

The health status of women health essay

[Health & Medicine](#)



INTRODUCTION

The health status of women directly reflects the health status of the nation. The concept of women's health today has become a major concern among the developing countries because of deteriorating quality of life. India has made considerable progress in social and economic development in recent decades, like improvement in life expectancy, but Infant mortality and illiteracy demonstrates it lagged behind in the improvement of women's health. Women are probably dying because she has been ignorant regarding access to medical treatment on time. Women's health is compromised at practically every step in life. From womb to tomb, women are made to pay dearly for their women-hood and unless some steps are taken to make people appreciate human rights issues related to women's sexual and reproductive system health, women will continue to die. (Christopher - 2003) Disease and disorders of the female reproductive system threaten the physical and emotional health of many women. The common diseases that occur in the age group of 41 to 60 years are infections of the reproductive tract, menopause, genital organ prolapse, abnormal uterine bleeding, the genital malignancy and fibroid uterus. 2 Infection and inflammation of the vagina, cervix and vulva tend to occur when the natural defenses of the acidic vaginal secretions and the presence of lactobacillus are disrupted. Woman's resistance may also be decreased as a result of ageing. The micro-organism gain entrance to the area through contaminated hands, douche nozzles, during intercourse and during surgery. The transition from reproductive to non-reproductive phase in women is the result of a major reduction in female hormone production by the ovaries. This transition is

normally not sudden or abrupt but tends to occur over a period of years and is a natural consequence of ageing which is termed as menopause.

Menopause is the permanent cessation of the primary functions of the human ovaries. Menopause affects women's health in many ways. Post-menopausal women have an increased risk for a number of disease conditions, in particular osteoporosis and cardiovascular disease, gynecological malignancies, uterine prolapse, infections and various genitourinary conditions because of the inherent hormonal changes. Women themselves may not seek care, often because they accept the physical discomforts associated with reproductive tract problems as natural process of ageing. Prolapse literally means "to fall out" derived from the Latin word "prolabi". Genital prolapse occurs when the pelvic floor muscles become weak or damaged and can no longer support the pelvic organs. While prolapse is not considered a life threatening condition it may cause a great deal of discomfort and distress to the individual. Cervical cancer is the term for a malignant neoplasm arising from cells originating in the cervix. One of the most common symptoms of cervical cancer is abnormal vaginal bleeding, but in some cases, there may be no obvious symptoms until the cancer has progressed to an advanced stage. Treatment usually consists of surgery including local excisions in early stages, and chemotherapy and/or radiotherapy in more advanced stages of the disease.

BACKGROUND OF THE STUDY

As life goes on, we can see lot of changes occur in women's life cycle.

Women's reproductive health is vulnerable to many hazards and needs timely awareness and treatment. The common problems related to

reproductive system in the age group of 41 to 60 years are infections of the reproductive tract, menopause, genital organ prolapse, abnormal uterine bleeding and genital malignancy. The National Family Health Survey II conducted in 1998-1999 among those in medium or low standard of living revealed that 40% to 41% had reproductive tract infection. According to National Institute of Health the following symptoms are strongly linked to menopause like hot flushes, night sweats, vaginal dryness and sleep disturbances, 80% of the women reported vasomotor symptoms, 60% experienced sleep disturbances, and 38% reported mood symptoms during the menopause. In the women's health initiative study, 1 out of 10 women experience uterine prolapse. Prolapse is the most common cause for hysterectomy in women aged over 50 years and accounts for 13% of hysterectomies in women of all ages. In the United Kingdom, genital prolapse accounts for 20% of women on the waiting list for major gynecological surgery. About 41% of women aged 50-79 years showed some degree of genital prolapse, 34% had cystocele, 19% rectocele and 14% uterine prolapse. In India, cervical cancer is the most common women related cancer, followed by breast cancer. Every year cervical cancer is diagnosed in about 50, 000 women globally and is responsible for more than 280, 000 deaths annually. There is a wide variation in the incidence of cervical cancer across the globe. In the west, early detection through regular screening has aided to significant control of the prevalence of this disease, thereby, lowering its incidence. In the last 50 years in the United States, screening through the Pap smear tests has reduced the deaths related to cervical cancer by three quarter. At one time, cervical cancer was one of the most dreaded cancer and the leading causes of death in women in the

