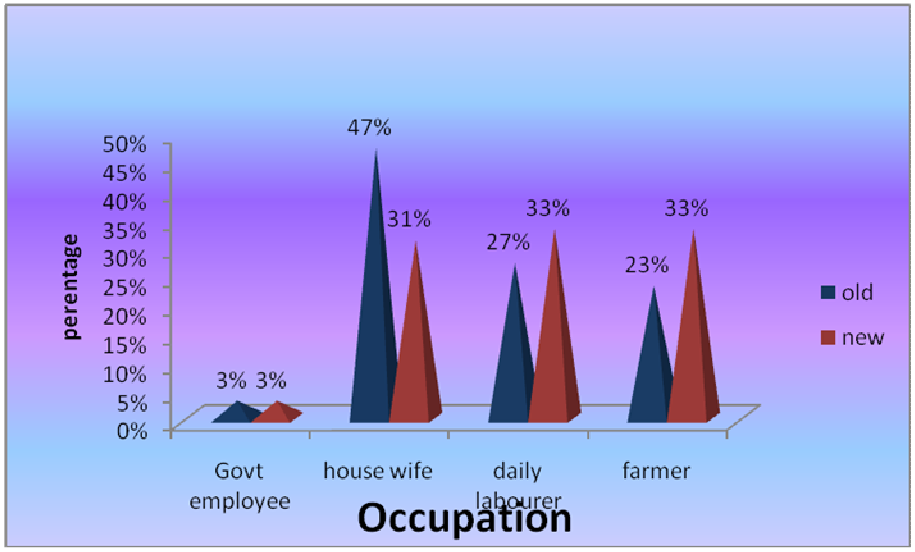


FIGURE-6

Percentage distribution of samples according to Monthly income of the family

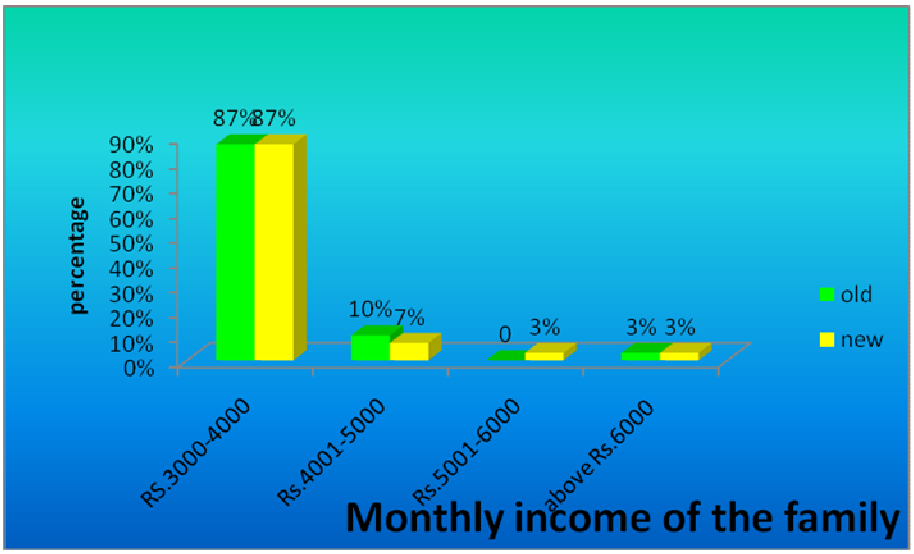


FIGURE-7

Percentage distribution of samples according marital status

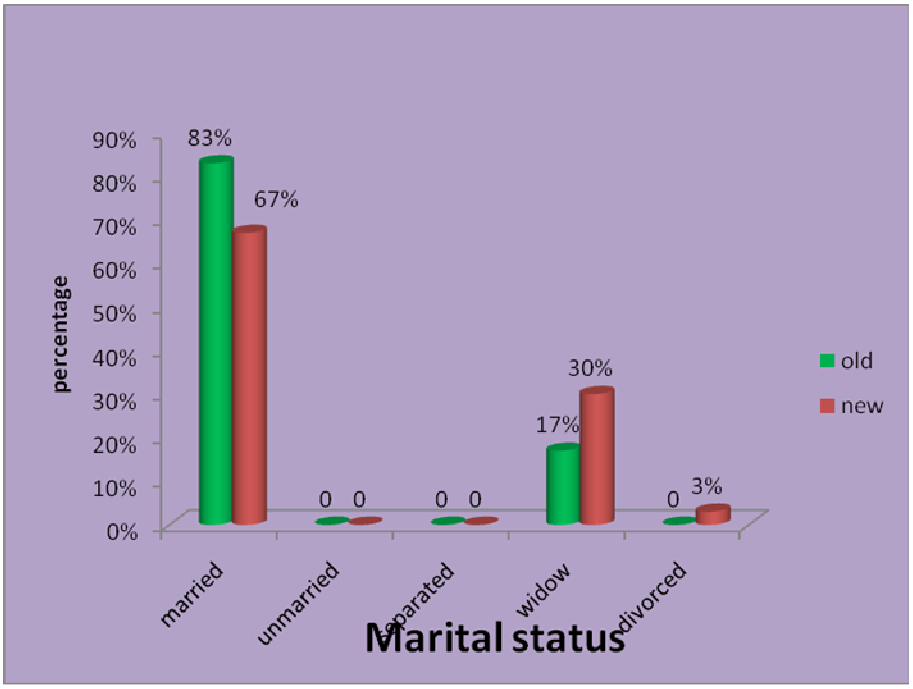


FIGURE-8

Percentage distribution of samples according Number of children

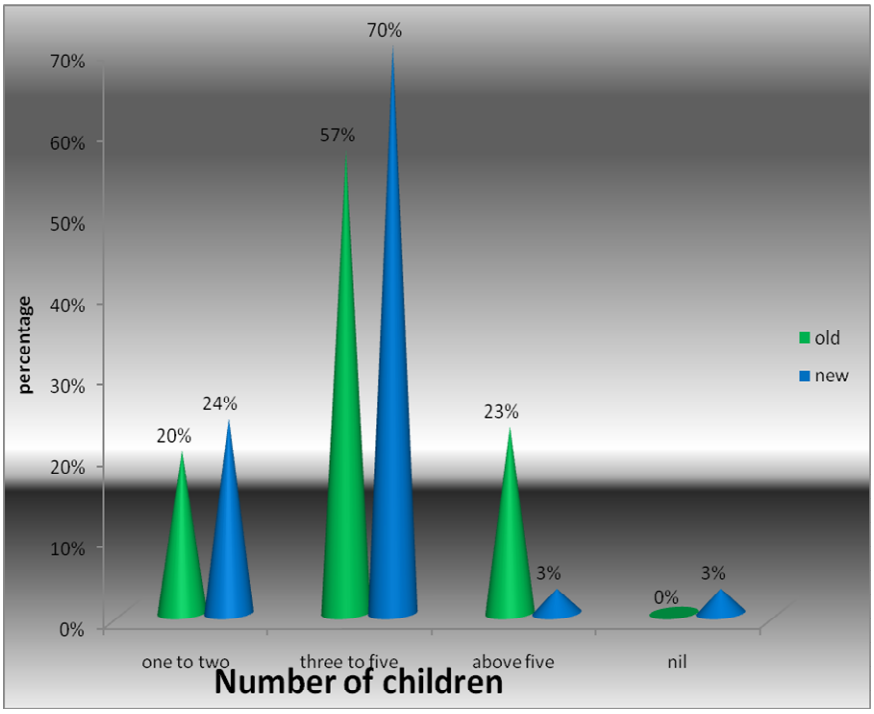


FIGURE-9

Percentage distribution of samples according to Type of family

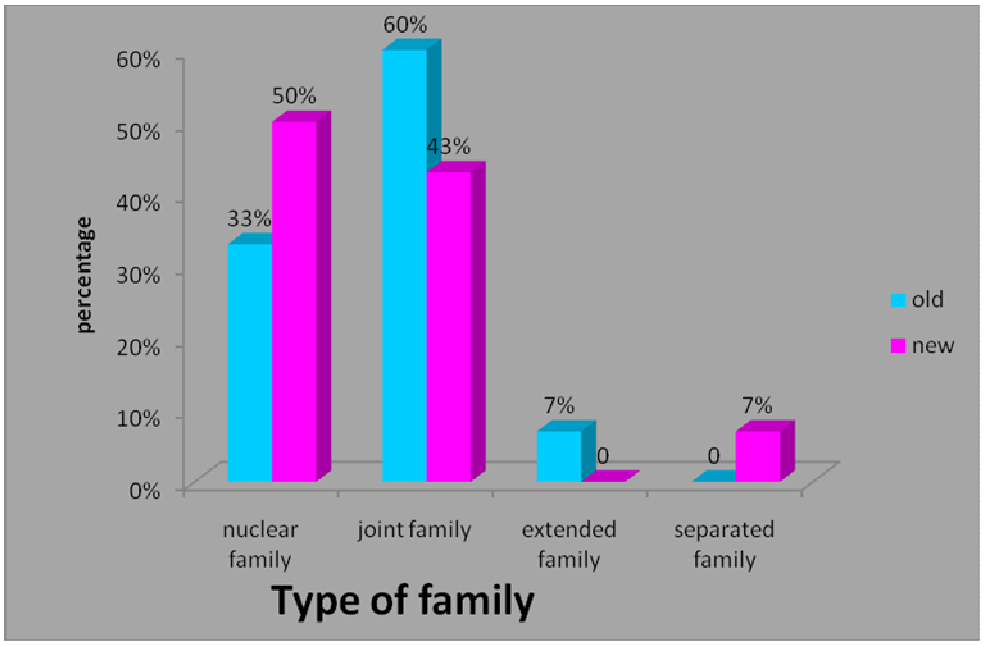


Figure-10

Percentage distribution of samples according to family history of cancer

FIGURE-11

Percentage distribution of samples according to stage of cancer

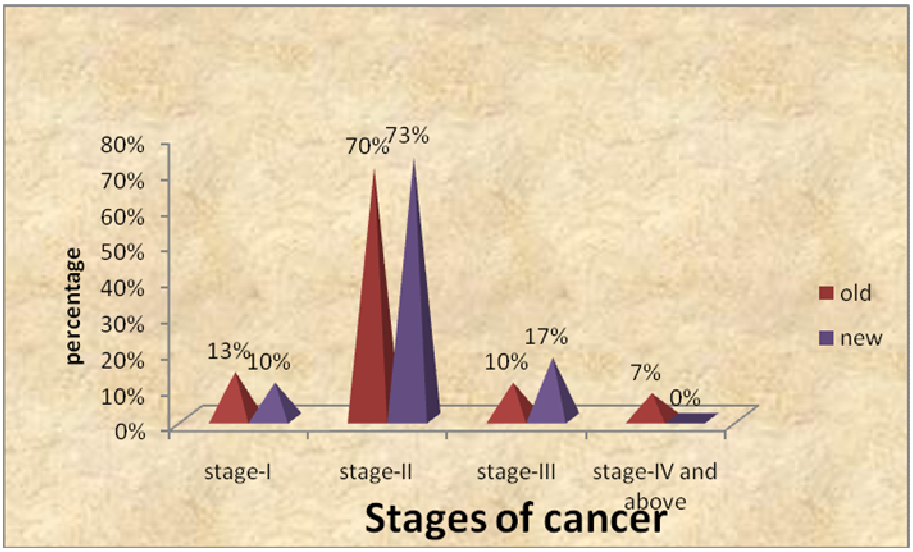
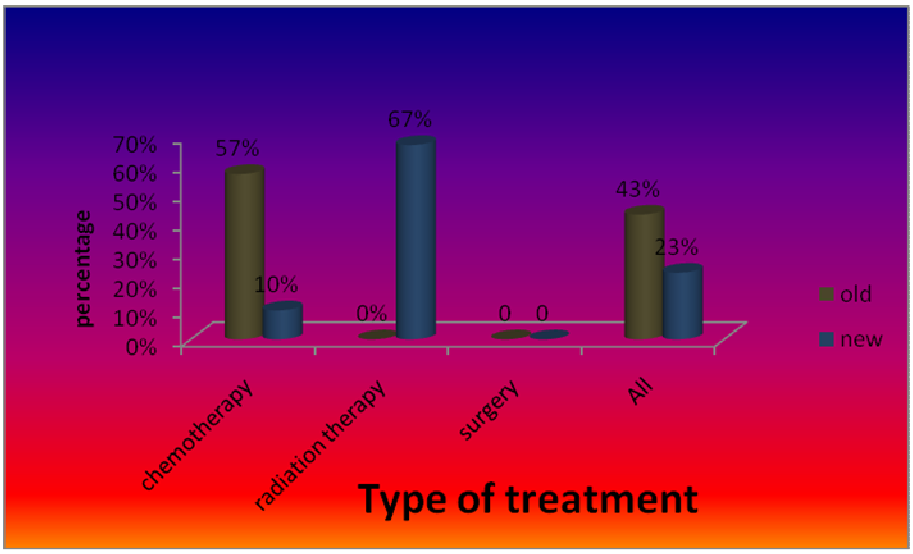


Figure-12

Percentage distribution of samples according to Type of Treatment



Distribution of level of quality of life among Old patients with cancer cervix

