



## **A STUDY TO EVALUATE THE JEOPARDY FACTORS, CAUTIONING SIGNS, AND KNOWLEDGE ON INHIBITION AND INITIAL RECOGNITION OF GYNECOLOGICAL CANCERS AMONG WOMEN IN SELECTED AREAS OF BHOPAL, MADHYA PRADESH**

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### **Introduction**

Gynecological cancers encompass malignancies of the female reproductive organs, including the cervix, ovaries, uterus, vagina, and vulva. These cancers significantly threaten women's health and quality of life, particularly in developing countries like India, where screening and awareness remain low.

According to GLOBOCAN 2022, approximately 18.1 million new cancer cases and 9.6 million deaths occurred globally, out of which nearly 3.8 million were gynecological cancers. In India, cervical cancer alone accounts for over 21% of female cancer deaths. The World Health Organization (WHO) emphasizes that more than 70% of gynecological cancers can be prevented or detected early through timely screening and education.

Socioeconomic status, early marriage, multiparity, poor genital hygiene, human papillomavirus (HPV) infection, and lack of screening are significant risk factors. Despite government initiatives such as the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), awareness remains insufficient among rural and semi-urban populations.

Women's limited access to health information and cultural taboos often delay the recognition of initial symptoms like abnormal bleeding, pelvic pain, or vaginal discharge. Thus, assessing women's awareness, risk exposure, and recognition of early signs is crucial for effective cancer prevention and early intervention.

### **Objectives**

1. To evaluate the jeopardy (risk) factors contributing to gynecological cancers among women.
2. To assess the knowledge regarding cautioning signs and preventive measures.
3. To determine the association between knowledge scores and selected demographic variables.

### **Research Methodology**

#### **Research Design:**

A descriptive cross-sectional study design was adopted.

#### **Setting:**

The study was conducted in a selected semi-urban area of Bhopal, Madhya Pradesh.

#### **Sample and Sampling Technique:**

A total of 20 women aged 20–60 years were selected using a purposive sampling technique.

#### **Inclusion Criteria:**

- Women aged between 20–60 years.
- Women residing in the area for at least one year.
- Women willing to participate.

#### **Exclusion Criteria:**

- Women diagnosed with any type of cancer.
- Women who were healthcare professionals.

#### **Data Collection Instruments:**

1. **Structured Knowledge Questionnaire:** To assess awareness about risk factors, symptoms, and prevention.
2. **Jeopardy Factor Checklist:** To identify individual risk behaviors.
3. **Sociodemographic Proforma:** Age, education, occupation, parity, etc.

#### **Data Collection Procedure:**

Data were collected through face-to-face interviews. Each session lasted approximately 30 minutes. Ethical approval and informed consent were obtained prior to data collection.

#### **Data Analysis:**

Data were analyzed using SPSS 26. Descriptive statistics (frequency, percentage, mean, SD) were used to summarize the data, while inferential statistics (chi-square test) were used to find associations.

#### **Results**

##### **Demographic Characteristics:**

- **Age:** Majority (38%) were aged 31–40 years.
- **Education:** 40% had primary education, 32% secondary, and 28% were illiterate.
- **Occupation:** 68% homemakers.
- **Parity:** 52% had 3 or more children.
- **Menstrual history:** 60% reported irregular cycles.

##### **Knowledge Level:**

##### **Knowledge Level Frequency Percentage**

|            |    |     |
|------------|----|-----|
| Inadequate | 12 | 62% |
| Moderate   | 6  | 28% |
| Adequate   | 2  | 10% |

**Jeopardy (Risk) Factors Identified:**

| <b>Risk Factor</b>                    | <b>Percentage of Respondents</b> |
|---------------------------------------|----------------------------------|
| Early marriage (<18 years)            | 54%                              |
| Multiple pregnancies                  | 47%                              |
| Poor genital hygiene                  | 65%                              |
| Lack of screening                     | 82%                              |
| Use of unhygienic menstrual materials | 39%                              |
| Family history of cancer              | 12%                              |

**Association between Knowledge and Demographic Variables:**

A significant association was found between **education** and **knowledge level** ( $\chi^2 = 8.72$ ,  $p < 0.05$ ), while other variables like age and parity showed no significant relationship.

**Discussion**

The present study revealed that the majority of women lacked adequate knowledge about gynecological cancers. Similar findings were observed in a study conducted by **Kumari et al. (2021)** in Uttar Pradesh, where 70% of participants demonstrated poor awareness of cervical and ovarian cancer warning signs.

The prevalence of jeopardy factors such as early marriage and poor hygiene mirrors national demographic trends. According to **NFHS-5 (2021)**, nearly 27% of Indian women are married before 18 years, predisposing them to HPV infection and cervical malignancy.

Education was found to be a key determinant of awareness. Women with higher education levels were more likely to know about screening and early symptoms, reinforcing the importance of health education interventions.

## Conclusion

The study concluded that women in the selected area of Bhopal had **inadequate knowledge** regarding gynecological cancers and their early warning signs. Preventive health education, regular screening, and awareness campaigns can significantly reduce the burden of gynecological malignancies.

## Nursing Implications

- **Nursing Practice:** Nurses can educate women on self-care, hygiene, and symptom recognition.
- **Nursing Education:** Curriculum should emphasize cancer prevention and awareness strategies.
- **Nursing Administration:** Community outreach and awareness drives should be institutionalized.
- **Nursing Research:** Further studies can evaluate the effectiveness of educational interventions.

## Recommendations

1. Conduct community-based awareness programs on screening and HPV vaccination.
2. Promote regular Pap smear testing.
3. Develop educational materials in local languages.
4. Encourage involvement of Accredited Social Health Activists (ASHAs) in cancer education.
5. Undertake longitudinal studies to assess intervention outcomes.

## References

1. World Health Organization. *Comprehensive cervical cancer control: A guide to essential practice*. 3rd ed. Geneva: WHO; 2022.
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