www.jmscr.igmpublication.org
Impact Factor 5.84
Index Copernicus Value: 71.58
ISSN (e)-2347-176x ISSN (p) 2455-0450
crossref DOI: https://dx.doi.org/10.18535/jmscr/v5i9.15

IGM Publication
Journal Of Medical Science And Clinical Research
An Official Publication Of IGM Publication

Socio-demographic Characteristics of Patients with unhealthy Cervix In Kashmir Valley

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Abstract
Uterine cervix is a privileged organ, being accessible and easily examined for lesion which at a non invasive stage can be extirapated completely thus affecting a complete cure. One and a half year prospective study was carried out in Departments of Obstetrics and Gynaecology, Lalla Ded Hospital, GMC Srinagar to study the socio-demographic profile of patients with unhealthy cervix. A total of hundred patients were studied during the research period. Majority of the patients (82%) belonged to the age group of 35-44 years. 44 % of the patients were > Para 3. Most of the patients (66%) were married between age of 18-25 years .Majority of the cases were from the rural areas and belonged to the lower socio-economic group of the society. Cervical erosion was the most common per speculum examination finding. Oral contraceptive pills was the most common form of contraception used.
Keywords: *Cervix, Cancer, Socio-demographic, Profile.*

Introduction

Cancer of uterine cervix is the second most commonest malignancy in the world, but it is number one cause in Indian women, posing a major public health problem. According to World health organization every year cervical cancer is diagnosed in about 500000 women globally and is responsible for more than 280000 deaths annually. In India, 130000 new cases of cervical cancer with 70000 deaths occur annually. The growing risk of cervical cancer in women in India is 2.4% compared to 1.3% for the world. Eighty percent of the new cervical cancer cases occur in the developing countries like India.[1]

Cancer cervix is different from most of the cancers by its invariable association with asymptomatic and precancerous lesions, which may have their onset 5-15 years before any clinical manifestations get noticed. Another very characteristic feature of this malignancy is that unlike other cancers, its etiology has been well established. Substantial pathological, virological and epidemiological evidences have established a major role of human papillomavirus in the etiology.[2]

Unhealthy cervix is a collective term for group of mostly chronic cervical lesions. It includes chronic cervicitis, erosions, ulcerations, eversions, polyp as well as leucoplakia of cervix. Symptoms of unhealthy cervix include offensive vaginal discharge, contact bleeding, irregular bleeding, dyspareunia and cervical pain.[3]

Epidemiological studies demonstrate the association of several risk factors for the development of cervical cancer. These risk factors include HPV infection, sexual promiscuity, multiplicity of sexual partners and exposure to sexual intercourse at an early age, use of oral contraceptives and number of pregnancies, cigarette smoking and malnutrition etc.[4]

Early sexual activity, promiscuity and low socioeconomic status are major determinants of cervical cancers suggesting that sexually transmitted infections are of etiologic importance in this diseases.[5]

Objectives

1. To study the socio-demographic characteristics of patients with unhealthy cervix in Kashmir valley.
2. To identify the high risk factors associated with unhealthy cervix in Kashmir valley.

Method

A prospective study was conducted over a period of one and half years in Department of Obstetrics and Gynecology, Lalla Ded Hospital, GMC Srinagar. Patients presenting with the chief complaints of offensive vaginal discharge, post menopausal bleeding, intermenstrual bleeding, contact bleeding and dyspareunia were included in the study. The socio-demographic features of the patients were recorded using a predesigned and pretested proforma. Informed consent was taken from each patient before enrollment. Confidentiality was maintained.The patients were selected after evaluating them for inclusion and exclusion criteria

Inclusion Criteria

1. Women between the ages of 35-65 years with symptoms of increased or foul smelling vaginal discharge.
2. Women with history of contact bleeding
3. Women with history of postmenopausal bleeding.
4. Women with history of intermenstrual bleeding.
5. Women with history of chronic backache/pain lower abdomen.

Exclusion Criteria

1. Women between the ages of 35-65 years with healthy cervix.
2. Hysterectomized patients whose cervix has been removed.
3. Women < 35 years of age and > 65 years of age.

Observations

A total of 100 patients were studied during the study period.

Table 1: Age wise (years) distribution of the patients

Age	Frequency	Percentage (%)
35-44	82	82.0
45 -54	10	10.0
55-65	8	8.0

Table 1 shows that majority of the patients were in the age group of 35-44 years. Mean Age was 41.2 $\pm$7.2 years. The maximum and minimum age of the patients was 65 years and 35 years respectively.

Table 2: Distribution of patients according to parity

Parity	Frequency	Percentage
Para 1	13.91	11.0
Para 2	12.07	18.0
Para 3	27	27.0
>Para 3	44	44.0
		Range-1,6

Table 2 majority of patients were > Para 3.Maximum parity in the study was 6.

Table 3: Distribution of patients according to age at marriage/consummnation

Age at Marriage(Years)	Frequency	Percentage
<18	13	13.0
18 to 25	66	66.0
>25	21	21.00

Table 3 shows that maximum number of patients were married between 18 to 25 years of age. Mean age at marriage was 21.2±4.

