Scholars Journal of Applied Medical Sciences

OPEN ACCESS

Abbreviated Key Title: Sch J App Med Sci
ISSN 2347-954X (Print) | ISSN 2320-6691 (Online)
Journal homepage: https://saspublishers.com

Obstetrical and Gynaecological Nursing

A Cross-Sectional Study to Assess the Quality of Life for Women's with Gynacological Cancer

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DOI: https://doi.org/10.36347/sjams.2025.v13i03.031 | **Received:** 13.02.2025 | **Accepted:** 20.03.2025 | **Published:** 25.03.2025

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Abstract **Original Research Article**

Background: Gynecologic cancer is any cancer that begins in a woman's reproductive organs. Thus, any woman is at risk for developing gynecologic cancer. Approximately 100,000 women are diagnosed with gynecologic cancer in the United States each year. Family history, obesity, age and HPV are important risk factors for gynecologic cancer. Pap tests, maintaining a healthy diet and lifestyle, genetic testing, and the HPV vaccine are at the forefront of gynecologic cancer prevention. Gynecological cancers are among the most frequent cancers in the female population. The diagnosis of cancer is an experience that forces patients to a profound and radical change not only in daily activities and life projects but also in their identity, role, responsibility, priorities, needs, and necessities. Although advances in screening techniques and anticancer therapies have increased long-term survival, neoplastic disease and associated treatments still have numerous physical and psychosocial consequences that deeply affect patients' quality of life. The measurement of the health-related quality of life in cancer patients includes the assessment of their subjective perception of symptoms, the side effects of treatments, and the consequences of the disease on various aspects of physical, role, emotional, cognitive, and social functioning. The assessment of in oncology represents an important endpoint for clinical studies because there is a significant association between the overall quality of life, the domains of functioning, symptoms severity, adherence to treatments, and long-term survival. Gynecological cancers are among the most common cancers in women and hence an important public health issue. Due to the lack of cancer awareness, variable pathology, and dearth of proper screening facilities in developing countries such as India, most women report at advanced stages, adversely affecting the prognosis and clinical outcomes. Ovarian cancer has emerged as one of the most common malignancies affecting women in India and has shown an increase in the incidence rates over the years. Although cervical cancer is on a declining trend, it remains the second most common cancer in women after breast cancer. Many researchers in India have published important data in the field of gynecologic oncology, covering all domains such as basic sciences, preventive oncology, pathology, radiological imaging, and clinical outcomes. This work has given us an insight into the in-depth understanding of these cancers as well as the demographics and survival rates in the Indian population. This aim of this review is to discuss the important studies done in India for all gynecological cancers. ***Methods:*** An association study among 100 women with gynecological cancer. The convenient sampling technique was used to select the study was used to selected form OBG unit of Kerudi hospital and Daddenavar hospital Bagalkot. Sociodemographic information gathered by using a structured Sociodemographic profile and quality of life were assessed using numerical rating scale. Data were analyzed in terms of objectives of the study. ***Result:*** According to the result of this study, there was significant reverse association between total score of (26 items) with total scores of cancers (120) ($p=0.005$) and a significant reverse scale and 11-Item Short Form Survey (SF-11) ($p<0.001$). Based on the linear regression model and after controlling the demographic variables, score and SF-11 $p=0.001$). ***Discussion:*** Cross-sectional study was performed on a sample of patients with gynecological cancers including uterine, ovarian, cervical, and vulvovaginal attending a teaching hospital affiliated to Tehran University of Medical Sciences between 2014 and 2019. The data was collected by a web-based platform with validated self-administered questionnaires including demographic information, the EORTC QLQ-C30 and the Hospital Anxiety and Depression (HADS). The data were analyzed using appropriate tests. In all 251 patients were studied. The mean age of patients was 52.8±12.4 years and