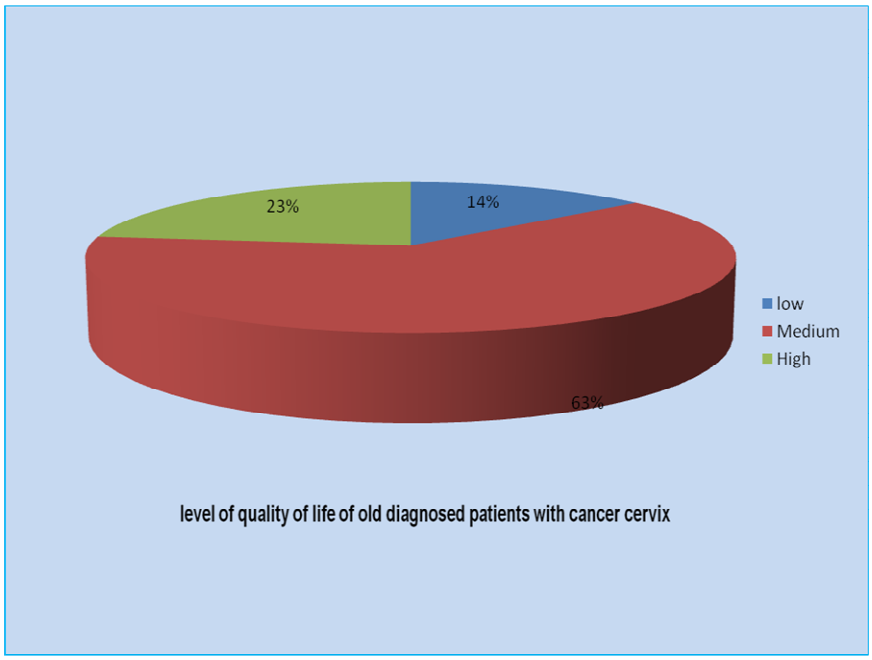
Table-2 **N=30**

Sl.no	Level of quality of life	Frequency (N)	Percentage (%)
1	Low	6	20
2	Medium	21	70
3	High	3	10

Table 2 revels that 21(70%) cancer cervix patients are having medium level of quality of life ; 6(20%) patients are having Low level of quality of life 3(10%) patients are having High level of quality of life.

FIGURE XIII

Percentage Distribution of level of quality of life of among Old patients with cancer cervix



Distribution of level of quality of life among newly diagnosed patients with cancer cervix

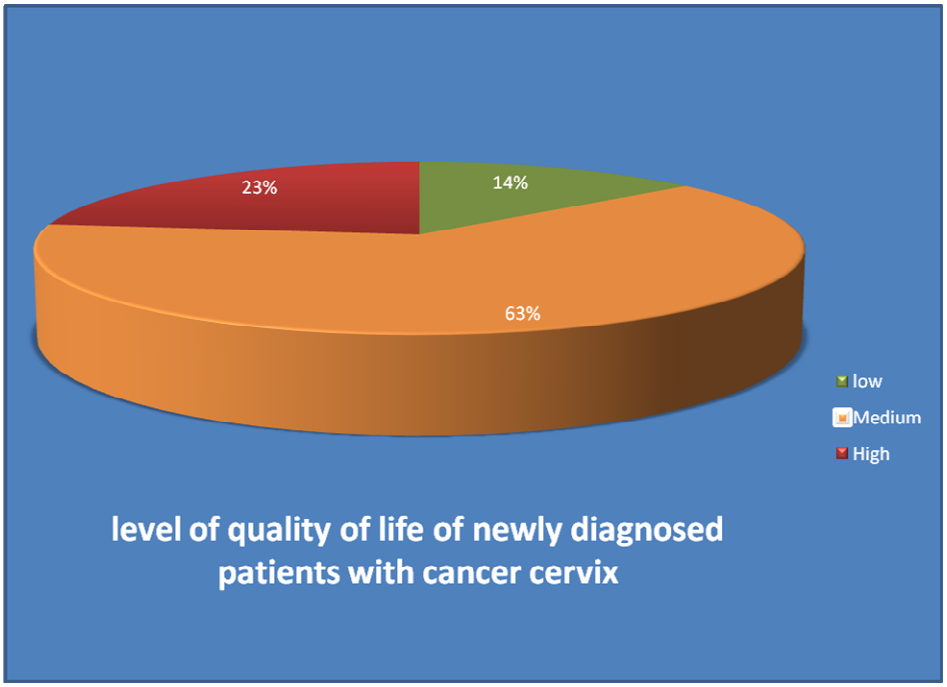
Table-3 **N=30**

Sl.no	Level of quality of life	Frequency (N)	Percentage (%)
1	Low	4	14
2	Medium	19	63
3	High	7	23

Table 3 revels that 19(63%) cancer cervix patients are having medium level of quality of life. 7(23%); patients are having high level of quality of life; and 4(14%) patients are having low level of quality of life.