<https://assignbuster.com/the-health-status-of-women-health-essay/>

United States, but now it is the eighth most common cancer. 80% of the new cervical cancer cases occur in developing countries, like India, which reports approximately one fourth of the world's cases of cervical cancer each year. 5

NEED FOR THE STUDY

The problems affecting the health of the women are multifactorial. Despite current efforts, the health of women still constitute to be one of the most serious health problem affecting the community, particularly in the developing countries like India. The health of the women is important for the child, family, community and ultimately to the country. The enjoyment of the highest standard of health is one of fundamental right of every human being. In order to awaken the people, it is important that the woman has to be awakened. Once she is on the move along with her the family, the village and the nation moves. Mary E. Deeb (2003), conducted a study to determine the prevalence of reproductive related illnesses in rural community in Lebanon. Just over half of the sample (268, 50. 6%) had five or more children, and 320, 78. 9% of women aged <45 years were using contraception. The prevalence of reproductive tract infections was very low: six (1. 2%) women had sexually transmitted diseases and 47 (9. 3%) had endogenous reproductive tract infections. None had chlamydial infection or a positive serological finding of syphilis. None had invasive cervical cancer, and only one had cervical dysplasia. In contrast, genital prolapse and gynecological morbidity were elevated. Half of the women studied (251, 49. 6%) had genital prolapse, and 153 (30. 2%) were obese. A North American Menopause Society (2010), survey found that in United States women are divided in their opinions of menopause. Some consider it6a medical

condition requiring treatment, while others view it as a natural transition that should be managed by natural means. Another survey found that women want more information about menopause, but their major source of information is consumer magazines & not their healthcare providers. This survey also found that women have serious misunderstandings about their health risks after menopause. Goman (2011) conducted a hospital based study to investigate the knowledge about the risk factors for genital prolapse and the perception of genital prolapse among woman, data was collected from a sample of 291 women who had any form of genital prolapse. The results revealed that more than two thirds of cases 70. 40% had poor knowledge, 36. 4% had fair knowledge and only (29. 6%) had satisfactory knowledge and about two thirds of cases (65. 6%) sought medical care later than one year of perception of symptoms. Women's knowledge and degree of prolapse were directly related to women's report of symptoms characteristic of prolapse, while the level of education was inversely related. A WHO study (2010), revealed that every year 1, 32, 082 women are diagnosed with particular kind of cancer and 74, 118 die from the disease. The growing risk of cervical cancer in women in India (aged 0-64years) is 2. 4%compared to 1. 3%for the world. It is the commonest cancer in India and all sexually active women are at risk of contracting this disease but, it is mostly seen in women aged between 50 to 55 years. If detected at a pre-cancerous stage (when the cells are not normal, but are not yet cancerous), this cancer is 100% curable, 7says Dr. Gauravi Misha, a consultant in preventive oncology at the Tata Memorial Hospital. Among the common diseases that occur in the reproductive organs in the elderly female malignancies, utero vaginal prolapse, menstrual disorders, menopause, and <https://assignbuster.com/the-health-status-of-women-health-essay/>

infection account for a large percentage. The investigator during her clinical posting interacted with patients in gynecological ward. Patient's history revealed that they had lower abdominal pain, white discharge, perineal itching, burning urination, feeling of something coming out and irregular bleeding for a long period, but they have not consulted the doctors since they did not know that they were the early signs of some pathology, also they felt it would resolve on its own. Later when these started affecting their routine functioning they have consulted the doctor, the period varying from 1-2 years and more. Also, studies have shown that there is an increase in the morbidity and mortality rates due to delay in seeking medical care, unawareness could be one of the factors for this delayed care seeking behavior. So the investigator felt the need to assess the awareness of the women regarding problems related to reproductive system.