43% had uterine, 30% had ovarian, 25% had cervical, and 2% had vulvovaginal cancer. The mean global quality of life score as measured by the EORTC QLQ-C30 was 59.8 ± 24.9. Women with ovarian cancer had the highest and women with cervical cancer had the lowest global quality of life score. There were significant differences in emotional, cognitive and global quality of life by cancer diagnosis ($p < 0.05$). Although not significant, overall physical, role, cognitive and social functioning was found to be better in women who had been treated with surgery. The mean anxiety and depression score were 8.7± 5.0 and 7.1 ± 5.2, respectively. The results demonstrated that patients with gynecological cancers had a low quality of life, and experience higher anxiety and depression. Gynecological cancers including cervical, ovarian, uterine and vaginal and vulvar cancer represent around 1 in 5 of all cancers diagnosed in women (Cancer, 2018). However, cervical cancer is more common in premenopausal women, while the incidence of uterine and ovarian cancers increases in the perimenopausal years (Goncalves, 2010) and vaginal and vulvar cancers are uncommon and mostly affect elderly women (Carter and Downs, 2012). Despite the high morbidity and mortality rate of gynecological cancers, cervical and uterine cancers have a high chance of survival. To identify QOL predictors among patients with gynecological cancers, and examine the relationship between QOL and demographics, stress, coping strategies, and social support. Methods: A cross-sectional survey was conducted who were recruited from the gynecological oncology outpatient department of a hospital in Taiwan. with 111 patients, To identify QOL predictors among patients with gynecological cancers, and examine the relationship between QOL and demographics, stress, coping strategies, and social support. QOL was negatively correlated with malfunctioning coping strategies and stress. Regression models accounted for 19%–30% of the variance across the four domains of QOL. Stress was a significant predictor of all QOL domains. Social support was the main predictor of the social relationships and environment QOL domains. The lowest QOL score was for sexual life. Patients with gynecological cancers reported lower levels of satisfaction with the social relationships and psychological health domain of QOL. Diagnosis and treatment for a gynecological cancer may impact how women perceive their femininity and relationship with their husband. This study provides a comprehensive picture for nurses to understand the factors associated with QOL among patients with gynecological cancers in the Chinese cultural context. Screening for stress is important since stress was the main predictor for all domains of QOL among patients. Providing support, especially familial and emotional support, to patients with Chinese cultural backgrounds is critical because of their family values. Offering a private space to discuss the patients' concern and carefully observing their non-verbal language are essential because these patients often do not talk about their cancer and sexual life openly and publicly. ***Conclusion:*** The study results reveal Gynecological cancer in the quality of life of women with gynecological cancer. Based on our findings, we emphasize the interventional studies and guides for improving all dimensions of quality of life and reducing the psychological burden of gynecological cancer in later life of women's.
Keywords: gynecological cancer, quality of life.

INTRODUCTION

The World Health Organization defines the 10-19 age group as the "Adolescent" group and the 15-24 age group as the "Young" group. Due to the intersection of adolescent and youth ages, the 10-24 age group is considered as "Young People". In Turkey, the share of the 10-24 age group within the total population is 21.1%. This rate is fairly high, meaning that one in every five people is in the youth age group. During the youth period, which is generally considered as the transition period from childhood to adulthood. Young people's experience not only changes in brain, neuro-endocrine system and hormone concentrations but also physical and emotional changes and risks with gynecological cancers that affect reproductive health and social life [1].

A healthy reproductive life is an indispensable component of the general health and well-being of women. Reproductive health problems including gynecological cancers Gynecological cancer makes up a sizable proportion of disease burden in women. Majority of these problems remain unaddressed as cultural and gender norms make women silent to report these problems. Undiagnosed and untreated gynecological cancers at young age may have physical and psychological consequences in later life [2].

The complexity of women's health goes far beyond medical and surgical knowledge and the achievements of the clinical specialty of Obstetrics and Gynecology, spanning not just the research dimensions of molecular biology, genetics, epidemiology, or health services but also being influenced by gender, social, and psychological relevant factor [3].