FIGURE XIIV

Percentage Distribution of level of quality of life among newly diagnosed patients with cancer cervix



SECTION –II

Comparison of level of quality of life among Old and Newly diagnosed patients with cancer cervix

Table -4 **N= 60**

S.NO	Group	Number	Mean	Standard deviation	"t" value
1	Old patients with cancer cervix	30	70.97	14.48	* 2.045
2	Newly diagnosed patients with cancer cervix	30	56.82	13.14	

Level of significance (0.05) df 2.045

Table-4 shows the comparison of quality of life among the Old and Newly diagnosed patients with cancer cervix. The mean score of Old patients with cancer cervix 70.97, and it is higher than the mean score of Newly diagnosed patients with cancer cervix i.e, 56.82. The "t" test values reveals that Old patients with cancer cervix had high level of quality of life than the Newly diagnosed patients with cancer cervix.

SECTION -III

Association between the level of quality of life and selected demographic variables among old patients with cancer cervix

Table-5 **N=30**

S. No	Demographic Variables	Level of quality of life			
		Low N (%)	Medium N (%)	High N (%)	Chi-square value
1.	**Age (in Years)**				
	a) 25 to 35	0 (0)	0 (0)	0 (0)	
	b) 36 to 45	0 (0)	5(17)	1(3.33)	6.2761578*
	c) 46 to	5(17)	6(20)	1(3.33)	
	d) 56 to 65	1(3.33)	10(3.33)	1(3.33)	
	e) Above 65	0 (0)	0 (0)	0 (0)	
2.	**Educational qualification**				
	a) Illiterate	5(17)	13(43.3)	3(10)	
	b) Primary school level	1(3.33)	3(10)	0 (0)	3.340408*
	c) High school level	0 (0)	1(3.33)	0 (0)	
	d) Higher secondary level	0 (0)	1(3.33)	0 (0)	
	e) Degree	0 (0)	3(10)	0 (0)	

3	**Religion**				2.67787#
	a)Hindu	4(13.3)	18(60)	2(7)	
	b) Christian	1(3.33)	1(3.33)	0 (0)	
	c)Muslim	1(3.33)	2(7)	1(3.33)	
4	**Residence**				1.290538#
	a) Rural	4(13.3)	17(57)	3(10)	
	b) Urban	2(7)	4(13.3)	0 (0)	
5	**Occupation**				
	a) Govt. Employee	0(0)	1(3.33)	0 (0)	7.19910*
	b) House wife	4(13.3)	9(30)	1(3.33)	
	c) Daily labourer	2(7)	6	0	
	d) farmer	0 (0)	5(17)	2(7)	
6	**Total Income of the family (per month)**				
	a) Rs 3000 to Rs 4000	4(13.3)	20(67)	2(7)	10.6049*
	b) Rs 4001 to Rs 5000	2(7)	0 (0)	1(3.33)	
	c) Rs 5001-toRs 6000	0 (0)	0(0)	0 (0)	
	d) aboveRs. 6000	0 (0)	1(3.33)	0 (0)	

7	**Marital Status**				
	a) Married	6(20)	16(53.3)	3(10)	2.5714285*
	b) Unmarried	0 (0)	0(0)	0 (0)	
	c) Separated	0 (0)	0	0 (0)	
	d) Widow	0 (0)	5	0 (0)	
	e) Divorced	0 (0)	0 v	0 v	
8	**No. of Children**				3.349339*
	a) 1 to 2	0 v	6(20)	0 v	
	b) 3to 5	4(13.3)	11(37)	2(7)	
	c) Above 5	2(7)	4(13.3)	1(3.33)	
	d) Nil	0 (0)	0 (0)	0 (0)	
9	**Type of family**				3.04757*
	a) Nuclear family	2(7)	8(27)	0 (0)	
	b) Joint family	4(13.3)	11(37)	3(10)	
	c) Extended family	0 (0)	2(7)	0 (0)	
	d) Separated family	0 (0)	0 (0)	0 (0)	

10	**Family history of cancer**				0.63489#
	a) Yes	1(3.33)	2(7)	0(0)	
	b) No	5(17)	19(63.3)	3(10)	
11	**Stage of cancer**				5.66326*
	a) stage I	1(3.33)	3(10)	0(0)	
	b) stage II	3(10)	15(50)	3(10)	
	c) stage III	1(3.33)	2(7)	0 (0)	
	d) stage IV and above	1(3.33)	1(3.33)	0 (0)	
12	**Type of treatment**				
	a) Chemo therapy	3(10)	11(37)	3(10)	
	b) Radiation therapy	0 (0)	0 (0)	0 (0)	2.55979*
	c) Surgery	0 (0)	0 (0)	0 (0)	
	d) All	3(10)	10(33.3)	0 (0)	

*** =Significant (at0.05level)**

=Not significant(at 0.05 level)

Table 5 shows the significant association between the level of quality of life and selected demographic variables among old patients with cancer cervix .The results shows that the calculated value for level of quality of life and selected demographic variables such as age, education, occupation, income, marital status, number of children, type of family, stage of cancer and type of treatment are greater than the table value(at0.05 level). so it is concluded that there is a significant association between level of quality of life and the selected demographic variables such as age , education, occupation, income, marital status, number of children, type of family, stage of cancer and type of treatment.

Association between the level of quality of life and demographic variables anong newly diagnosed patients with cancer cervix.

TABLE-6 **N=30**

S.No	Demographic Variables	Level of quality of life			Chi-Square value
		Low N(%)	Medium N(%)	High N(%)	
1.	**Age (in Years)**				11.5729*
	a) 25 to 35	0 (0)	1(3.33)	0(0)	
	b) 36 to 45	0 (0)	6(20)	6(20)	
	c) 46 to	3(10)	12	1(3.33)	
	d) 56 to 65	1(3.33)	0(0)	0 (0)	
	e) Above 65	0(0)	0 (0)	0 (0)	
2.	**Educational qualification**				1.6605#
	a) Illiterate	4(13.3)	16(53.3)	5(17)	
	b) Primary school level	0(0)	1(3.33)	1(3.33)	
	c) High school level	0(0)	2(70	1(3.33)	
	d) Higher secondary level	0(0)	0(0)	0(0)	1.5756#
	e) Degree	0(0)	0(0)	0(0)	

3	**Religion**				
	a)Hindu	4(13.3)	17(57)	6(20)	
	b) Christian	0(0)	1(3.33)	0(0)	
	c)Muslim	0(0)	1(3.33)	1(3.33)	
4	**Residence**				1.0922#
	a) Rural	4(13.3)	15(50)	6(20)	
	b) Urban	0(0)	4(13.3)	1(3.33)	
5	**Occupation**				
	a) Govt. Employee	0(0)	1(3.33)	0(0)	4.4664*
	b) House wife	2(7)	6(20)	1(3.33)	
	c) Daily labourer	2(7)	5(17)	3(10)	
	d) farmer	0(0)	7(23.32)	3(10)	
6	**Total Income of the family (per month)**				2.7739*
	a) Rs 3001to Rs 4000	3(10)	16(53.3)	7(23.3)	
	b) Rs 4001 to Rs 5000	1(3.33)	1(3.33)	0(0)	
	c) Rs 5001-toRs 6000	0(0)	1(3.33)	0(0)	
	d) aboveRs. 6000	(0)	1(3.33)	0(0)	

7	**Marital Status**				
	a) Married	3(10)	14(47)	3(10)	4.5584*
	b) Unmarried	0(0)	0(0)	0(0)	
	c) Separated	0(0)	0(0)	0(0)	
	d) Widows	1(3.33)	5(17)	3(10)	
	e) Divorced	0(0)	0(0)	1(3.33)	
8	**No. of Children**				7.6576*
	a) 1 to 2	1(3.33)	4(13.3)	2(7)	
	b) 3to 5	2(7)	14(47)	5(17)	
	c) Above 5	0(0)	1(3.33)	0 (0)	
	d) Nil	1(3.33)	0(0)	0 (0)	
9	**Type of family**				4.6106*
	a) Nuclear family	3(10)	9(30)		
	b) Joint family	0(0)	10(33.3)		
	c) Extended family	0(0)	0(0)		
	d) Separated family	1(3.33)	0(0)	1(3.33)	