STATEMENT OF THE PROBLEM

A study to assess the awareness regarding problems related to reproductive system among women in the age group of 41 to 60 years in selected settings in Chennai. 8

OBJECTIVES OF THE STUDY

To assess the awareness regarding problems related to reproductive system among women in the age group of 41 to 60 years. To associate the awareness of women regarding problems related to reproductive system with selected demographic variables.

OPERATIONAL DEFINITION

ASSESS

In this study the term " Assess" refers to the process of gathering information expressed by the women regarding problems of reproductive system as response to the semi structured interview schedule and analyzing the data using statistical methods.

AWARENESS

It refers to the information known by the women regarding problems of reproductive system as is elicited through the semi structured interview schedule.

PROBLEMS RELATED TO REPRODUCTIVE SYSTEM

It refers to the diseases of the female reproductive system like infections, menopause, and displacement of the genital organs, abnormal uterine bleeding, and genital malignancy. 9

WOMEN IN THE AGE GROUP OF 41 TO 60 YEARS

Women refer to female who are in the age group of 41 to 60 years residing in Thuraipakkam, Sithalapakkam, Sholinganallur in Chennai.

SELECTED SETTINGS

It refers to Thuraipakkam, Sithalapakkam, sholinganallur community areas in Chennai.

ASSUMPTIONS

The awareness regarding problems related to reproductive system will vary from woman to woman. The awareness of the woman on problems related to

reproductive system will be influenced by the selected demographic variables.

DELIMITATIONS

The sample size is limited to 60 women. The duration of the study is limited to 4 weeks.

PROJECTED OUTCOME

The results of the study will help to know the level of awareness which would act as a guide to plan for creating awareness on problems related to reproductive system. 10

CONCEPTUAL FRAMEWORK

CONCEPTUAL FRAMEWORK BASED ON ROSENTOCH'S HEALTH BELIEF MODEL (1974)

Conceptual framework refers to concepts that offer a structure or framework of prepositions for conducting research. Polit and Hungler(1989) describes conceptual framework as " a group of mental images or the concepts that are related but the relationship not explicit" The conceptual framework gives the idea to researcher's main view and common theme of the research that is a visual diagram by which the researchers explain the specific area of interest. The conceptual framework of this study is based on Rosentoch's (1974) and Becker and Maiman's (1975) Health Belief Model. This model addresses the relationship between a person's belief and behavior. It provides a way of understanding and predicts how an individual will behave in relation to their health and how they will comply with health care

therapies. The model is divided in to three major components they are, Individual's perception Modifying factors Likelihood action¹¹

INDIVIDUAL'S PERCEPTION

In this study, the first component involves the women's perception about the awareness regarding problems related to reproductive system and their perception about its causes, signs and symptoms, measures to overcome those problems and the services available in the government hospital.

MODIFYING FACTORS

The second component is the modifying factors, which includes the demographic variables like age, education, income, marital status, number of children. Modifying factors also include the sociopsychological variables like occupation, type of family, religion. The cues to action include information from the various mass media, newspapers, magazines, health care professionals, family members and friends also contributes towards the modification of the action and practice towards the disease.

LIKELIHOOD OF ACTION

The third component is the likelihood of taking preventive action. The various measures to be followed by the women to prevent certain problems related to reproductive system. The preventive actions can be obstacle by illiteracy, negligence and low socio economic status. ¹² Thus the investigator applied this health belief model to find out the awareness of the women regarding problems related to reproductive system. The elicited responses are categorized as excellent awareness, good awareness, moderate awareness and poor awareness. For samples with excellent and good level of

awareness reinforcement is recommended. For samples with moderate and poor awareness health education is recommended regarding the problem related to reproductive system. 13 Recommended reinforcement of existing awareness regarding problems related to reproductive system Individual perception Modifying factors Likelihood of action Age, Education, Income, No. of children, marital status, occupation, Type of family and Religion Excellent Awareness Good Awareness Eliciting the responses of women regarding problems related to reproductive system Moderate Awareness Perception of their awareness regarding problems related to reproductive system Health education is recommended regarding problems related to reproductive system

