SOCIO-ECONOMIC FACTOR IN THE EPIDEMIOLOGY OF UTERINE CERVICAL CANCER

USHA RAO • KUNTAL RAO

SUMMARY

Case records of 657 patients seen and treated at Kasturba Hospital, Manipal, in the last 60 months (January 1984 till December 1988) have been reviewed and the various features of carcinoma cervix relevant to our rural area are analysed.

Introduction

Carcinoma of the uterine cervix is the commonest neoplasm amongst the female population in India (Devi and Prabhavalli 1961 ; Dass and Mukherjee 1961). It is one of the major factor contributing to maternal morbidity and mortality, old belief that those patients having cancer cervix have high incidence of VDRL positive is not true to our Study. The most likely explanation is that these patients take treatment in the form of antibiotic and at present instead of syphylis, chlamydia and viruses are leading as causative agents for sexually transmitted diseases.

Materials and Methods

A consecutive series of 657 patients were seen and treated at Kasturba Hospital, Manipal, in the last 60 months (January 1984 to December 1988). The frequency pattern of carcinoma cervix was 87.95% of all the female genital cancers seen in our hospital (Table I).

TABLE I

Site of Malignancy	No.	%
Carcinoma cervix	675	87.95
Carcinoma ovary	53	7.09
Carcinoma uterus	22	2.94
Carcinoma vagina	7	0.93
Carcinoma vulva	5	0.66

Maximum number of patients were seen in the age of 41-50 years (38%). The youngest patient was 24 years old and the oldest was 78 years (Table II).

Most of them were in the low socio economic and middle income group (95.57%) and were illiterates from nearby rural areas (Table III).

Dept. of Obst. Gyn. Kasturba Medical College Hospital, Manipal.

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TABLE II
AGE WISE DISTRIBUTION

Age in Years	No.	%
< 20	nil	–
21 - 30	31	4.71
31 - 40	130	19.78
41 - 50	247	37.59
51 - 60	142	21.61
> 60	107	16.28

TABLE III
SOCIO ECONOMIC STATUS

Class	No.	%
High	29	4.41
Middle	163	24.8
Low	465	70.77

TABLE IV
RELIGION DISTRIBUTION

Religion	No.	%
Hindus	553	84.17
Christians	62	9.43
Muslims	42	6.39

This distribution is quite similar to the population of India, which is 85.5% Hindus, 10.5% Muslims and 4.1% Christians.

The average age at menarche was 12.5 and majority of them got married between 12-18 years (65%). So it was presumed that majority had their first coitus prior to 16 years of age. The exact age of first coitus, sexual promiscuity could not be evaluated due to their illiteracy, ignorance and modesty (Table V).

42.3% had more than 6 children. 85% of our patients had their first conception before the age of 18 years.

TABLE V
AGE AT MARRIAGE

Age at Marriage	No.	%
15 years & Less	160	24.35
16 - 17 years	129	19.63
18 - 19 years	136	20.70
20 - 21 years	148	22.52
22 years & above	84	12.78

TABLE VI
PARITY

Parity	No	%
Nulliparous	nil	–
< 3	109	16.59
4 - 6	270	41.09
> 6	278	42.31

The analysis in relation to menstrual status revealed 220 out of 657 cases (34.7%) were premenopausal and 429 (75.3%) postmenopausal.

TABLE VII

Symptoms	No.	%
Metrorrhagia	231	35.15
Foul smelling bloodstained vaginal discharge	365	55.5
Post coital bleeding	59	8.98
Post Menopausal bleeding	105	15.98
Urinary	112	17.04
Bowel	31	4.71
Low back-ache	54	8.21
Pain Abdomen	111	16.89
Mass per abdomen	4	0.60
Others (multiple)	29	4.41

The outstanding symptoms at the time of presentation was foul smelling bloodstained discharge (56%), metrorrhagia (35%), and post-coital bleeding (9%).

TABLE VIII
BLOOD VDRL TEST

Report	No.	%
VDRL Positive	74	11.26
VDRL Negative	583	88.73

Blood VDRL was routinely done in all the cases and it was found to be negative in 89% patients and positive only in 11% of cases. This denotes that STD need not always be associated with cancer cervix.

Discussion

Cancer of cervix is the commonest cancer in Indian women, the age adjusted rate of this cancer was 23.2 almost 2.4 times the rate in U.S. (P.Gangadharan 1979).

Discussion and Conclusion

The woman running the highest risk of cervical cancer is the one typically of the low socio economic status and education, married at an early age, indulging in starting sexual intercourse at an early age and multiparity. This group of women should be kept under strict cervical cytological screening programme (N. N. Roy Choudhury 1975). Our study stresses that patients with low socio economic situation is an important factor in the epidemiology of cancer cervix. To reduce the incidence of atleast advanced cancer cervix, we should have preventive steps like -

Preventive Measures –

1. Cytological Screening of women at risk.
2. Surgical Treatment of benign conditions.
3. Improvement of local hygiene and social factors.
4. Spacing and limited childbirth.
5. Sex education to School children and females through Mahila Samaj Women Welfare Society.

References

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