10	**Family history of cancer**				
	a) Yes	1(3.33)	0(0)	0(0)	6.9327*
	b) No	3(10)	19(63.3)	7(23.3)	
11	**Stage of cancer**				
	a) stage I	1(3.33)	2(7)	0	
	b) stageII	2(7)	14(47)	6(20)	2.4873*
	c) stageIII	1(3.33)	3(10)	1(3.33)	
	d) stageIV and above	0(0)	0(0)	0(0)	
12	**Type of treatment**				
	a) Chemo therapy	0(0)	2(7)	1(3.33)	
	b) Radiation therapy	4(13.3)	14(47)	2(7)	7.6945*
	c) Surgery	0(0)	0(0)	0(0)	
	d) All	0(0)	3(10)	4(13.3)	

*** = Significant at(0.05level)**

#= Not significant at(0.05level)

Table 6: shows the significant association between the level of quality of life and the selected demographic variables among newly diagnosed patients with cancer cervix The results shows that the calculated value for level of quality of life and selected demographic variables such as age, occupation, income, marital status, number of children, type of family, family history of cancer, stage of cancer and type of treatment are greater than the table value(at0.05 level). So it is concluded that there is a significant association between level of quality of life and selected demographic variables such as age, occupation, income, marital status, number of children, type of family, family history of cancer, stage of cancer and type of treatment.

CHAPTER – V

DISCUSSION

The aim of the study is to assess the level of quality of life among Old and Newly Diagnosed Patients with cancer cervix. The Investigator conducted the study in Meenakshi Mission Hospital And Research Center, Madurai, Tamilnadu.

The pilot study was done with 3 old and 3 Newly diagnosed patients with cancer cervix from oncology ward and oncology outpatient department of Meenkshi Mission Hospital at Madurai. Sixty Samples (30 old and 30 newly diagnosed patient with cancer cervix) were selected by using the purposive sampling technique. The samples were selected based on inclusion criteria. The Samples were interviewed separately by means of Modified powers and ferrans, Quality of life index scale.

The Collected data were classified into two Section. The first Section dealt with the demographic variables of the samples with cancer cervix. Second section included the modified powers and ferrans, Quality of life index Scale.

A conceptual framework can be defined as a set of concepts and assumptions that integrate them in to a meaningful configuration.

Conceptual frame work of this study is based on **Rosenstocks Beckers (1974) And Mainm's (1975) Health Belief Model** It addresses the relationship between the person's belief and behavior. It

provides a way of understanding and prediciting how clients will comply with health care therapies.

It include the following components

- Individual perception
- Modifying factors
- Likelihood of action.

The objectives of the study was:

1) To assess the level of quality of life among old diagnosed patients with cancer cervix.
2) To assess the level of quality of life among newly diagnosed patients with cancer cervix.
3) To compare the level of quality of life among old and newly diagnosed patients with cancer cervix.
4) To associate the level of quality of life among old patients with cancer cervix and their selected demographic variables such as age , education, religion, residence, occupation, income of the family, marital status, number of children, type of family, family history of caner, stage of cancer and type of treatment
5) To associate the level of quality of life among newly diagnosed patients with cancer cervix. and their selected demographic variables such as age , education, religion, residence, occupation, income of the family, marital status, number of children, type of family, family history of caner, stage of cancer and type of treatment.

1. **To assess the level of quality of life among old patients with cancer cervix.**

Table 2 revels that 21(70%) cancer cervix patients are having medium level of quality of life ; 6(20%) patients are having Low level of quality of life 3(10%) patients are having High level of quality of life.

2. **To assess the level of quality of life among newly diagnosed patients with cancer cervix.**
3.

Table 3 revels that 19(63%) cancer cervix patients are having medium level of quality of life. 7(23%); patients are having high level of quality of life; and 4(14%) patients are having low level of quality of life.

3. **To compare the level of quality of life among old and newly diagnosed patients with cancer cervix**

Table 4 shows the comparison of quality of life among the Old and Newly diagnosed patients with cancer cervix. The mean score of Old patients with cancer cervix 70.97 and it higher than the mean score of Newly diagnosed patients with cancer cervix i.e, 56.82. The "t" test values reveals that Old patients with cancer cervix had high level of quality of life than the newly diagnosed patients with cancer cervix. The study suggests that old patients with cancer cervix have high quality of life .It may due to effect of regular medical check-up, emotional and financial support from the family members, educational level and their spiritual beliefs.

These findings were supported by **Kwamoto** CT et al (2008) they proved that cancer cervix survivors received more than cancer screening than the general population. Nearly one half of respondents reported no effect of cancer on their sexual relationships. Cervical cancer survivors over all reported a higher quality of life, many experienced significant decrements in sexual functioning. The researcher finds that old patient had higher level of quality of life than the newly diagnosed patients with cancer cervix.

4). **To associate the level of quality of life among old patients with cancer cervix and their selected demographic variables such as age , education, religion, residence, occupation, income of the family, marital status, number of children, type of family, family history of caner, stage of cancer and type of treatment**

The finding of the study revealed, that calculated value for level of quality of life and selected demographic variables such as age, education, occupation, income, marital status, number of children, type of family, stage of cancer and type of treatment are greater than the table value(at0.05 level). so it is concluded that there is a significant association between level of quality of life and the selected demographic variables such as age , education, occupation, income, marital status, number of children, type of family, stage of cancer and type of treatment . the findings showed that 12 (40%)samples are between the age group of 46 to 55 21 (70%)samples were

illiterate,14(47%)samples were house wife. This findings were supported by **Tang CS, chung TK etal (2009)** they proved that employment and educational level were positively associated with age, physical morbidity and a history of termination of pregnancy. Patients age had a significant impact on the experience of quality life. These findings were also supported by **Frumoviz M, Sun CC, Schover LR, et al (2005**).They proved that Cervical cancer survivors treated with radiotherapy had worse sexual functioning than did those treated with radical hysterectomy and lymph node dissection. These findings were also supported by **Fushiki H**, **Yoshimoto H**, **et al (2005).** They proved that low-dose of biweekly paclitaxel administration was regarded as a therapy to preserve QOL without a serious side effect and a good compliance of medication.

5. **To associate the level of quality of life among newly diagnosed patients with cancer cervix. and their selected demographic variables such as age , education, religion, residence, occupation, income of the family, marital status, number of children, type of family, family history of caner, stage of cancer and type of treatment.**

The findings of the study revealed that the calculated value is grater for level of quality of life and selected demographic variables such as age, occupation, income, marital status, number of children, type of family, family history of cancer, stage of cancer and type of treatment is greater than the table value(at0.05 level). So it is concluded that there

is a significant association between level of quality of life and selected demographic variables such as age, occupation, income, marital status, number of children, type of family, family history of cancer, stage of cancer and type of treatment. The findings showed that 22 (73.3%),samples had second stage of cancer, 20(67%) samples were undergone radiation therapy ,25(83.3%) samples were illiterate, 26(87%)samples were getting Rs. 3000to 4000. These findings were supported by **Chung NN et al (2009)** .They proved that, ($p<0.01$., any samples were under in radio therapy group).In early stage uterine cervical cancer patients , surgery or radio therapy resulted in different complications , Where as long- term quality of life showed few difference between these two different modalities. These data were helpful for physician in regards to the changes of patents for rehabilitation and supportive care of the patients after treatment .

These findings were supported by **CapelliG et al. (2008).**They proved that co educational level and unemployment status were mainly associated with poor Quality of life scores. These findings were also supported by **Fosså SD**, **et al (2006)** quality of life in cervical cancer survivors is reduced compared to the general female population following radiotherapy, but less so following surgery and earlier stages of cervical cancer. **Kaewkungwal J**,**et al (2005).** These findings were also supported by they found that education did not have a significant total effect on the quality of life. Family income had a significant direct effect on cognitive perceptual factors (beta = 0.10, $p < 0.05$). The stage of cancer had a significant direct negative effect on cognitive

perceptual factors (beta = -0.11, $p < 0.05$) and the quality of life (beta = -0.12, $p < 0.01$). Hence, the researcher concluded that there is a significant association between level of quality of life and selected demographic variables such as age, occupation, income, marital status, number of children, type of family, family history of cancer, stage of cancer and type of treatment.

THE OPINION OF THE SAMPLES

- Most of the Samples expressed that they need the prior adequate information regarding management and the complication of Cancer cervix.

- They also suggested to provide separate rooms for the patients who are waiting to receive radiation therapy according to their stage of disease, which help to prevent the contact with the people in advanced stage of cancer.

- The samples suggested to maintain the appropriate time schedule to receive radiation therapy.

