

Study on Knowledge, Attitude and Perception towards Uterine FibroidsLakshmi Priyanka Kanchipati¹, Kodali Venkata Ramana², P. Sudha Padmasri³, Prasad Usha⁴¹Postgraduate, Department of Obstetrics & Gynaecology, Andhra Medical College, Visakhapatnam, Andhra Pradesh, India.²Associate Professor, Department of Obstetrics & Gynaecology, Andhra Medical College, Visakhapatnam, Andhra Pradesh, India.³Associate Professor, Department of Obstetrics & Gynaecology, Andhra Medical College, Visakhapatnam, Andhra Pradesh, India.⁴Professor, Department of Obstetrics & Gynaecology, Andhra Medical College, Visakhapatnam, Andhra Pradesh, India.

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Abstract:

Background: Fibroids are the commonest benign neoplasms arising from the uterus in women of reproductive age with an incidence of 5%-20% depending upon the age group. Almost 50% women with fibroids are symptomatic and can be managed expectantly. On review of literature, it is understood that knowledge on uterine fibroids is very poor resulting in late presentation of the disease. There are taboos regarding the management procedures resulting in late therapy with complications.

Aim: To assess the knowledge, attitude and perception on uterine fibroids in reproductive age group women.

Methods: This is a cross-sectional study for a period of 3 months. Subjects in the reproductive age attending to the outpatient department of Obstetrics and Gynecology. The data was collected using a pre-tested questionnaire on clinical symptoms, knowledge, attitude and perception with respect to fibroids and data analysed.

Results: Most women show poor knowledge concerning fibroids. Most women fear that surgery (hysterectomy) may cause loss of femininity due to the amenorrhea. The subjects opined those fibroids increased with age and positive family history is seen in 48%. Participants opined that there is association of obesity with clinical presentation of heavy menstrual bleeding and pain. Eighty seven percent felt herbal drugs and lifestyle modifications is the treatment for fibroids. It affects childbearing is not known in 76% of subjects.

Conclusion: Patient counseling plays an important role to improve patient knowledge and encourage early reporting. Educational programmes can be conducted to increase their awareness of uterine fibroid. Camps can be conducted in rural areas regarding uterine fibroid to improve the awareness of women which help in early management and thereby preventing the complications of the disease.

Keywords: Uterine Fibroids, Knowledge, Attitude, Perception.

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Introduction

Fibroids are the commonest benign neoplasms arising from the uterus in women of reproductive age with an incidence of 5%-20% depending upon the age group. Almost 50% women with fibroids are symptomatic and can be managed expectantly. Precise cause is unknown; risk factors include age, family history, hormonal factors, ethnicity, weight, diet, exercise, oral contraceptives, menopausal hormonal therapy, pregnancy, smoking, tissue injury.[1-4]

The most likely presentation of fibroids is by their effect on the woman's menstrual cycle or pelvic pressure symptoms. Malignant change is rare. There are many ways of treating uterine fibroids; can be approached medically, surgically, and even

by minimal access techniques. The recent introduction of selective progesterone receptor modulators (SPRMs) and aromatase inhibitors has added to the medical options of treatment. Uterine artery embolization (UAE) has now been recognized as a uterine-sparing (fertility-preserving) method of treating fibroids. The introduction of ultrasound waves (MRgFUS) or radiofrequency (VizAblate™ and Accessa™) for uterine fibroid ablation has added to the options of minimal access treatment.

However, access to high-quality care isn't possible for all patients. There are several factors which leads to poor referral. There are disparities in referral patterns, economic and educational challenges. Despite efforts to educate physicians (i.e. OBGYN)

and using traditional marketing strategies (i.e. social media), we still find barriers to patient awareness. Adequate health education programs should be planned throughout the year and should be widely spread. The study points to the insufficient knowledge of women about uterine fibroid and negative influence of low knowledge.