Menstruation is often traumatic and very negative experience for young girls in most parts of India. Many traditional beliefs, misconceptions, and practices are associated with menstruation, which makes girls vulnerable to stress and depression as well as reproduction problems. Evidence from India's existing studies shows that a large proportion of girls suffers from various gynecological morbidity.

Heavy menstrual bleeding, dysmenorrhea, menstrual irregularities, primary and secondary amenorrhea are common gynecological cancers among adolescent girls. A study in Maharashtra and Bangladesh reported that menstrual disorder, dysmenorrhea, and

prevaginal discharge, and vulval itching as the common gynecological cancer among adolescent girls [4].

Quality of life (QOL) has been recognized as a substantial outcome measure for health service evaluation. QOL is defined as individuals' perception of their position in life in the context of their culture and value systems, which concerns their targets and expectations. In the area of maternal care, decreasing morbidity and mortality rates have prepared the ground for other goals such as enhancing QOL. With regard to QOL during periods of childbirth and childcare, although health professionals are involved in prenatal care, postpartum maternal healthcare is relatively neglected.

The *postpartum period* is a time of transition in a mother's life marked by physical, psychological, and social changes that begins after childbirth and lasts up to 6 months. It is often divided into three distinct phases: initial or acute phase, which lasts 6–12 h postpartum; second or subacute postpartum period, which lasts 2–6 weeks; third or delayed postpartum period, which can last up to 6 months. Recent studies have quantified problems occurring during the postpartum period, such as mental distress, genital infections, physical complaints, and sleep problems. Sociodemographic variables such as maternal age, educational level, and reproductive history have been shown to be significant influencing factors across the postnatal period. Among the other factors associated with QOL, postnatal depression and social support have been reported to be significant. Furthermore, maternal sleep disturbances are of concern because of their association with fatigue and depression, which are strongly associated with QOL [5].

Cervical cancer is usually squamous cell carcinoma; adenocarcinoma is less common. The cause of most cervical cancers is human papillomavirus (HPV) infection. Cervical neoplasia is often asymptomatic; the first symptom of cervical cancer is usually irregular, often postcoital, vaginal bleeding. Diagnosis is by a cervical Papanicolaou test and biopsy. Staging is clinical, combined with imaging and pathology results when available. Treatment usually involves surgical resection for early-stage disease or chemoradiation therapy for locally advanced disease. If the cancer has widely metastasized, chemotherapy is often used alone or, sometimes, followed by pelvic radiation [6].

To provide a current overview of the scope and epidemiology of gynecologic cancers. A review of articles dated 2005-2018 from PubMed, as well as data from The Centers for Disease Control and Prevention, National Cervical Cancer Coalition, and the American Cancer Society. Gynecologic cancers include any cancer that originates in a woman's reproductive system; cervical, ovarian, uterine, vaginal, vulvar, and fallopian tube (which is very rare), each named for the body part in which the cancer commences. The overall incidence of these cancers has decreased with time, except for vulvar and endometrial cancers, but racial disparities still exist. Nurses play a significant role in educating patients on the importance of preventative measures and modifiable lifestyles and behaviors. Likewise, nurses are in a unique position to help coordinate patients' care, thereby improving patient satisfaction. Nurses can participate and contribute to gynecologic research and influence political change to benefit those affected by gynecologic cancers [7].