CHAPTERVI

SUMMMARY , IMPLICATIONS,RECOMMENDATION AND CONCLUSION

SUMMARY

A descriptive study was conducted to assess the level of quality of life among old and newly diagnosed patients with cancer cervix at Meenakshi Mission hospital, Madurai, Tamilnadu. The research design was descriptive design , sample size was 60: purposive sampling technique was used to select the Samples.

The aim of the study was to assess the level of quality of life of old and newly diagnosed patients with cancer cervix.

Review of Literature enabled the investigator to develop the conceptual frame work, methodology, setting of the study and plan for data analysis. The conceptual model\ framework adopted for this study was based on **Rosenstocks Beckers (1974) And Mainm's (1975) Health Belief Model** on the in improving the quality of life of patients with cancer cervix.

A structured questionnaire was prepared by the investigator consisting of two sections in sections I consist of demographic details. Second II consist of modified powers and ferrans quality of life index scale to assess the level of quality of life.

The gathered data was tabulated, group and analyzed Bio statistical methods(chi square, mean, standard deviation, independent "t" test) were used for analysis.

MAJOR FINDINGS OF THE STUDY :

- Majority of the 59 (98.3%) cancer cervix patients were in the age group of 35-65 years.
- Majority of the 55(91.7) were belong to Hindu.
- Majority of 46(77%) cancer cervix patients were illiterate.
- Majority of 24(40%) cancer cervix patients were housewife.
- Majority of 49(82%) cancer cervix patients were in rural areas.
- Majority of 52(87%) cancer cervix patients family income Rs.3000-4000.
- Majority of the patients 37(67%) cancer cervix patients having 3-5 children.
- Majority of the patients 53(88%) cancer cervix patients were in a II stage of cancer.
- Majority of the patients 20 (67%) were receiving radiation therapy and 20 (67%) Samples were undergone chemotherapy.
- Majority of the patients 45(75%) were married.
- Majority of the patients 31(52%) were in joint family.
- Majority of the patients 56(93%) were not having family history of cancer.
- Majority of the 21(70%) old diagnosed patients with cancer cervix had medium level of quality of life.

- Majority of the 19(63%) newly diagnosed patients with cancer cervix had medium level of quality of life.
- The results indicated that the mean score of quality of life of old diagnosed patients with cancer cervix is higher than the mean score of newly diagnosed patients with cancer cervix.
- The results indicated that there was a significant association between level of quality of life of old diagnosed patients with cancer cervix and selected demographic variables such as age, education, marital status, occupation, type of family, income, number of children, stage of cancer, type of treatment
- The results confirmed that there was a significant association between level of quality of newly diagnosed patients with cancer cervix and the selected demographic variables such as age, marital status, occupation, type of family, income, number of children, family income, stage of cancer, type of treatment.

IMPLICATIONS

IMPLICATIONS FOR NURSING PRACTICE:

- Patients with cancer cervix will not be aware of measures to prevent further complications.
- The nurse should teach about the importance of treatments, regular health check-up, diet, exercise, medication, radiation therapy, chemotherapy, and management to improve their quality of life.
- Even though cancer cervix is not curable, teaching the patients about treatment measures and follow-up will improve their quality of life.
- The Nurse should make assessment for the newly diagnosed cancer cervix patients and make them to meet those who are fully recovered from the disease.

IMPLICATIONS FOR NURSING EDUCATION:

- It help the nurses to learn current trends and issues which plays an important role in changing the quality of life of patients . The nurses who equipped with adequate knowledge regarding early screening, prevention and treatment regarding cancer cervix will be able to help the patients to improve their quality of life. So nursing curriculum should provide all the up to date knowledge regarding cancer cervix to the nursing students.

- Management and complications of cancer cervix is an important part of basic nursing education programme in both hospital and community settings in order to improve their quality of life.
- Psychosocial problem faced by cancer cervix patients should be in corporate in the nursing curriculum

IMPLICATIONS FOR THE NURSING ADMINISTRATION:

- Nurse administrator should plan educational programme like workshop and conferences so that the nurses will be well equipped with adequate knowledge regarding current practices and newer treatment modalities for cancer cervix. This also will help to improve the quality of life among cancer cervix patients.

- Nurse administrator should motivate nursing personnel to participate and conduct health education programme on cancer cervix.

- Nurse administrator should motivate the nurses to teach about values and coping strategies to improve the quality of life among cancer patients.

IMPLICATIONS FOR NURSING RESEARCH:

- Future nurse researcher can conduct research on effectiveness of human papilloma vaccine in preventing cervical cancer . They can also focus on early screening of cervical cancer.
- Nurse researcher can find out the incidence of cervical cancer in various setting and can educate public regarding prevention of cervical cancer.

RECOMMENDATION FOR FURTHER RESEARCH:

On the basis of the present study following recommendations were made,

- A similar study could be done on a large sample.
- The study could be done with intervention may help to improve the quality of life.
- A study could be done to determine the coping strategy of patient with cancer cervix.
- A study could be done to determine the effectiveness of spirituality on quality of life among patients with cancer cervix.

CONCLUSION:

Management of early cancer cervix symptoms and adherence to medical treatment is the main challenges in controlling cancer cervix the findings of the study reveals that old diagnosis patient with cancer cervix had higher quality of life than the new patient with cancer cervix.

The following conclusions are drawn from findings of the study. The result of the study reveals that the old and newly diagnosed patients with cancer cervix fell in the category of medium level of quality of life. In order to improve their quality of life of patients with cancer cervix, regular treatment and life style modifications are to be encouraged among individuals and society through the mass media and community health camps.

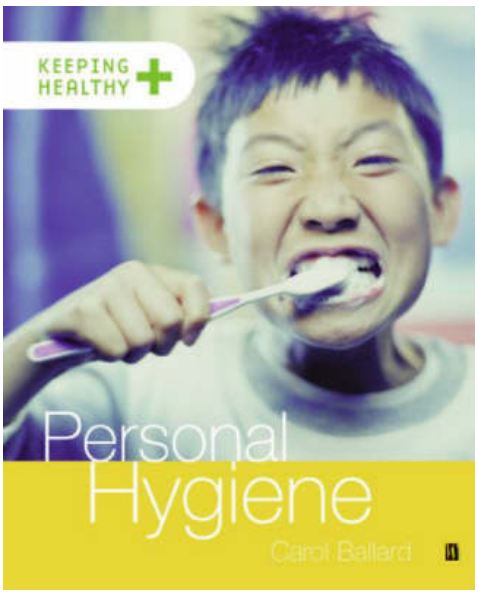
SELF INSTRUCTIONAL MODULE ON IMPROVING QUALITY OF LIFE AMONG CANCER CERVIX PATIENT'S

(1). MUSCLE RELAXATION EXERCISE (PELVIC FLOOR EXERCISES)

- You tighten (or) pull in the ring of muscle around your rectum, you should feel a lifting conduction in the area around the vagina .
- To do the short squeeze, tighten your pelvic floor muscle quickly, squeeze hard for 2 seconds and then relax the muscle.
- To do the long squeeze, tighten the muscle for 5- 10 seconds before you relax.
- Do both these exercises 40-50 minutes each day.
- You can do these exercises anytime and anywhere.
- Pelvic floor exercise will help to remove the vaginal tightening.

2. PERSONAL HYGIENE

- ❖ Perform frequent oral hygiene.
- ❖ Maintain cleanliness of body parts and genital area.
- ❖ Use clean menstrual clothe or sanitary napkins.
- ❖ Dry the menstrual clothes in the sunlight after washing.
- ❖ Wash external genitalia after passing urine



3)CARE AFTER CHEMOTHERAPY AND RADIATION THERAPY

- Eat three balanced meals daily.
- Increase fluid intake to 3 liters daily
- Maintain good hygiene eg: taking bath daily wash the perineal area after urination
- Report any foul smelling vaginal discharge, fever, abdominal distention (or) pain
- Take prescribed medications as directed by physician
- Increased intake of fresh juices, tender coconut water and avoid carbonated beverages
- Maintain good skin care
- Avoid soap, ointment, deodarant over the radiation site which will tend to cause skin breakdown
- Don't expose the radiation site to sunlight
- Wear loose clothing.(cotton underwear)
- Record the weight daily
- Take high protein diet like milk, egg, soya beans
- Eat small meal and frequent meal.

4) SEXUAL LIFE:

- ❖ Avoid multiple sexual partners
- ❖ Use water based vaginal lubricant to reduce the vaginal dryness

5. DIET:

- ❖ Encouraged to take high protein rich diet like egg, milk, soya beans.
- ❖ Advice to take high fiber dietlike guava, banana.
- ❖ Take more fresh juice and water daily (more than 3 liters)
- ❖ Avoid spicy foods,
- ❖ Eatsmall and frequent diet .
- ❖ Record weight weekly once.