Figure 1: Distribution of patients according to domicile status

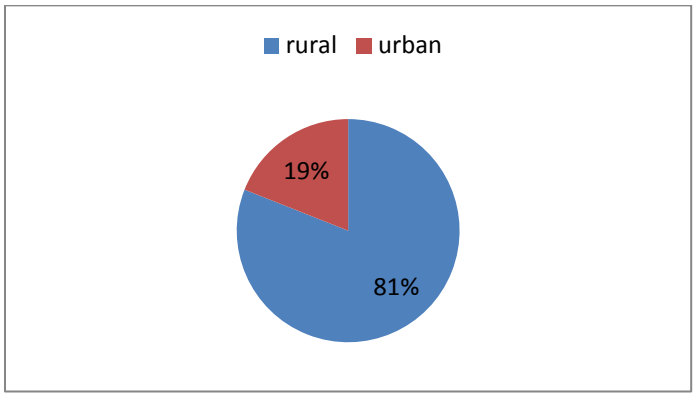

Figure 1 shows that majority of the patients belonged to the rural areas.

Figure 2: Distribution of patients according to socioeconomic status

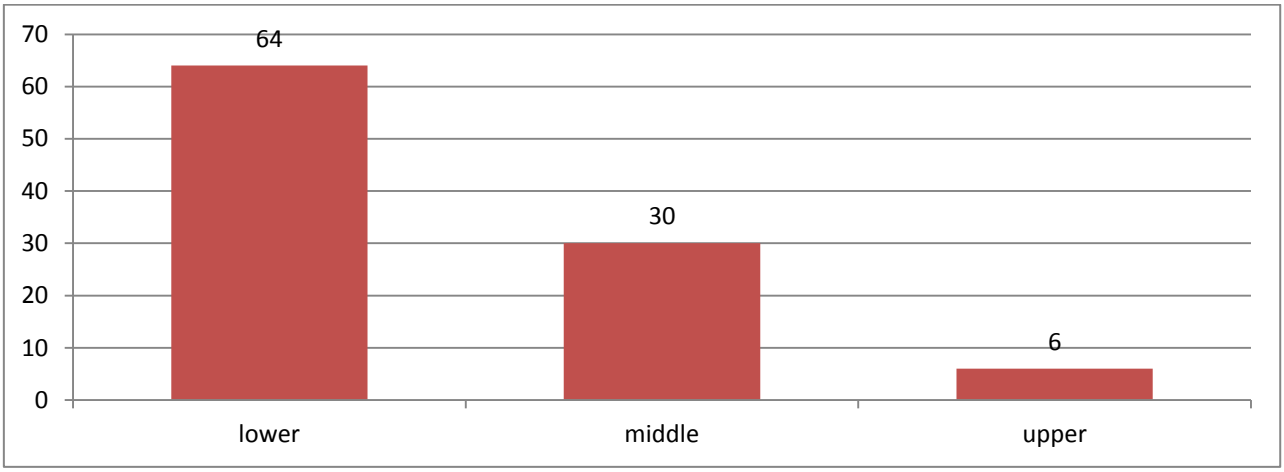

Figure 2 shows that majority of patient's belonged to lower strata of the society.

Figure 3: Distribution of patients with relation to contraception usage

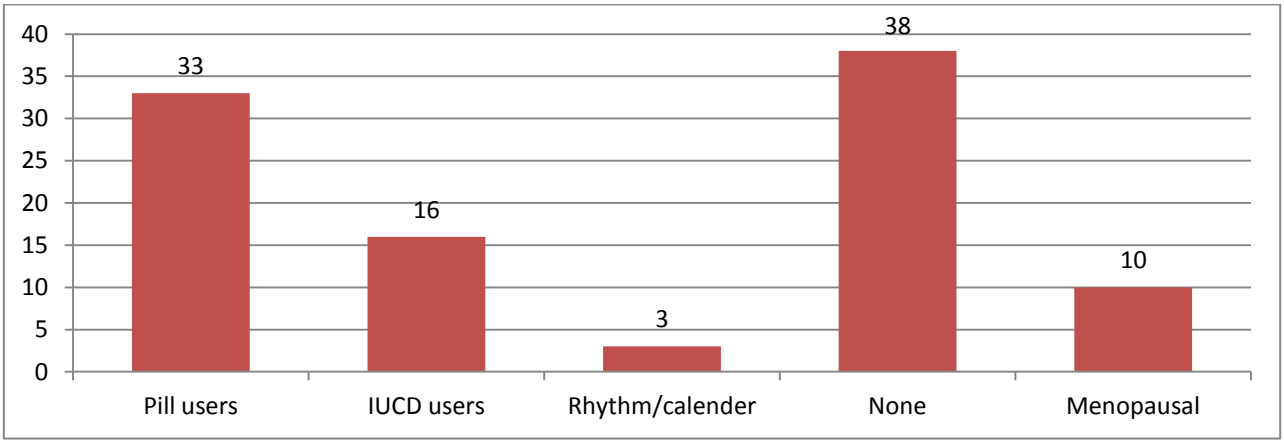

Figure 3 shows that majority of the patients were not using any form of contraception while as oral contraceptive pills were most common form of contraception used.

