

Quality of Life among Women With Cervical Cancer

Thesis

*Submitted for Partial Fulfillment of Master Degree
in Community Health Nursing*

By

Tasneem Ragab Ahmed Salama

*B.Sc. Nursing 2012, Demonstrator in Community Health
Nursing*

Faculty of Nursing, Beni-Suef University

**Faculty of Nursing
Ain Shams University
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Supervised by

Dr. Nadia Hamed Farahat

*Professor of Community Health Nursing
Faculty of Nursing
Ain Shams University*

Dr. Asmaa Salah Eldin Mohamed

*Lecturer of Community Health Nursing
Faculty of Nursing
Beni-seuf University*

**Faculty of Nursing
Ain Shams University
2018**



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LIST OF ABBREVIATIONS

<i>Abb.</i>	<i>Meaning</i>
ADL	: Activities of daily living
ACA	: American cancer association
CHN	: Community health nurses
CIN	: Cervical intraepithelial neoplasm
FDA	: Food and Drug Administration
GAO	: General accounting office
HIV	: Human immune virus
HPV	: Human papillomavirus
HRQOL	: Health related quality of life
LSIL	: Low-grade squamous intraepithelial lesions
NCI	: National Cancer Institute
OCS	: Oral contraceptives
QOL	: Quality of life
SCC	: Squamous cell carcinoma
SCJ	: Squamo-collumnar junction
SIL	: Squamous intraepithelial lesions
STD	: Sexual transmitted disease
TZ	: Transformation zone

List of Abbreviations

VIA	: Visual inspection with acetic acid
VILI	: Visual inspection with Lugol's iodine
WHO	: World cancer association

Quality of life among women with cervical cancer

Abstract:

By Tasneem Ragab Ahmed Salam

Cervical cancer is one of the most widespread gynecological malignancies in women worldwide. After diagnosis, the quality of life of women is highly affected, due to the emergence of physical, psychological and social effects which lead to changes in attitudes and expectations towards life. **Aim:** The aim of this study was to assess quality of life among women with cervical cancer. **Design:** descriptive study was used to conduct this study. **Setting:** The study was conducted in outpatient clinics of Eldemardash obstetric hospital and outpatient clinics of National Cancer Institution in Cairo. **Sample:** A convenient sample of ninety two women with cervical cancer was selected. **Tools:** consist of two tools, first tool divided into three parts, part one structured interviewing questionnaire to assess socio-demographic data and past history for women with cervical cancer, part two to assess knowledge of women with cervical cancer about disease, and part three to assess practices of women with cervical cancer, second tool standard quality of Life tool modified by investigator to assess quality of life for women with cervical cancer. **Results:** the mean age of women with cervical cancer is 48.7 ± 3.1 years, there was 15.2% of women had good knowledge about disease, 54.3% had good practices regarding disease and no one had high quality of life. **Conclusion:** there is significance relationship between knowledge of studied women with cervical cancer and their quality of life; there is significance relationship between practices of studied women with cervical cancer and their quality of life. **Recommendations:** Increase awareness of women about cervical cancer through efforts by outpatient clinics to promote cervical cancer screening among women, focus on age for first screening and encouraging a belief that regular screening can detect the pre-cancerous stage, further research about awareness of women about stages of disease and its effect on quality of life.

Keywords: Cervical cancer, Knowledge, Practice, Quality of life

Introduction

Cancer is a generic term for a large group of diseases characterized by the growth of abnormal cells. Cancer is one of the leading causes of morbidity and mortality worldwide and the second leading cause of death globally nearly 8.8 million deaths in 2015, approximately 70% of deaths from cancer occur in low- and middle-income countries. Cervical cancer is the 4th most common cancer among women worldwide and also ranks as the 4th leading cause of female cancer deaths in the world, with an estimated 527,624 new cases and 265,672 deaths in 2012 according to GLOBOCAN **(WHO, 2017; HPV Information Center, 2017).**

Cervical cancer is a cancer found in the cells of the cervix (The cervix is the lower part or ‘neck’ of the uterus where it joins the inner end of the vagina). Cervical cancer progresses slowly from precancerous lesion to advanced cancer. Globally the incidence of the cancer is very low in women under age of 25 years. However, the incidence increases at age of 35 to 40 years and reaches the maximum in women in their 50s and 60s **(Ibrahim, 2013; Pandey & Bansa, 2017).**

More than 90% of cervical cancer cases occur in women who have been previously infected with human papillomavirus (HPV). HPV is a group of viruses, rather

than a single virus, it spreads during sexual intercourse and there are additional risk factors that affect a woman's chance of developing cervical cancer, such as taking the oral contraceptive pill for more than five years, multiple sexual partners, cigarette smoking, high parity, low socio-economic status, poor genital hygiene, chronic immune suppression (HIV) **(Pandey & Bansa, 2017)**.

The first symptoms of cervical cancer are vaginal discharge and bleeding this can be spontaneous but may occur after sex, micturition or defecation, in the early stages. Patients may ignore this if it is scanty and ascribe it to normal menstrual dysfunction. With advanced disease, patients develop painless hematuria, chronic urinary frequency, painless fresh rectal bleeding and altered bowel habit **(Lim, Ramirez & Hamilton, 2014)**.

Treatment of cervical cancer consists of either surgery and/or (chemo-)radiotherapy, based on the international Federation of Gynecology and Obstetrics staging system for cervical cancer, side effects and the complications of the various treatment modalities cause significant changes in the patient physically, psychologically and socially **(NHS choice information, 2015; Tax, Steenbergen, Zusterzeel, Bekkers, and Rovers, 2017)**.

According to the World Health Organization, quality of life is defined as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. Quality of life extends to include the performance of everyday activities that reflect well-being, satisfaction, functioning, and control over disease. Assessment of QOL of cancer patients is a standard way of describing effect of disease and its treatment on patient in terms of physical, psychological, social, spiritual and sexual well-being **(Zhou, Yang, Dai, Guoping, Yin, 2016; Muliira, Salas, and O'Brien , 2017).**

Cervical cancer is a preventable disease so the ultimate goal of community health nurse is the prevention of cervical cancer through educating public about protection against Human papillomavirus through increase awareness of people about importance of vaccination, genital hygiene, use of condom during sex and also educating people about greater risk factor of cervical cancer. Cervical cancer can also be prevented by identifying pre-cancerous condition early through increasing awareness of public about the Papanicolaou cytology screening (Pap smear); it was accepted worldwide as an efficient tool for secondary prevention **(Gebbru Gerbaba, and Dirar, 2016).**