6) REDUCING STRESS AND ANXIETY:

- Exercise has proven to help the human body release a great deal of reducing stress.
- Getting regular exercise makes body stronger, improves health and is definitely a safe form of distributing mind from devoting too much attention to negative thinking.

7. SLEEP AND REST:

- Good night rest is necessary.
- Sleep at least 6-8hours per day.
- Without a good night sleep, your mind does not have 100% coping ability.

8) RELAXATION THERAPY:

- Enjoy the time you have with friends and family members who are happy and enjoy laughing more than stressing out over matters beyond their control
- To watch comedy movie (or) draw some funny practices.
- Always involve the company of your friends and families.

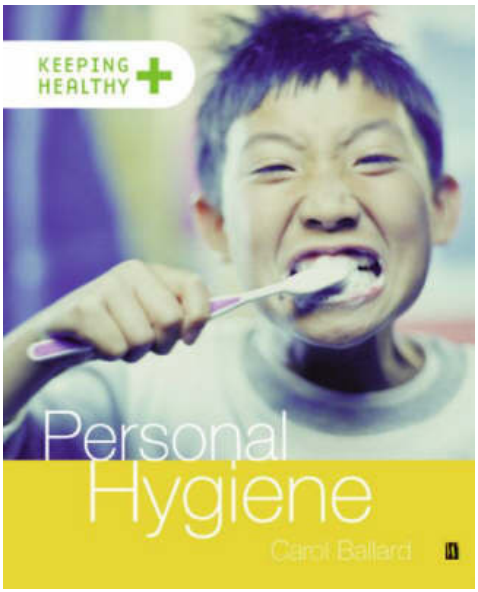
கருப்பைவாய் புற்றுநோய் உள்ளவர்களின் வாழ்க்கை தரத்தை மேம்படுத்துவதற்கான வழிமுறைகள்

1 இடுப்புத் தசைகளை தளர்வாக்கும் பயிற்சி:

- உங்களுடைய ஆசனவாயை சுற்றி உள்ள தசைகளை இறுக்கமாக வைத்துக் கொள்ளவும், அவ்வாறு வைத்துக் கொள்ளும் போது உங்களுக்கு பிறப்புறுப்பைச் சுற்றி இறுக்கமாக இருப்பது போல் தோன்றும்.
- மிதமான அழுத்தத்தை இறுக்கமாக உங்களுடைய இடுப்புத் தசைகளுக்கு விரைவாக கொடுத்து கடினமான அழுத்தத்தை 2 வினாடிகள் வரை கொடுக்கவும் பின்பு மெதுவாக தசைகளை தளர்வு செய்யவும்
- நீண்ட நேர அழுத்தத்தை இறுக்கமாக 5–10 நிமிடங்கள் வரை தளர்வு செய்வதற்கு முன்பாக கொடுக்கவும்.
- இவ்விரண்டு பயிற்சிகளையும் 40–50 நிமிடங்கள் வரை தினமும் செய்யவும்.
- இந்த பயிற்சிகளை நீங்கள் எப்பொழுதும் எந்த இடத்திலும் செய்யலாம்
- இந்த பயிற்சி உங்களுக்கு பிறப்புறுப்பு இறுக்கமாவதில் இருந்து விடுபடுவதற்கு மிகவும் உதவுகிறது. மேலும் இடுப்பு மற்றும் ஆசன வாய் தசைகள் இறுக்கத்திலிருந்து தளர்வடைவதற்கும் மிகவும் உதவி செய்கிறது.

2. தன் சுத்தம்:–

- வாயை அடிக்கடி துய்மையாக வைத்துக் கொள்ள வேண்டும்.
- உடல் உறுப்புகள் மற்றும் பிறப்புறுகளை சுத்தமாக பேணி காக்க வேண்டும்.
- மாதவிடாயின் போது சுத்தமான துணிகளை (நாப்கின்களை) உபயோகிக்க வேண்டும்.
- மாதவிடாயக்கு உபயோகிக்கும் துணிகளை நன்றாகி அலசி சூரிய ஒளியில் உலர்த்தி உபயோகிக்க வேண்டும்.
- சிறுநீர் கழித்த பிறகு ஒவ்வொரு முறையும் பிறப்புறுப்பை தண்ணீர் கொண்டு நன்றாக கழுவ வேண்டும்



3. புற்றுநோய் மருந்து மற்றும் கதிர்வீச்சு சிகிச்சைக்குப் பிறகு எடுத்துக் கொள்ள வேண்டிய வழிமுறைகள்:

- ❖ தினமும் மூன்றுமுறை சரிவிகித உணவை எடுத்துக் கொள்ள வேண்டும்.
- ❖ நாளொன்றுக்கு 3 லிட்டருக்கு அதிகமாக தண்ணீர் பருக வேண்டும்.
- ❖ தேகத்தை சுத்தமாக வைத்துக் கொள்ள வேண்டும் (எ.கா.) தினமும் குளிக்க வேண்டும். சிறுநீர் கழித்த பிறகு பிறப்புறுப்பை தண்ணீர் கொண்டு நன்றாக கழுவ வேண்டும்.
- ❖ கதிர்வீச்சு சிகிச்சை எடுத்துக் கொள்ளும் நேரங்களில் கெட்ட மனுத்துடன் கூடிய நீர் பிறப்புறுப்பிலிருந்து வருதல், காய்ச்சல், வயிறு உப்புசம, வலி போன்ற ஏதாவது அறிகுறிகள் இருந்தால் மருத்துவரிடம் தெரிவிக்கவும்.
- ❖ மருத்துவர் பரிந்துரைத்த மருந்துகளை தவறாமல் எடுத்துக் கொள்ளவும்.
- ❖ அதிகமான திரவ வகைகளான இளநீர், பழச்சாறுகளை பருகவும்.

- கார்பன் கலந்த பானங்கசளை பருகுவதை தவிர்க்கவும். தேகத்தை சுத்தமாக வைத்துக் கொள்ள வேண்டுமம
- கதிர் வீச்சு சிகிச்சையின் போது சோப்பு, களிம்புகள் மற்றும் வாசனை திரவியத்தை உபயோகிக்க கூடாது.
- கதிர்வீச்சு சிகிச்சை எடுத்துக் கொள்ளும் நேரங்களில் வெயிலில் போவதை தவிர்க்கவும்.
- தளர்வான ஆடைகளை அணிய வேண்டும்.
- உடல் எடையை வாரம்தோறும் குறித்து கொள்ளவும்.
- .
- புரதசத்து நிறைந்த உணவுகளை அதிகமாக உணவில் சேர்க்கவும் (எ.கா.) பால், முட்டை
- அடிக்கடி குறைந்த அளவு உணவுகளை எடுத்துக் கொள்ளவும

4) <u>தாம்பத்ய வாழ்க்கை:</u>

- பலருடன் உடலுறவு கொள்வதை தவிர்க்கவும்.
- ஒருவனுக்கு ஒருத்தி வாழ்க்கை முறையை கடைபிடிக்க வேண்டும்.
- பிறப்புறுப்பு இறுக்கமாவதை தவிர்க்க பிறப்புறுப்பை தளர்வடையச் செய்யவும், களிம்புகளை பிறப்புறுப்பில் தடவ வேண்டும். தினமும் 3 வேலை தடவ வேண்டும் இவ்வாறு ஒரு வருடம் அல்லது அதற்கு மேலாக தடவ வேண்டும்.

5. உணவு

- புரதசத்து நிறைந்த உணவுகளை அதிகமாக உணவில் சேர்க்கவும் (எ.கா.) பால், முட்டை
- நார்ச்சத்து நிறைந்த உணவுகளை அதிகமா உணவில் சேர்க்கவும் (எ.கா.) கொய்யாப்பழம் மற்றும் வாழைப்பழம
- திரவ உணவு வகைகளை அதிகமாக எடுத்துக் கொள்ள வேண்டும். (எ.கா.) இளநீர் மற்றும் பழச்சாறு.
- அதிக காரமான உணவுகளை தவிர்க்கவும்
- அடிக்கடி குறைந்த அளவு உணவுகளை எடுத்துக் கொள்ளவும்.
- உடல் எடையை வாரம்தோறும் குறித்து கொள்ளவும்.

6. மன அழுத்தத்தை குறைத்தல்

- உடற்பயிச்சியின் முலம் மன அழுத்தத்தை வெகுவாக குறைக்க முடியும்
- உடற்பயிச்சி செய்வதால் உடலும, மனமும் வலிமை பெறுகிறது.

7.துாக்கமும், ஓய்வும்:–

1. இரவு துாக்கம் இன்றியமையாதது
2. இரவில் போதுமான அளவு குறைந்தது (6 மணி நேரம்) துாங்க வேண்டும்.
3. சரியான துாக்கமில்லையென்றால் நமது சிந்தனைத்திறன் 100% செயலிழந்து காணப்படும்.