Gynaecologic cancers often involve the ovaries, uterus, vulva, cervix, fallopian tubes, vagina, or the peritoneum. In the United States, the most commonly diagnosed gynaecologic cancer is endometrial cancer, followed by ovarian cancer. Cervical cancer is less common in developed countries because of the wide availability of routine screening with Papanicolaou (Pap) test and with human papillomavirus (HPV) testing. Additionally, the HPV vaccine has become increasingly more acceptable and validated as an added measure to decrease the incidence of preinvasive disease. All women are at risk for gynaecologic cancers, and the risk increases with age. Between 2012 and 2019, approximately 94,000 women or more were diagnosed with gynaecologic cancer. The incidence rate of gynaecologic cancers among women varies by cancer type and race/ethnicity. Uterine cancer occurs at a rate of 26.82 cases per 100,000, whereas the least common cancer, vaginal cancer, occurs at a rate of 0.66 per 100,000. The median age at diagnosis also varies by cancer type and race/ethnicity. Cervical cancer is prevalent at a younger age than the other gynaecologic cancers, whereas vaginal and vulvar cancers tend to be diagnosed at an older age. Consequently, cervical cancer is the most common gynaecologic cancer among women aged < 50 years, while uterine cancer is the most common among women 50 years or older. Each of the gynaecologic cancers has distinct pathogenesis behind their development and, thus, has differing clinical presentations. The aim of this chapter is to briefly introduce each of the gynaecologic cancers, describe their individual pathogenesis, and discuss their incidence and diagnosis [8].

Gynecologic oncologists offer an integrated approach to the diagnosis and surgical management of cancerous and noncancerous (benign) conditions of the female reproductive system. These include cervical cancer, endometriosis, fibroids, ovarian cancer, pelvic masses, uterine cancer, vaginal cancer and vulvar cancer. When you visit Mayo Clinic in Arizona, Florida or Minnesota for help with any of these conditions, you'll benefit from the collaborative care of an integrated team of specialists. Your gynecologic oncologist works with the Mayo Clinic Comprehensive Cancer Center to provide leading-edge care to people who have not had success with an approved treatment [9].

Furthermore, as revealed by the study, the young population is generally perceived as a healthy

group that does not require health care services, and thus they cannot adequately benefit from these services. For this reason, the diagnosis of the gynaecological cancers whose onset is rooted in this period may be delayed, leading to higher mortality or morbidity at adult ages. However, it must be noted that the majority of the health problems experienced in this period may be prevented. It is important for young women to receive appropriate health care so that they can cope with the gynaecological cancers they may experience during this period. Also, it is important to know the risks with gynaecological cancers that can be encountered frequently so that effective interventions can be made to prevent these problems. Early detection and treatment of problems and taking the necessary precautions against the problems improve both the health level and life quality of young women. Healthy young women can contribute to community health by increasing women's health. There are few studies on risk with gynaecological cancers in young women in the world, or a limited number of studies that determine the prevalence of extensive risk with gynaecological cancer. This study aimed to determinate the risk with gynaecological disorders in female university students [10].

Quality of life suffers a gradual decline during this period due to various problems associated with oestrogen deficiency and aging. Due to the increasing life expectancy, women are expected so live 25%–30% of their lives in the postmenopausal period. Thus, improved quality of life is imperative to decrease the disability and frailty of a society. As majority of the Indian population reside in rural areas (68.84%) and women living in rural areas have different menopausal symptom profiles than their urban counterparts, this study was undertaken to study the quality of life of perimenopausal women in rural areas of Etawah district, Uttar Pradesh and the various factors associated with it [11].

Gynecological cancers are among the most common cancers in women and hence an important public health issue. Due to the lack of cancer awareness, variable pathology, and dearth of proper screening facilities in developing countries such as India, most women report at advanced stages, adversely affecting the prognosis and clinical outcomes. Ovarian cancer has emerged as one of the most common malignancies affecting women in India and has shown an increase in the incidence rates over the years. Although cervical cancer is on a declining trend, it remains the second most common cancer in women after breast cancer. Many researchers in India have published important data in the field of gynecologic oncology, covering all domains such as basic sciences, preventive oncology, pathology, radiological imaging, and clinical outcomes. This work has given us an insight into the in-depth understanding of these cancers as well as the demographics and survival rates in the Indian population. This aim of this review is to discuss the important studies done in India for all gynecological cancers [12].