Materials & Methods

The study was carried out in the outpatient department of Gynecology, King George Hospital, Andhra Medical College. Women in reproductive age group were recruited in the study. It is a cross-sectional study and was carried out for a period of 3 months (July 2023-September 2023). The data was collected using a pre-tested questionnaire on clinical symptoms, knowledge, attitude and perception with respect to fibroids. Those who were not willing to participate in the study were excluded from the study. The participants were chosen through convenient sampling and oral verbal consent was taken. Results tabulated and analysed using Microsoft Excel.

Results

A total of 209 women participated in the study, maximum in the age group 31-40 yrs followed by 21-30yrs and 41-50yrs respectively. Most were educated till high school followed by primary school education, intermediate and graduation courses.80% were employed, doing either unskilled or semi-skilled work and rest were unemployed irrespective of the education status.75% were married, 20% were unmarried and the rest 5% were either divorced or widowed. Only 48% were diagnosed with uterine fibroids. About 30% had family history of fibroids.

Knowledge

Questions were framed to assess the knowledge on uterine fibroids, pertaining to the risk factors and clinical symptoms. The subjects opined those fibroids increased with age in 84%, associated with early menarche in 10%. Positive family history in 48%, associated with obesity in 20%, oral contraceptive pills in 15%. Fibroids associated with increased parity in 60%, heavy bleeding in 45% and pain in 56%. (Table 1)

QUESTIONNAIRE	
<p>PERSONAL DATA</p> <p>AGE <=20 21-30 31-40 41-50 >50</p> <p>EDUCATIONAL STATUS Illiterate Primary school Secondary school Intermediate Graduate or postgraduate</p> <p>OCCUPATION Employed unemployed</p>	<p>MARITAL STATUS Married Unmarried Divorced Widowed</p> <p>PARITY 0 1 2 3 >3</p> <p>DIAGNOSED WITH FIBROIDS (YES/NO)</p> <p>FAMILY HISTORY OF FIBROIDS (YES/NO)</p>

Attitude

Questions were framed to assess the knowledge on uterine fibroids, pertaining to the risk factors and clinical symptomatology. Ninety six percent felt no treatment is required, 87% felt herbal drugs and lifestyle modifications is the treatment for fibroids. Seventy five percent desire medical treatment if needed and surgical treatment in 96% of subjects. Follow up is needed in 96% of subjects. (Table 2)

Table 1: Variable

VARIABLE	YES	%	NO	%	DON'T KNOW	%
INCREASE WITH AGE	175	84%	12	6%	22	10%
EARLY MEARCHÉ	21	10%	30	14%	158	76%
POSITIVE FAMILY HISORY	100	48%	54	26%	55	26%
OBESITY	51	20	108	52%	58	28%
DIET AND EXERCISE	52	25%	125	60%	32	15%
OC PILLS	31	15%	28	13%	150	72%
PARITY	125	60%	62	30%	22	10%
HEAVY BLEEDING	94	45%	87	42%	28	13%
PAIN	117	56%	40	24%	52	20%

Table 2: Variable

VARIABLE	YES	%	NO	%
NO TREATMENT IS REQUIRED, CURE BY THEMSELVES	9	4%	200	96%
HERBAL DRUGS AND LIFESTYLE MODIFICATION IS BEST TREATMENT	28	13%	181	87%
DESIRE FOR MEDICAL TREATMENT IF NEEDED	156	75%	53	25%
REGULAR FOLLOW UP	176	84%	33	16%
OPT FOR SURGICL TREATMENT IF NEEDED	200	96%	9	4%

Perception

Questions were framed to assess the perception of uterine fibroids by women in reproductive age group relating to their morbidity. Fibroids decrease in size after menopause is not known in 72% of subjects. Sixty percent feel it is not life-threatening disease. It affects childbearing is not known in 76% of subjects. Surgery is the only treatment is opined in 81% of subjects. (Table 3)