8. தளர்வு பயிற்சி சிகிச்சை:–

1. நேரத்தை நண்பாகளுடனும், வீட்டில் உள்ள உறுப்பினர்களுடனும்சந்தோஷமாக சிரித்துப் பழகி, பேசி மன அழுத்தத்தைக் குறைத்து நம் கட்டுப்பாட்டுக்குள் வைத்துக் கொள்ள வேண்டும்.
2. நகைச்சுவை படங்களைப் பார்ப்பது, கார்டூன் போன்ற படங்களை வரைவது ஆகியவற்றில் நேரத்தை செலவிட வேண்டும்.
3. நண்பர்கள் மற்றும் உறவினர்களுடன் எப்போதும் நல்ல உறவு வைத்துக் கொள்ள வேண்டும்.

APPENDIX

படிவம் – அ

தனி நபர் விபரங்கள்

கீழ்க்கண்டவற்றில் சரியான பதிலை தேர்வு (√) செய்யவும்

1. வயது

   அ. 25 – 35 வரை

   ஆ.36 – 45 வரை

   இ. 45 – 55 வரை

   ஈ.55 வயதிற்கு மேல்

2. மதம்

   அ.இந்து

   ஆ.கிறிஸ்தவர்

   இ.இசுலாமியார்

3. திருமணத்தகுதி

   அ.தனிநபர்

   ஆ.திருமணமாகாதவர்

   இ.விதவை

   ஈ.விவகாரத்தானவர்

   உ.திருமணமானவர்

4. கல்வித்தகுதி

அ.படிக்காதவர்

ஆ.ஆரம்பக்கல்வி

இ.நடுநிலைக்கல்வி

ஈ.இளநிலைபட்டதாரி

உ.முதுநிலை பட்டதாரி

5. குடியிருக்கும் இடம்

அ.கிராமம்

ஆ.நகரம்

6. தொழில்

அ.அரசாங்க வேலை

ஆ.இல்லத்தரசி

இ.தினக்கூலி வேலை செய்பவர்

ஈ.விவசாயம்

உ.வேலை இல்லாதவர்

7. குடும்ப மாதவருமானம்

அ ரூ.3000முதல் 4000 வரை

ஆ. ரூ.4001முதல் 5000 வரை

இ. ரூ.5001முதல் 6000 வரை

ஈ. ரூ.6000க்கும் மேல்

8. குடும்பத்தின் அமைப்பு

அ.தனிக்குடும்பம்

ஆ.கூட்டுக்குடும்பம்

இ.பெரியகுடும்பம்

ஈ.பிரிந்த குடும்பம்

9. குழந்தைகளின் எண்ணிக்கை

அ. ஒன்று முதல் 2 வரை

ஆ. மூன்று முதல் ஐந்து வரை

இ. ஐந்துபேருக்கு மேல்

10. பரம்பரையாக புற்றுநோய் உள்ள குடும்பம்

அ. ஆம்

ஆ. இல்லை

11. புற்று நோயின் நிலை

அ. முதல் நிலை

ஆ. இரண்டாம் நிலை

இ. மூன்றாம் நிலை

ஈ. முற்றிய நிலை

12. சிகிச்சை முறை

அ. கதிர் வீச்சு சிகிச்சை (கரன்ட்)

ஆ. அறுவை சிகிச்சை

இ. கீமோதெரபி

ஈ. அனைத்தும்

படிவம் – ஆ

திருத்தியமைக்கப்பட்ட பிரான்ஸ் மற்றும் பவர்சின் வாழ்க்கை தரம் பற்றிய நிர்ணய அளவுகோல்

பின்வரும் 25 கூற்றுகள் உங்கள் வாழ்க்கை தரம் பற்றி கேட்கப்பட்டுள்ளன. இதில் சரி ஃ தவறு என்று பதில் கிடையாது.இவற்றில் சரியானது என்று நீங்கள் உணர்வதை (√) **செய்யவும்.**

வ. எண்.	கூற்றுகள்	முழுமையும் அதிருப்தி	அதிருப்தி	இல்லை	திருப்தி	முழுமையும் திருப்தி
1.	தங்களுடைய மருத்துவ வசதிகளை பற்றி நீங்கள்கருதுவது					
2.	தங்களுடைய தினசரி வேலைகளை செய்வதில் உள்ள வசதிகளை பற்றி					
3.	வலியிலிருந்து விடுபட நீங்கள் எடுக்கும் வழிமுறைகளில் திருப்தி அடையும் விதம்					
4.	உங்களுக்கு கருப்பைவாய் புற்றுநோய் உள்ளது என்கிற உண்மையை மற்றவர்களோடு பகிர்ந்து கொள்வதைப்பற்றி					
5.	உங்கள் வாழ்க்கை துணையுடனான உறவு முறையில் நீங்கள் எந்த அளவிற்கு திருப்திகரமாக உணருகிறீர்கள்					
6.	உங்களுடைய குடும்ப பொறுப்புகளை ஏற்று நடத்துவது பற்றி					
7.	உங்கள் குடும்பத்திலிருந்து கிடைக்கும் ஆதரவு					
8.	உங்கள் குடும்பத்தில் உள்ளவர்களிடமிருந்து உங்களுக்கு கிடைக்கும் பொருளாதார (பண) ஆதரவு					
9.	கருப்பை வாய் புற்றுநோய்யோடு இணைந்து வரக்கூடிய உடல் தொந்தரவுகளை எதிர் நோக்குவது குறித்து					
10.	உங்கள் உடல்நிலையைப் பற்றி மற்றவர்கள் குறை கூறுவதை நீங்கள் எவ்வாறு உணருகிறீர்கள்					
11.	உங்கள் தினசரி வாழ்க்கையின் பாதுகாப்பு					
12.	உங்கள் உடற்தோற்ற மாற்றங்களை ஏற்றுக்கொள்ளும் விதம்					
13.	உங்களோடு பழகியவர்கள் உங்களை ஏற்றுக்கொள்ளும் விதம்					
14.	உங்கள் தாம்பத்திய வாழ்க்கை					
15.	பயம், மனச்சோர்வு மற்றும் குணம் மாறுதல் போன்ற குணங்களை ஏற்றுக்கொள்ளும் விதம்					
16.	உங்களுடைய வேலையைக் குறித்து நீங்கள் கருதுவது					
17.	உங்கள் உடல் நலத்தை தவிர மற்ற காரியங்களில் கவனம் செலுத்துவதைக்குறித்து					
18.	ஓய்வு நேர காரியங்களில் ஈடுபடுவதற்கு வாய்ப்புகள் உள்ளதைப்பற்றி					
19.	தங்களுடைய உறக்கம் எந்த அளவிற்கு உள்ளது					

20.	உங்களுடைய வாழ்க்கையில் மன அமைதியை நீங்கள் உணரும் விதம்					
21.	உங்கள் தனிப்பட்ட இலட்சியங்களை அடைவதைப்பற்றி உங்களுடைய எண்ணம்					
22.	எந்தளவிற்கு உங்கள் வாழ்க்கை மகிழ்ச்சியாக உள்ளது					
23.	உங்கள் வாழ்க்கையை எதிர்கொள்ளும் நிலை பற்றி					
24.	உங்கள் குடும்பத்தினரை தவிர மற்றவர்கள் மூலம் பெறும் ஆறுதல்					
25.	கடவுள் நம்பிக்கை					

APPENDIX I

THE LETTER SEEKING EXPERTS OPINION FOR CONTENT VALIDITY OF TOOL

From

I.Ezhilarasi
Ms. M.sc (Nursing) II year,
Matha college of Nursing,
Manamadurai.

To

Respected Madam/Sir,

SUB : Requesting experts opinion and suggestion for content validity of the tool.

I am Master Degree Nursing student in Matha college of Nursing Manamadurai. In partial fulfillment in Master |Degree in Nursing, I have selected the topic mentioned below for the research project to be submitted to the Dr.M.G.R Medical University Chennai.

PROBLEM STATEMENT

A comparative study to assess the level of quality of life among old and newly diagnosed patients with cancer cervix at meenakshi mission hospital, Madurai, tamilnadu.

I request you to kindly validate the tool and give your opinion and necessary modification. Also I would be very grateful if you could correct the problem statement and objectives.

ENCLOSURES:

a) Statement of the problem

b) Objectives

c) Research Hypothesis

D) Description of tool Part 1: Demographic variables,

Part2: quality of life index scale

Thanking you,

Place:Manamadurai Yours sincerely,

Date : MS.EZHILARASI.I

APPENDIX-II

LETTER SEEKING PERMISSION TO CONDUCT A STUDY IN MEENAKSHI MISSION HOSPITAL, MADURAI.

To

The administrative officer,
Meenakshi Mission Hospital,
Madurai.