METHODS

Study design and participants

The present study is a descriptive correlation study design among A convenient sample of 100womenwith gynecological cancer. The convenient sampling technique was used to select the study was used to select study participants The data were collected for in this study sample size is 100 women admitted to OBG units of Kerudi hospital and Daddennavar hospital Bagalkot by using convenient sampling, 25 days from 06/5/2024 to 30/6/24 in OBG unit of Kerudi hospital and Daddennavar hospital Bagalkot. with help of brief scale Quality of life and rating scale of perceived Gynecological cancer with women's. Analysis of data did by using descriptive and inferential statistics.

Exclusion criteria: The women's, who are not mentally fit, Unable to cooperate throughout the period of study, Sick and unable to provide the data. Expected to go out of the setting at the time of study.

Inclusion criteria: The study includes the women's, who are Able to speak/read/write English/ Kannada, Available at the time of data Collection. Willing to participate in the study.

Instruments

Sociodemographic variables the socio-demographic data consists of information about people with 11items; Age, Mothers education, Religion, Type of family, Family monthly income, Type of diet, Age of menarche, and Duration of menstrual cycle, any gynecological cancer, type of cancer, stage of cancer.

Numerical rating scale- Numerical scale was used to assess the level of Quality of life It consist of 26-point scale ranging from 1-26. The women were categorization of gynaecological cancer and quality of life.

Table 1

Category of QOL	Score
Poor QOL	79%
Good QOL	21%

Quality of life (brief scale- 26) the scale was used to assess the quality of life among women's there are 26 items on the quality-of-life scale scored 5-point, Physical health domain, mental health domain, social, psychological, environmental.

Data collection procedures-in the present study, the data was collected by the researcher herself after obtaining formal administrative approval from the

principal of Sajjalashree institute of nursing science Bagalkot and informed consent from the subject.

Phase I A descriptive study is conducted to assess the level of gynaecological cancer and quality of life among women's.

Phase IIA descriptive study is conducted to assess quality of life among women's.

Statistical Analysis- statistical analysis in the present study was done with the help of SPSS 25. Descriptive statistics such as frequency percentage distribution and mean and standard deviation were used to describe the socio-demographic variable and outcome variables, inferential statistics such as t test and chi-square test to test hypothesis.

Ethical clearance- ethical clearance was obtained from the institutional ethical committee of B.V.V.S Sajjalashree institute of nursing science, Bagalkot.

RESULTS

Socio-demographic characteristics of women's -the percentage wise distribution of women according to their age group height percentage (39%)in the age group of 26-30 years, mother education the height percentage (43%) in primary education, religion reveals that height percentage (66%) in Hindu, type of family reveals that height percentage (56%) in nuclear family, family monthly income the height percentage (46%) are getting10001-15000, type of diet reveals that height percentage (44%) mixed diet, age of menarche reveals that height percentage (66%) in 12-14 years, duration of menstrual flow reveals that height percentage (56%) in 3-7 days, gynaecological cancer reveals that height percentage (80%) have, type of cancer reveals that height percentage (34%) in cervical cancer, stage of cancer reveals that height percentage (44%) in 3rd stage of cancer.

Assess the level of gynaecological cancer of women's- finding related to assessment of gynaecological cancer and quality of life among women's reveal that almost the same percentage of women's had poor quality of life (79%) and same percentage of women's had good quality of life (21%).

Table 2: Assess the level of stress among women's gynaecological cancer

QOL LEVEL	Frequency	Percentage
None	0	0%
Poor	79	79%
Good	21	21%
Total	100	100%

Assess the gynaecological cancer and quality of life among women's finding related to assessment of quality of life among women's reveal that almost the same percentage of women's had poor quality of life (79%), and good quality of life (21%), women had a quality of life show in table 3.

