

Cervical Cancer Among Women: An Extensive Examination by VIA/VILI Method

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Abstract: This paper presents an overview on cervical cancer among women: an extensive examination by VIA/VILI method.

Keywords: cervical cancer, VIA method, VILI method

1. Introduction

Cervical cancer is a taboo issue in many places as it is due to risk factors like Human Papilloma Virus (HPV), many sexual partner, become sexually active early, smoking, weakened immune system, giving birth at a very young age, several pregnancies, use of contraceptive pills, other sexually transmitted diseases (STD) chlamydia, gonorrhoea and also genetic alterations.

In recent years, there has been an alarming increase aware that use of improper sanitary napkins is the major reason for cervical cancer. Also second hand Smoking, obesity, eat improper time, less drinking water and exposure to ultraviolet rays, dust and other harms leads to more risk of cervical cancer Pap test and liquid based cytology have been effective in diminishing incidence and mortality rates of cervical cancer in developed countries; but not in developing countries. In low resource setting HPV DNA testing and visual inspection method.

Conventional cytology, the physician collecting the cell, smears them on a microscope slide and applies a fixative. In general, the slide is sent to the laboratory for evaluation. Studies of the accuracy of conventional cytology report was sensitivity 72% and specificity 94%.

Many studies now proved the evidence of the feasibility and cost effectiveness of screening and treatment approaches by visual inspection method (VIA/VILI test) visual inspection of the cervix, using acetic acid (which Vinegar: VIA) or Lugol's Iodine (VILI) to high light precancerous lesions. Sensitivity is between 47% - 62%. The study highlights the success of visual screening tools in early detection and mortality reduction of cervical cancer in resource-poor setting.

The non-availability of transport facility, lack of awareness of the women regarding cancer screening programme and the statistical evidence of more incidence of cervical cancer in remote villages as the risk factors are expectable makes the investigator to select the village for the present study.

Methodology

The researcher adopted the quantitative survey approach

with descriptive research design. The study was done with 100 women (30-50 years) in selected Thumpamon, Pathanamthitta dist., Kerala. The subjects were selected by non-probability convenient sampling technique and data were collected from 100 samples. Formal permission for data collection was obtained from medical officer of PHC Thumpamon. According to inclusion and exclusion criteria, screening was done with VIA/VILI test. The collected data were analysed based on descriptive and inferential statistics according to the above-mentioned objectives. The modified "Anderson Healthcare Utilization Model" was adopted for assessing the prevalence of cervical cancer; data collection tool were demographic, menstrual, obstetric, gynaecologic data and VIA/VILI test.

2. Results and discussion

As per the demographic characteristic's majority of positive cases (60%) were under the age group of 41-50 years and in the negative cases majority of them

(30.2%) were under more than 45 years. Regarding education level 29.2% of positive cases were illiterate and 70.8% of the negative cases were illiterate with regards to occupation of women 77% of positive cases were coolie workers and 68.7% of negative cases were house wife. While considering occupation of husband 20% of them were coolie workers in positive cases and 10% were coolie workers in negative cases. With regards to age at marriage, 66% of positive cases were married before 20 years and 44.2% of negative cases married below 20 years. Regarding duration of marriage 30% of positive cases were more than 10 years and 78.9% of negative cases were more than 10 years.

Regarding husband's social habits 45% of the positive cases had habit of drinking alcohol and 61.5% of the negative cases also had same habits. Majority 100% of positive cases had no previous knowledge of VIA/VILI and 88.5% of negative cases had no previous knowledge of VIA/VILI. As per the menstrual characteristics 75% of positive cases attained menarche at the age group between 13-15 years and 61.5% of negative cases attained menarche at the age of 13-15 years. Regarding the pattern of menstrual cycle 75% of positive cases were in regular and 70.8% of negative cases were in irregular history. With regards to duration of menstrual flow 75% of positive cases had 4-5 days and 50.0% of negative cases had 4-5 days of duration.