Cues to action

Health information received from health care professionals, TV, radio, newspapers, health magazines, Advice from relatives and friends Poor Awareness

ROSENTOCH'S HEALTH BELIEF MODEL (1974)

14

CHAPTR-II

REVIEW OF LITERATURE

This chapter discusses the literature review undertaken on problems related to reproductive system among women in the age group of 41-60 years. According to Polit and Hungler (1997), a literature review " involves the systematic identification, location, scrutiny and summary of written material that contains information related to the research problem." Polit and

Hungler (1997) state that a literature review refers to an extensive and symptomatic examination of books, publications and articles relevant to the research. This literature review consists of, General information pertaining to problems of reproductive system Studies related to the problems of reproductive system

GENERAL INFORMATION PERTAINING TO PROBLEMS OF REPRODUCTIVE SYSTEM

The reproductive organs in female are those which are concerned with copulation, fertilization, growth and development of the fetus and its subsequent exit to the outer world. The organs are broadly divided into external genitalia, internal genitalia, accessory reproductive organs. The vulva or pudendum includes all the visible external genital organs in the perineum and the internal genital organs in female include vagina, uterus, fallopian tubes, ovaries, which are located in the pelvic cavity and supported by the pelvic floor muscles and external genitalia. Disease and disorders of the female reproductive system threaten the physical and emotional health of women. The problems of reproductive system includes infection of the pelvic reproductive tract, endometriosis, genital organ prolapse, fibroid uterus, menopausal symptoms, abnormal uterine bleeding, genital malignancy. The common disease that occur in the reproductive organs in the elderly females are, Reproductive tract infection Menopause Genital organ prolapse Menstrual disorders Cervical cancer The above mentioned diseases accounts for a large percentage in the developing countries like India Takkar. N (2010), 16

REPRODUCTIVE TRACT INFECTION

Reproductive tract infections pose a threat to women's lives and wellbeing throughout the world. The etiological factors for infection like foreign bodies, allergants, inadequate hygiene, frequent intercourse with infected partner, tight non absorbent and heat retaining clothing, constant vaginal discharge and through toilet articles. The clinical features are bilateral lower abdominal pain, fever, headache, irregular vaginal bleeding, abnormal vaginal discharge, nausea, vomiting, dyspareunia, patches on vaginal wall, itching on the perineum, painful micturation, discomfort and dryness. The preventive measures for reproductive tract infections are clean the genital area thoroughly with soap and water and dry well, use underwear with cotton and avoid tight clothes, avoid sexual contact when partner has infection and change napkins frequently during menstruation.

MENOPAUSE

Menopause means permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. The age of menopause ranges between 45-55 years, average being 50 years. The menopausal symptoms include hot flush, fatigue, weakness, dyspareunia, vaginal infections, dryness, leucorrhoea, dysuria, urgency, irritability headache, increased frequency of anxiety, mood depression, dementia and mood disturbance. The measures to overcome the problems of menopause are nutritious and balanced diet, exercises, yoga, meditation, adequate rest and sleep.

GENITAL ORGAN PROLAPSE

The pelvic organ is not a fixed organ. Minor variations in position in any direction occur constantly with changes in posture, with straining, with full bladder or loaded rectum. Only when the uterus habitually in a position beyond the limit of normal variation should it be called displacement. The symptoms of genital organ prolapse are feeling of something coming down, backache, dyspareunia, difficulty in passing urine, frequency of micturition, urgency, difficulty in passing motion and excessive white discharge or blood stained discharge. The measures to minimise genital organ prolapse are avoid strenuous activity, chronic cough, constipation, heavy weight lifting and pelvic floor muscle strengthening exercise (kegal exercise).