Table 3

Quality of life	Range of score	Frequency	Percentage
Poor health related quality of life	<52	79	79%
Good health related quality of life	>52	21	21%

Table 4: Correlation between stress and quality of life among women gynaecological cancer

S/N	Sociodemographic Variable	DF	Chi-square value
1	Age	1	0.0311
2	Mother education	1	0.1915
3	Religion	1	2.7894
4	Type of family	1	0.0493
5	Monthly income	1	0.4967
6	Type of diet	1	0.0505
7	Age of menarche	1	0.1247
8	Duration of menstrual flow	1	1.3175
9	Have Gynaecological cancer	1	0.0141
10	Type of cancer	1	1.2368
11	Stage of cancer	1	0.0017

- The majority of women with gynaecological problems according to their age group reveals that in out of 100 subjects 14% of women belong to (18 - 20) years of age, 35% of women belong to (21-25) year of age, 38%of women belong to (26-30) years of age, 13% of women belong to (45-above) years of age.

- The majority of women with gynaecological problems according to their education status group reveals that in out of 100 subjects 11% belongs to the illiterate, 43% belongs to the primary education, 35% belongs to the high school education, 11% belongs to the graduation education and above.
- The majority of women with gynaecological problems according to their religion groups reveals that in out of 100 subjects 65% belongs to Hindu religion,26% belongs to Muslim, 7% belongs to Christian, 2% belongs to others.
- The majority of women with gynaecological problems according to their type of family out of 100 subjects in that 4% belongs to extended family, 54% belongs to nuclear family, 42% belongs to joint family
- The majority of women with gynaecological problems according to their monthly income. According to this group reveals that in out of 100 subjects, 19% of families have a 5000-10000 /month, 46% of families have 10000-15000/month, 31% families have a 15000-20000/month, 4% of families have a 20000 and above.
- The majority of women with gynaecological problems according to their type of diet. According to this group reveals that in 100 out of subject in 31% of vegetarian, 24% of non-vegetarian, 45% of mixed diet.
- The majority of women gynaecological problems according to their age of menarche. According to this group reveals that in 100 out of subject in 6% of women's have a more than below10 years agata menarche, 19 % women's have a 10–12-year age of menarche, 65% women have a 12–14-yearage of menarche, 10% of have a 14–16-year age of menarche.
- The majority of women with gynaecological problems according to their duration of menstrual cycle. According to this group reveals that in 100 out of subject in 7% of women's have a less than 2 days duration of menstrual cycle, 34% of women's have a 2-3 days duration of menstrual cycle, 56% of women's have a 3-7 days duration of menstrual cycle, 3% of women's have a 7-9 days duration of menstrual cycle.
- The majority of women with gynaecological problems, women's who have gynaecological problems According to this group reveals that in 100 out of subject in 80% of women's have gynaecological problems, 20% women's not have a gynaecological cancer.
- The majority of women with gynaecological problems according to their type of cancer reveals that in out of 100 subjects of 34% belong to cervical cancer, 30% of women belongs to uterine cancer, 18% of women belongs to breast cancer, 18% of women belongs to ovarian cancer.
- The majority of women with gynaecological problems according to their stage of cancer reveals that in out of 100 subjects of 23% of women belongs to first stage, 33% of women belongs to second stage of cancer, 44% of women belongs to third stage of cancer

CONCLUSION

The study is helpful to find the association of gynecological cancer and quality of life among women with gynecological cancer. Findings related to the comparison of mean percentage of the cancer scores and post-test reveals a decrease of 14.8% among post caesarean mothers after administration of Benson's Relaxation therapy and similar findings related to the comparison of mean percentage of the quality-of-life scores in and reveals, a decrease of 7.6% among the women. Thus, it is concluded that the increase gynecological cancer and quality of life of women of has decreased.

Future researchers can investigate the association of similar quality of life of women with gynecological cancer.

CONTRIBUTION OF AUTHORS

Research concept- Jadhav Priyanka A,
Research design-- Jadhav Priyanka A,
Supervision-- Jadhav Priyanka A,
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Data analysis and Interpretation-- Jadhav Priyanka A, Radhika, Pooja, Girish, Roshana John, Rudresh, Rekha, Baseera
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