Table 3: Variable

VARIABLE	YES	%	NO	%	DON'T KNOW	%
FIBROIDS DECREASE IN SIZE AFTER MENOPAUSE	31	15%	28	13%	150	72%
IT IS A LIFE-THREATENING DISEASE	52	25%	125	60%	32	15%
IT AFFECTS CHILDBEARING	21	10%	30	14%	158	76%
SURGERY IS THE ONLY TREATMENT FOR FIBROIDS	169	81%	36	17%	4	2%

Discussion

Fibroid Awareness Month is held annually in July at United States. This provides an opportunity to raise awareness for uterine fibroid, discuss socio-economic disparities in referral patterns, and share therapeutic approaches to positively impact access to high-quality care.

Before we understand socioeconomic disparities pertaining to uterine fibroids, we must first understand that it is a benign tumor of the uterus in response to hormonal changes during the menstrual cycle. The tumors have the capacity to grow for a long period of time, without symptoms or cause a high variability of symptoms which can include; heavy menstrual bleeding, signs of anemia, pressure or pain in the pelvis and nerve pain. Treatment options are many based on size and symptoms. These include surgical intervention such as hysterectomy or myomectomy, or alternatively, UFE - a minimally invasive procedure performed by interventional radiologists (IR). Patients who undergo this procedure experience improved symptoms within three to six months and can return home the same day with minimal complications and resume activities in a few short days, all with minimal risk.

However, a rural based country like India, access to high-quality care isn't possible for all patients. Disparities occur at all levels regarding knowledge, myths, including referral patterns, economic and educational challenges. Despite tireless efforts to educate physicians and using traditional marketing strategies there are many barriers to patient awareness. In the ongoing study with preliminary results presented at the 2022 Annual Society of Interventional Radiology (SIR) meeting, they demonstrated

that majority of patients who underwent hysterectomy who participated in the survey had no or little knowledge of fibroids and treatment option for symptomatic uterine fibroids. Furthermore, the patients who had knowledge of the procedure gave various reasons against it rather than adopting established therapies.

Patient advocacy plays a critical role in the advancement of health equity. In the rural population, patients do not have access to traditional educational tools, such as social media, and also have poor health literacy. In such conditions health fairs and community events will increase awareness. However, this endeavor requires time and resources.

Uterine fibroids significantly affect daily living, disrupting emotional and psychological well-being. Most women show poor knowledge concerning fibroids, explains the need for attention to create awareness among the general population is undeniable. Symptoms help in early detection of fibroids before it causes any significant morbidity and mortality. Nevertheless, the attitude of women with fibroids towards treatment is astounding. Most of them show positive attitude towards medical and surgical treatment.

The perception of uterine fibroids among the respondents is very poor. Most women fear that surgery (hysterectomy) may cause loss of femininity due to the amenorrhea that follows. Furthermore, complications of hysterectomy like body pains, joint pains, low back ache, night sweats, hot flushes, cardiovascular disorders, etc., create panic among women than the condition itself. But many preferred surgical management as there was decreased

need for follow up and the economical burden decreased.

Care should be given to the individual. Whereas patient's age, coexisting medical disease, family history and desire for fertility such factors should be considered while selecting an appropriate treatment for the patients whereas medication cost and adverse effect must also be considered where they play a direct role in patient compliance.

This study shows that most of patient presented with the complaints were within the age group of 34-40, similar result in M. A. Adegbesan-Omilabu, et al-study[5] This study shows that most of patient presented with the complaints of heavy bleeding and abdominal pain this results did not approve with the study done by Elizabeth A. Stewart, et al.[6,7]

This study shows that most of patient presented with late complaints due to lack of time, results did not approve with the study done by Atombosoba A. Ekine, et al- 2015.[8]

This study shows that most of the patients were unaware of disease before counselling and did not approve with the study done by M. A. Adegbesan-Omilabu, et al.[5]