ABNORMAL UTERINE BLEEDING

Dysfunctional uterine bleeding is a state of abnormal uterine bleeding without any clinically detectable organic, systemic and iatrogenic cause. Normal menstruation occurs every 20-35 days and lasts 2-7 days, abnormal bleeding occurs more frequently, lasts longer, and/or excessive in amount. The measures for abnormal uterine bleeding are use of progestin-oestrogen combination oral contraceptives, myomectomy for uterine fibroids, hysterectomy if fibroids are large, laser ablation to remove endometrial lining and iron supplementation to treat iron deficiency anaemia. The nurses are responsible for encouraging women to seek medical attention promptly when abnormal bleeding occurs, nurses may help the women to keep record of bleeding episodes and the amount of blood lost and nurses emphasise the importance of adequate nutrition mainly iron, protein, calcium, more fluids and hygienic practices.

CERVICAL CANCER

Cervical cancer is a preventable disease as the different screening , diagnosis and therapeutic procedurs are effective. At present throughout the world, there are nearly 1million women each year having cervical cancer. The symptoms of cervical cancer are irregular or continued vaginal bleeding, offensive vaginal discharge, pelvic pain, backache, dysuria, haematuria, incontinence of urine, diarrhoea and bleeding per rectum. The pap smear test has reduced the incidence of cervical cancer by nearly 80 percent and death by 70 percent because it detects the condition early and action can be taken early to treat the condition. 19

STUDIES RELATED TO PROBLEMS OF REPRODUCTIVE SYSTEM

Balsara . Z. P (2010), conducted a study to identify the commonly-occurring reproductive tract infections (RTIs), assess the knowledge of women about RTIs, and assess physical and behavioral factors contributing to the development of RTIs in Haripur, Pakistan. Nearly half (49. 5%) of these women were diagnosed with some form of vaginitis, and 14. 7% were diagnosed with clinical suspicion of pelvic inflammatory disease (PID). Women with cervical prolapse ($p= 0. 033$) or who cleansed after intercourse ($p= 0. 002$) were more likely to have vaginitis. There was a significant difference ($p= 0. 017$) in the prevalence of suspected pelvic inflammatory disease among women who used mud only (11. 1%), any water (18. 8%), and an old cloths or toilet paper (9. 8%) for cleansing after defecation. Sayakot P. Vincent (2012) conducted a study to investigate and compare symptom, experience, belief, attitude, and understanding of menopause in

Australian and Laotian women. The findings of the study showed that psychological symptoms, depression, vasomotor symptoms, and sexual dysfunction were significantly higher in Australian women compared with Laotian women ($P < 0.05$). Australian women perceived the meaning of menopause as ageing (57%), whereas most Laotian women reported not knowing what menopause meant to them (81%). Australian women's fears about menopause included weight gain (43%), ageing (41%), and breast cancer (38%), whereas Laotian women reported not knowing about potential menopausal problems (85%). Exercise (55%), education and awareness (46%), and improving lifestyle (41%) were reported by Australian women as being effective in alleviating menopausal symptoms, with only 21% reporting not knowing what was effective compared with 83% of Laotian women.

General practitioners were the most common source of menopause information for both Australians (73%) and Laotians (67%). Ruma Dutta (2010), conducted a study to estimate the prevalence of the menopausal symptoms and to assess the extent of the treatment which was available to treat the menopausal symptoms in the Poonamallee Block of the Tiruvallur district of Tamilnadu. The mean age at menopause was 44.49 years and median age was 44 years. The overall prevalence of any one symptom during the post-menopausal period among the study participants was 88.1% (95%CI: 85.8-90.3). Among the post-menopausal symptoms, the most frequently reported ones were vasomotor symptoms (60.9%), followed by sleep related symptoms (40.1%) and anxiety (35.4%). Only 46% of the post-menopausal women who had any one symptom had taken treatment. The reasons for not taking treatment for the menopausal symptoms among the study participants were mainly their financial constraints (56.1%) and <https://assignbuster.com/the-health-status-of-women-health-essay/>