Respected sir,

Subject: Matha College of nursing Manamadurai research project work of M.sc nursing student in Meenakshi Mission Hospital at Madurai.

I am to state that Ms.I.Ezhilarasi, one of our final year of M.sc nursing student in Matha College of Nursing, Manamadurai has to conduct a research project as the partial fulfilment of university requirement for the degree of Master of Science in nursing.

The statement of the problem is

"A comparative study to assess the level of quality of life among old and newly diagnosed patients with cancer cervix in Meenakshi Mission hospital and research centre , Madurai, Tamilnadu"

We request you to kindly permit her to do the research in your esteemed institution and give your valuable guidance and suggestions.

Thanking you

Place: Manamadurai, yours faithfully,

Date:

Principal,

Prof.Mrs.Shabeera Banu.M.Sc(N).,

APPENDIX-III

LIST OF EXPERTS CONSULTED FOR THE CONTENT VALIDITY OF RESEARCH TOOL

1. Dr,KRISHNA KUMAR., M.D,D.M,(ONCOLOGY).,
   H.O.D.of,Medical Oncology of Meenakshi Mission Hospital &Research Institute, Madurai.

2 Prof. Mrs.JEBAMANI AUGUSTINE,M.Sc.,(N) R.N.,R.M.,
Dean and H.O.D of Medical Surgical Nursing
Matha College of Nursing,
Manamadurai

3 Prof.Mrs.CHANDRAKALA. M.Sc.,(N) R.N.,R.M.,Ph.D(N),
Vice principal,H.O.D of Medical Surgical Nursing,
Sacred Heart College of Nursing,Madurai.

4 Prof.Mrs. JAYA THANGASELVI.M.Sc(N) R.N.,R.M.,
H.O.D of Medical Surgical Nursing,
C.S.I.College of Nursing,
Pasumalai,
Madurai.

5 Prof.Mrs.REGINA RANI, M.Sc.,(N) R.N.,R.M.,Ph.D(N),
Pricipal,
Rover College of Nursing,
Perambalur,Trichy.

6 Mrs.JASLINEJOHN.,M.Sc.,(N),R.N.R.M.,
Reader, dept of Medical Surgical Nursing,
Matha College of Nursing, Manamadurai.

REFERRENCES

- **Ajtha (1998)** determinants of quality of life women with cancer cervix treated at CMC, Vellore.P 259-263.
- **Aupont NC, Monk BJ et al (2006)** Chemotheraphy in the management of cervical carcinoma. P: 279-86
- **Bergmark K, Avall-Lundqvist E, Dickman PW, et al.(1999). Vaginal changes and sexuality in women with a history of cervical cancer.** *N Engl J Med.* 1999; Page : 340:1383–1389 .
- Bradley, Rose S et al (2006) Quality o life and Mental health in cervical and emdometrial cancer surviours P: 479 -86.
- Bradley S, Rose S, Lutgendorf S, et al.(2006). **Quality of life and mental health in cervical and endometrial cancer survivors.** Page : 100:479–486.
- Bye A, Trope C, Loge JH, et al.(2000) **Health-related quality of life and occurrence of intestinal side effects after pelvic radiotherapy—Evaluation of long-term effects of diagnosis and treatment.** Page : 39:173–180 .
- Charlson ME, Pompei P, Ales KL, et al.(1987). **A new method of classifying prognostic comorbidity in longitudinal studies: Development and validation.** *J Chronic Dis.* Page : 40:373–383.
- De Rijke JM, van der Putten HW, Lutgens LC, et al. (2002) **Age-specific differences in treatment and survival of patients with cervical cancer in the southeast of The Netherlands, 1986-1996.** *Eur J Cancer.*;38:2041–2047
- Frumovitz M, Sun CC, Schover LR, et al. (2005).**Quality of life and sexual functioning in cervical cancer survivors.** *J Clin Oncol.* Page : 23:7428–7436 .

- Insinga RP, Glass AG et al (2008) Incidence rate of cervical cancer in world wide, Indian Journal of community Medicine volume 33 No3 P:131-36.
- Quesenberry C, Peng T, et al. (1999)**Social class, race/ethnicity, and incidence of breast, cervix, colon, lung, and prostate cancer among Asian, black, Hispanic, and white residents of the San Francisco Bay Area, 1988-92 (United States).** *Cancer Causes Control.*;10:525–537.
- Korfage IJ, Essink-Bot ML, Borsboom GJ, et al.(2005). **Five-year follow-up of health-related quality of life after primary treatment of localized prostate cancer.** *Int J Cancer*. Page : 116:291–296 .
- Klee M, Thranov I, Machin D.(2000). **Life after radiotherapy: The psychological and social effects experienced by women treated for advanced stages of cervical cancer.** Page : 76:5–13.
- Miller BA, Hankey BF, et al. (2004). **Persistent area socioeconomic disparities in U.S. incidence of cervical cancer, mortality, stage, and survival, 1975-2000.** 101:1051–1057 .
- Li C, Samsioe G, Iosif C.(1999).**Quality of life in long-term survivors of cervical cancer.** Page : 32:95–102.
- Landoni F, Maneo A, Colombo A, et al.(1997) **Randomised study of radical surgery versus radiotherapy for stage Ib-IIa cervical cancer.**; 350:535–540
- Margarate Barton J, Burke (2004) Suggested that cancer cervix related fatigue Is the most frequent and disturbing complaint of people with cancer cervix . P09-16.
- Moorthy NS.choudry et al (2005) conducted a study in India about trends in ervical cancer incidence in Indian scenario P.

- Maergarate baron et al (2004) suggested that cancer related fatigue is the most frequents and disturbing compliant people with cancer cervix PC.
- Mols F, Aaronson NK, Vingerhoets AJ, et al. (2007).**Quality of life among long-term non-Hodgkin lymphoma survivors: A population-based study.** Page : 109:1659–1667.
- Mols F, van de Poll-Franse LV, Vingerhoets AJ, et al. (2006)**Long-term quality of life among Dutch prostate cancer survivors: Results of a population-based study.** ;107:2186–2196 .
- Newmann SJ, Garner EO et al (2005). **Social inequities along the cervical cancer continuum: A structured review.** *Cancer Causes Control.*;16:63–70
- Sloan JA, Wyrwich KW.et al (2003). **Interpretation of changes in health-related quality of life: The remarkable universality of half a standard deviation.** *Med Care.*;41:582–592.
- Park SY, Bae DS, Nam JH, et al.(2007) **Quality of life and sexual problems in disease-free survivors of cervical cancer compared with the general population.** Page : 110:2716–2725 .
- Progress in preventing cervical cancer updated evidence on vaccination and screening Health screen Journal May 2010 volume 27, p 1-9.
- Thaler HT, cella D et al (2006) quality of life (QOL) outcome from a randomized trial of cisplatin versus cisplatin plus paclitaxel in advanced cervical cencer P:296-304.
- Vopr onkol (2007) quality of life in patints with cervical carcinoma 1 stage I-II after radical treatment page No: 717-21.
- Vistad I, Fodd SD et al (2006) a critical review of patients reated quality of life studis of long term surviourd of cervical cancer P:563-72.

APPENDIX-IV
SECTION-A
PART-I DEMOGRAPHIC DATA

Circle the relevant data about you in the following statements.

1. **Age (in Years)**
   a) 25 to 35 ( )
   b) 36 to 45 ( )
   c) 46 to ( )
   d) 56 to 65 ( )
   e) Above 65 ( )
2. **Religion**
   a)Hindu ( )
   b) Christian ( )
   c)Muslim ( )
3. **Educational qualification**
   a) Illiterate ( )
   b) Primary school level ( )
   c) High school level ( )
   d) Higher secondary level ( )
   e) Degree ( )
4. **Residence**
   a) Rural ( )
   b) Urban ( )
5. **Occupation**
   a) Govt. Employee ( )
   b) House wife ( )
   c) Daily labourer ( )
6. **Total Income of the family (per month)**
   a) Rs 3001to Rs 4000 ( )
   b) Rs 4001 to Rs 5000 ( )
   c) Rs 5001-toRs 6000 ( )
   d) above 6000 ( )

7. Marital Status

a) Married ( )

b) Unmarried ( )

c) Separated ( )

d) Widows ( )

e) Divorced ( )

8. No. of children

a). 1 to 2 ( )

b). 3 to 5 ( )

c). Above 5 ( )

9. Types of family

a). Nuclear Family ( )

b). Joint Family ( )

c). Extended Family ( )

d). separated family ( )

10. Family History of Cancer

a). Yes ( )

b). No ( )

11. stage of cancer

a). Stage I ( )

b). Stage II ( )

C). Stage III ( )

d). stage IV and above ( )

12. Type of Treatment

a). Chemo Therapy ( )

b). Radiation Therapy ( )

C). Surgery ( )

d). All ( )