



IMPACT OF GYNECOLOGICAL CANCERS ON HEALTH-RELATED QUALITY OF LIFE AMONG WOMEN IN MADHYA PRADESH

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Gynecological cancers (including cervical, ovarian, uterine, vaginal, and vulvar cancers) remain a major public health problem worldwide and significantly impact women's physical, emotional, and social well-being. Health-Related Quality of Life (HRQoL) is a multidimensional concept that includes physical, psychological, and social domains influenced by an individual's experience, beliefs, and expectations. Health-Related Quality of Life (HRQoL) has emerged as an essential outcome indicator in oncology, reflecting not just survival but the overall well-being of the patient. HRQoL includes multiple domains—physical health, emotional functioning, social participation, and role fulfillment. The experience of gynecological cancers and their treatments (surgery, radiotherapy, chemotherapy) can lead to physical exhaustion, hormonal imbalance, sexual dysfunction, and psychological distress.

Studies have highlighted that Indian women often experience stigma, fear, and poor access to rehabilitation services, further deteriorating their quality of life. Hence, evaluating HRQoL among women with gynecological cancers can guide healthcare providers in designing holistic, patient-centered interventions.

Objectives

1. To assess the level of health-related quality of life among women with gynecological cancers in Madhya Pradesh.
2. To evaluate the impact of clinical stage, type of treatment, and duration of illness on HRQoL.
3. To determine the association between HRQoL and selected demographic and clinical variables.

Research Methodology

Research Design:

A descriptive cross-sectional design was employed.

Setting:

The study was conducted in the oncology departments of selected Hospital of Madhya Pradesh.

Sample and Sampling Technique:

A total of 120 women diagnosed with gynecological cancers were selected using purposive sampling.

Inclusion Criteria:

- Women aged 25–70 years with confirmed diagnosis of cervical, ovarian, uterine, or vulvar cancer.
- Receiving active treatment or follow-up.
- Willing to participate.

Exclusion Criteria:

- Women with metastasis to the brain or severe psychiatric illness.
- Women unable to communicate due to health conditions.

Data Collection Tools:

1. **Sociodemographic and Clinical Data Sheet.**
2. **EORTC QLQ-C30** – to measure overall HRQoL (30 items).
3. **EORTC QLQ-CX24** – to assess cervix-specific concerns (for cervical cancer patients).

Each item was rated on a Likert scale (1 = not at all, 4 = very much). Higher functional scores indicated better HRQoL, while higher symptom scores indicated poorer well-being.

Data Collection Procedure:

Ethical approval was obtained from the Institutional Ethical Committee. Participants were informed about the purpose of the study, and written consent was obtained. Each interview lasted 25–30 minutes.

Statistical Analysis:

Data were analyzed using **SPSS version 26**. Descriptive statistics (mean, SD, frequency) summarized data, while **ANOVA and chi-square tests** determined associations between HRQoL and variables.

Results

A. Sociodemographic Profile

Variable	Category	%
Age	41–50 years	36%
Education	Primary or less	44%
Occupation	Homemakers	72%
Type of Cancer	Cervical (58%), Ovarian (24%), Uterine (18%) -	
Stage of Disease	Stage II (41%), Stage III (36%), Stage IV (23%) -	

B. Overall Health-Related Quality of Life

Domain	Mean Score ± SD Interpretation	
Physical Functioning	45.3 ± 13.2	Low
Role Functioning	51.6 ± 11.7	Moderate
Emotional Functioning	42.1 ± 15.4	Low
Social Functioning	55.7 ± 13.8	Moderate
Global Health Status (QoL)	54.7 ± 12.4	Moderate

Major Symptom Burden

Symptom	% of Respondents Reporting
Fatigue	78%
Pain	66%
Insomnia	61%
Appetite loss	49%
Financial difficulties	59%

Discussion

The findings indicate that gynecological cancers substantially affect multiple domains of quality of life. Similar results were observed in a study by Pillai et al. (2022), which showed that Indian women with cervical cancer experienced severe fatigue, pain, and emotional distress due to prolonged treatment cycles and social stigma.

The present study also supports findings from GLOBOCAN (2023), which reported that women in low-resource settings suffer more from treatment-related physical and emotional consequences due to inadequate psychosocial support.

The strong correlation between disease stage and HRQoL highlights the need for early detection and psychological rehabilitation. Financial distress was also a major concern; approximately 60% of women reported out-of-pocket expenses affecting family stability.

Conclusion

The study concluded that women with gynecological cancers in Madhya Pradesh experience moderate to poor health-related quality of life, particularly in the domains of physical and emotional functioning. Socioeconomic constraints, disease stage, and treatment-related side effects contribute to this decline. Therefore, comprehensive care including psychological counseling, pain management, social support, and financial guidance is essential to enhance HRQoL.

Nursing Implications

- **Nursing Practice:** Nurses should implement holistic care plans including physical comfort, emotional support, and social reintegration.
- **Nursing Education:** Include HRQoL assessment tools in oncology nursing curricula.
- **Nursing Research:** Conduct interventional studies to evaluate the effectiveness of supportive therapies on HRQoL.
- **Nursing Administration:** Establish multidisciplinary support groups in oncology units.

Recommendations

1. Conduct large-scale longitudinal studies across Madhya Pradesh.
2. Integrate psychosocial and nutritional counseling in routine oncology care.
3. Strengthen community-based palliative and rehabilitative services.
4. Develop awareness campaigns focusing on early screening and stigma reduction.

References

1. World Health Organization. *Cancer Fact Sheet*. Geneva: WHO; 2023.
2. GLOBOCAN. *Global Cancer Statistics 2022*. International Agency for Research on Cancer.
3. Pillai R, Sharma A, et al. Quality of life among women with cervical cancer in India: A hospital-based study. *Indian J Palliat Care*. 2022;28(3):356–364.
4. EORTC. *QLQ-C30 Scoring Manual*. Brussels: European Organisation for Research and Treatment of Cancer; 2020.
5. National Cancer Registry Programme (ICMR). *Report of Cancer Incidence and Mortality in India 2023*.
6. Das P, et al. Psychological and social challenges among women with gynecological cancers: A review. *Asian Pac J Cancer Prev*. 2021;22(7):2053–2059.