family problems (35. 2%). 21Bairy. L (2009), conducted a study to establish the age at onset of menopause and the prevalence of menopause and menopausal symptoms in South India.. The mean age at menopause was 48. 7 years. Most frequent menopausal symptoms were aching in muscle and joints, feeling tired, poor memory, lower backache and difficulty in sleeping. The vasomotor and sexual domains were less frequently complained when compared to physical and psychological domains. Puri. S (2008), conducted a study to ascertain the knowledge about menopause and postmenopausal bleeding among women of urban and slum area of Chandigarh, India. Majority (70. 3%) of urban residents have heard about menopause as compared to 30. 9% in slums. The most common menopausal symptom was vaginal irritation / discharge (42. 7%). Less than half of females (38. 7%) ever took treatment for menopausal symptoms. Calcium supplements were taken by majority (63%). 7. 7% females complained of post-menopausal bleeding out of which 44. 8% had it after intercourse. Only 28. 6% of the women got their Pap smear test done after being suggested by doctor and they were from urban area only. From the above study it is concluded that the mean age at menopause was 44- 48years and the common menopausal symptoms were aching in the muscles and joints, feeling tired, poor memory, lower backache, and difficulty in sleeping. 22this also highlights the variation of health care seeking practice between the urban and rural women. This is mainly helpful to formulate tool. Madhusudan Subedi (2010) conducted a study which shows that more than 600, 000 women in Nepal were suffering from prolapsed uterus and that 200, 000 of them needed immediate surgery. History ranged from seven days immediately after the first delivery to after the birth of the fifth or sixth child; during cooking to sneezing and long

<https://assignbuster.com/the-health-status-of-women-health-essay/>

coughing; fetching water in a big bucket to working in the field. Many of the women with prolapse could recall the exact moment they first felt the prolapse and found difficulty in sharing the problem due to fear of stigma. Kumari. S (2000), conducted a study to estimate the prevalence of self-reported uterine prolapse and to determine the treatment-seeking behavior of the respondents. Participants of this study were married women of Dadu Majra Colony, Chandigarh, India. Among the 2, 990 women surveyed, 227 (7.6%) reported symptoms of uterine prolapse. Of the 227 women with self-reported uterine prolapse, 128 (57%) had not taken any treatment, 28 went to a traditional birth attendant (TBA), and 47 (21%) consulted a doctor. Thirty-eight women were advised to undergo surgery, but only eight complied. Other treatments used by small numbers of women included the use of a ring pessary or alcohol-soaked swab and heel pressure technique. Reasons for non-consultation included shyness²³(63%), lack of cooperation by the husband (60%), lack of time (63%) and lack of money (58%). The prevalence of prolapse was significantly higher in women with higher parity, more than 7% of the women reported symptoms of uterine prolapse. From the above studies it is revealed that the prevalence of self-reported uterine prolapse and the reason for not taking treatment were shyness, lack of cooperation, time, and money. From the above information it is helpful to identify the problems and formulate tool. Nikoloas Burbos (2010) conducted a study to identify the causes of vaginal bleeding in different age groups of postmenopausal women and to estimate the incidence of postmenopausal vaginal bleeding and endometrial cancer in a defined geographical area at Gynecological Oncology Centre in the United Kingdom. In 1356 women (44.5%) the endometrial thickness measured less than 5 mm on transvaginal

<https://assignbuster.com/the-health-status-of-women-health-essay/>

ultrasound scan. Benign histology was found in 1144 women (37.5%). Benign endometrial polyps were the cause of bleeding in 10.1% of the cases. The incidence of endometrial cancer in this study population was 5%. The rate of postmenopausal vaginal bleeding during the study period peaks at the age of 55–59 years (25.9/1000 postmenopausal women/year) and declines thereafter. The peak incidence of endometrial cancer during the study period (12.6/10,000 postmenopausal women/year) was seen between the ages of 60 and 64 years and similarly declines with increasing age. From the above studies it is revealed that the postmenopausal women in the age group of 55–59 years were at risk for endometrial cancer and benign endometrial polyps were the cause of postmenopausal bleeding.