Most women (95.73%) show poor knowledge concerning fibroids, which is quite the reverse of the study conducted by Omilabu et al that showed high level of awareness among 98.6% of its respondents. Though the notion of higher incidence rate among Black women (3 - 4 times relatively higher in comparison to their counterparts) explains the cause, the need for assiduity to create awareness among the general population is undeniable [9-12]

Simarpreet Kaur and Vijayalakshmi Gopalan Nair[13] did a comparative study to evaluate menopausal women's knowledge of uterine fibroids in selected urban and rural areas of Fatehgarh Sahib Punjab. According to the study, all menopausal women in both rural and urban areas were between the ages of 41 and 45. Eighty eight percent of menopausal women were self-employed. Ninety two percent of urban menopausal women had an average level of understanding of uterine fibroids and only 60% from rural areas. These results suggest that numerous research projects or educational activities might be performed to raise uterine fibroids awareness in rural areas of India where there are insufficient medical facilities and awareness programmes.

Neelima et al,[14] In their study population, majority of the participants had good knowledge on uterine fibroid. In the study conducted by Sarojini et al.[15] on awareness of uterine fibroid among menopausal women, reported that 60% of their study population had proper knowledge on uterine fibroid. In the study by Neelima et al,[14] the major

risk factors analyzed were obese women, women above 30 years, and family history of fibroid. 43.6% were aware about the risk factors of uterine fibroid, 20.9% participants felt that women above 30 years are at high risk of uterine fibroid. Family history of fibroid were at high risk of developing fibroid contributing to 19.2% of the total participants. While 16.3% participants had the opinion that obese women are at high risk to develop uterine fibroid.

A study conducted by Preethi et al.[16] stated that 42% answered that family history is the common cause of uterine fibroid. Forty three percent responded that heavy bleeding, frequent urination and enlarged abdomen are the symptoms of uterine fibroid.

In the study by Neelima et al[14] 50.1% responded that uterine fibroid doesn't resolve with self-treatment ,they should follow medical treatment and the remaining 22.8% believes that uterine fibroid resolves with self-treatment. Subramaniyam et al.[17] has reported that almost one third of the participants managed their fibroid with local herbs, 52.7% of the participants believed that uterine fibroid affects child bearing. In the study by Neelima et al[14] 35% participants doesn't believe that surgery is the only remedy for uterine fibroid but 39.8% believe that surgery is the only remedy for uterine fibroid and the rest 25.2% doesn't have any idea about it.

Gaikwad et al[18] in their study described that majority of women were from 32 - 38 years and 25 - 31 years of age. Both these age group accounted for 60% of samples. Eighty nine percent were married with secondary education and graduation in 64.5%. Occupational distribution showed 47% were home makers. Women with irregular menstruation was in 25.5%. Normal vaginal delivery was seen in 81%. Majority had 1-2 children. Analysis related to the knowledge regarding Uterine Fibroids among reproductive age women were, 64.55% are having average knowledge, 23.5% are having poor knowledge and 12% having good knowledge regarding uterine fibroids.

In the present study in the knowledge domain, the subjects opined those fibroids increased with age (84%). Forty eight percent felt there is positive family history. Obesity is seen (20%) and associated with oral contraceptive pills in (15%). Common complaints associated with fibroids were heavy bleeding in 45% and pain in 56%. No treatment is required (96%), 87% felt herbal drugs and lifestyle modifications is the treatment for fibroids. Medical treatment if needed (75%) and surgical treatment in 96% of subjects. Follow up is needed in 96% of subjects. It affects childbearing is not known in 76% of subjects.

Conclusion

The study has shown that there is poor knowledge about uterine fibroids. Patient counseling plays an important role to improve patient knowledge regarding diseases, management and healthy diet. The patients were encouraged for early reporting and hence prevent complications that accompany surgical operation of huge fibroids. Qualified health care professionals should also be involved in the public enlightenment and campaign.

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