Figure 4: Findings of per speculum examination

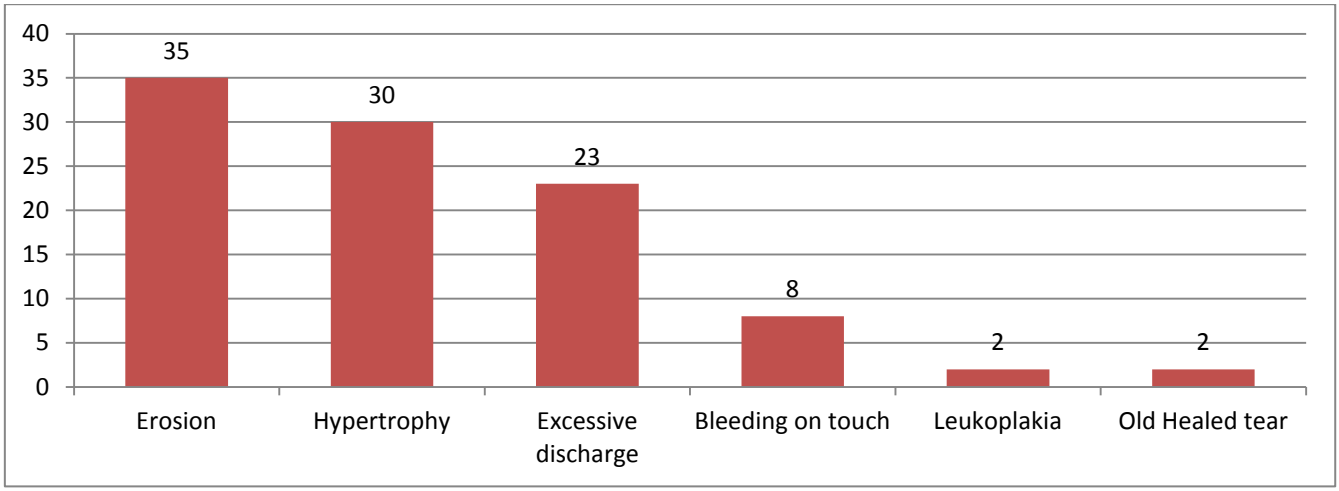

Figure 4 shows that the majority of the patients had cervical erosion followed by hypertrophy and excessive discharge.

Discussion

Cervical cancer, one of the commonest neoplasia afflicting females, carries a high mortality and mortality. Attempts have been made from time to time to find out means and ways of detecting the disease in the preinvasive stage. The world wide incidence of death rate due to cervical cancer is about 27%.[6] It is paradoxical that so many deaths occurring inspite of the fact that cervical cancer is a curable disease.[7]

A prospective study was conducted in Lalla Ded hospital, the only tertiary care maternity hospital in Kashmir valley for a period of one and a half years.100 women were enrolled with symptoms pertaining to unhealthy cervix according to inclusion and exclusion criteria.

The mean age of studied patients was 41.2±7.1 years with range of 35-65. Maximum (82%) of the women were between 35-44 years of age. The findings are consistent with studies of Alexander Luyton et al (2009)[8], Maria Adamopoulou et al (2003)[9] and Rengaswamy Sankaranarayan et al (2009)[10].

In our study it was found that as parity increased , the risk of intraepithelial abnormalities of the cervix also increased. This was evident from the fact that 44% of the patients were from the higher parity and only 11% were para 1. Rengaswamy Sankaranarayan et al (2009)[10], S.Sardana and N.S.Murthy(1999) [11] also had similar findings.

Maximum number of patients (66%) were in age group of 18to 25 years at the time of marriage whereas 13 % of the women got married at age less than 18 years. Mean age at marriage at first intercourse was found to be 21.2 ± 4 *years*. Our results are consistent with Denny et al (2000)[12] who also found that mean age at first sexual intercourse was 17 years.

In our study we found that maximum patients (81%) were from from rural areas and most of the patients belonged to lower socioeconomic status (64%).The findings go well with the studies of Jan Ponten et al(1995)[13] and Francheschi et al (2003)[14] that low socioeconomic status was an important risk factor for the development of cervical cancer.

In our study we found that 38% of the women were not using any contraception and in remaining 62% percent, maximum were using oral contraceptives pills(33%).the similar results were obtained by Patricia de Cremoux et al (2003)[15] and Sreejata Ray Choudhary et al (2012)[16].

Summary and Conclusion

A total of hundred patients were studied in prospective research design. The age of the study group varied from 35-65 years with maximum number of patients falling in the age group of 35-44 years. Percentage of multiparous women i.e. para 4 or more was 44%.Most of the cases in the

study group came from the rural areas and belonged lower socioeconomic status. Age at first coitus was generally between 18-25 years. Cervical erosion was the most common finding on per speculum examination.

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