Regarding the period of menstrual cycle 66% of positive cases had 21-35 days cycle and 67% negative cases had 21-35 days cycle. Majority (69%) of positive cases had no complaints of menorrhagia and 88% of negative cases also had no complaints of menorrhagia. With regards to presence of dysmenorrhea 77% of positive cases had the complaints and 43% of the negative cases also had no complaints. Majority of the positive cases (87%) had no complaints of metrorrhagia and 88.8% of the negative cases had no complaints of metrorrhagia.

Prevalence of cervical cancer among women (30-50 years) The study finding shows that out of 100 samples. 4% of the samples were detected with positive case of cervical cancer and 96% of samples were detected as negative case by using VIA/VILI method. The study finding is congruent with study conducted by K.A Durowadeet, at (2013). The result shows that only 10 (5.0%) respondents had positive findings while the rest 190 (95.0%) samples were negative. The present findings also supported by the study conducted by Ami Mehta et. al., (2010). The study concluded that 8 (16%) of respondents are positive and 42 (84%) of respondents are negative result. So the researcher concluded that VIA/VILI method is effective in detecting cervical cancer in resource poor setting area.

Association between prevalence of cervical cancer among women (30-50 years) with their selected demographic, menstrual, obstetric and Gynaecological variables. The study findings show that there is a significant association between prevalence of cervical cancer with their demographic variables such as age, education, occupation of women, age at marriage, husband's social habits significant at $P < 0.05$. There is no association with occupation of husband, duration of marriage and previous knowledge of VIA/VILI at $P > 0.05$.

The current study shows that there is a significant association between prevalence of cervical cancer with their menstrual variables at $P < 0.05$ such as duration of menstrual flow, presence of Dysmenorrhea and not significant at $P > 0.05$ such as age at menarche, pattern of menstrual cycle, period of menstrual cycle and presence of menorrhagia.

In this study there is significant association between prevalence of cervical cancer with their selected Obstetrical and Gynaecological variables at $P < 0.05$ such as parity, mode of

delivery, type of contraception, color of discharge, amount of discharge, presence of dyspareunia, post coital bleeding and presence of pruritusvulvae and not significant at $P > 0.05$ such as place of delivery and number of abortion. (the study finding concluded that the hypothesis was partially accepted). The study findings is congruent with study conducted by Doaa M. Sheesha et. al., concluded that there was significant association with types of contraception use, high parity, post coital bleeding and no association with education level, occupation, residence, age, husband's social habit. To find the risk factors of cervical cancer among the respondents. In the current study shows that 58% of samples were in the age group of 42-50 years, 66% of samples got married at early age before 20 years, 63% of samples were in multiparity, 100% of samples were under low income category and 86% of samples not screened with PAP test and taken HPV vaccine. The study finding is congruent with study conducted by K.A Durowade et. al, conclude that the risk factors of cervical cancer find in the respondents were, age in years, age at marriage, multiparity, number of sexual partner, duration of contraception use, socio economic status and family history. So the investigator concludes that majority of the current study respondents were at risk of cervical cancer in future.

3. Conclusion

The conclusion drawn from the findings of the study are as follows; The findings of the present study reveals that VIA/VILI is an accurate and effective method for evaluating of cervical cancer. It is the easiest method, needless equipment and less training. VIA/VILI can be taught to nurse's health workers and paramedical staff. Requires a training of 5-14 days only. So it can be used effectively in hospital as well as in community setup. VIA/VILI are the acceptable test in low resource settings be implemented as a large-scale screening method.

References

- [1] Yu Xie, Xiaodong Tan, Haiyan Shao, Qing Liu, Jiyu Tou, Yuling Zhang, Qiong Luo, and Qunying Xiang, "VIA/VILI is more suitable for cervical cancer prevention in Chinese poverty-stricken region: a health economic evaluation," in *BMC Public Health*, vol. 17, 2017.