Sandeep Singh (2012) conducted a study to decrease the toll of cervical cancer, by its knowledge on prevention and treatment services in the community. Study through an in-depth questionnaire was conducted at J. A. Groups of Hospital's Obstetrics and Gynecology OPD, Gwalior, India on a total of 812 women with a modal average age of 35.51 ± 10.64 years. It was found that a large number lacked awareness and perception. Surprisingly all women presented were married. Only 9.59% of women had ever heard of cervical cancer, mostly belonging to upper socioeconomic group with only 11.62% underwent at least one cervical screening in their life time. None of them reported exact purpose for the Pap test. Male partner were the sole decision maker of the family in 47.20% women, 73.65% of the respondents were using cloth instead of tampons or sanitary pads during menstruation. This study revealed the limited knowledge of Indian women about the susceptibility of cervical cancer, and the necessity of cervical cancer screening among the women.

Ushadevi . G (2012), conducted a <https://assignbuster.com/the-health-status-of-women-health-essay/>

study to assess the knowledge about risk factors for cervical cancer among the rural women and to identify the misconceptions about cervical cancer. 80 (41. 7%) are aged between 46 and 50 years. Majority of women in this study (93. 8%) belongs to Hindu religion. Also 145 (75. 5%) of women belong to low monthly income group and 163 (84. 9) are currently married. In each category of knowledge on risk factors, significant number of women either responded with " no or do not know". There are several misconceptions among the women who participated in this study, especially about the screening for cervical cancer. This study found that there are several rural women who were unaware about the risk factors of cervical cancer such as increasing age, infection with human papilloma virus, starting early sexual life, multi parity, and smoking. From the above studies it was revealed that the limited knowledge of women about the susceptibility, risk factors for cervical cancer and the necessity of cervical cancer screening had decreased the healthcare seeking practice. The above study helps to formulate the statement of the problem, objectives and tool for the study. Madhutantra sarkar (2010), conducted a cross-sectional observational study to identify the symptoms suggestive of gynecological malignancies followed by histopathological confirmation of their diagnoses and to determine the proportion of the histopathologically confirmed cases specific to sites. This study²⁶ showed that 5. 3% of the overall outpatients or nearly one-fourth (23. 7%) of the patients with the symptoms suggestive of gynecological malignancies were histopathologically confirmed as having gynecological malignancies. Most of the patients (87. 0%) with the symptoms suggestive of gynecological malignancies reported excessive, offensive, with or without blood stained vaginal discharge, followed by irregular, heavy or prolonged

<https://assignbuster.com/the-health-status-of-women-health-essay/>

vaginal bleeding (61.4%). The commonest histopathologically confirmed gynecological malignancy was cervical cancer (61.9%), followed by ovarian cancer (23.9%). Aynur Ushal (2009), conducted a study to examine the knowledge about cervical cancer and in relation to Papanicolaou (Pap) testing among with 92 volunteer Turkish women who were sexually active and aged 25 to 61 years. Of the women who participated in the research, 33.7% were aged 42-49 and 44.6% were primary school graduates. It was determined that 53.3% of the women had long experience of living in a province and big city and that 82.6% had middle income. Approximately two-thirds (68.5%) had received a Pap test. The knowledge of the women concerning cervical cancer risk factors was found to be related with their condition of having pap testing. The above studies show that the symptoms suggestive of gynecological malignancies and this is histopathologically confirmed as cervical cancer and increasing awareness about the symptoms is needed to have better treatment outcomes.