A Cross Sectional Study on Knowledge, Attitude and Perception of Uterine Fibroids among Women with Fibroids Attending a Tertiary Health Care Centre in Chennai, India

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Authors’ contributions
This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

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ABSTRACT

Introduction: Fibroids are the most common benign neoplasms of the reproductive age group. Both hormonal and genetic factors contribute to the etiology. Only 20%-50% of women affected with fibroids, exhibit symptoms. The management strategies are usually individualized based on patient desires and presenting complaints. The aim of this study is to assess the knowledge, attitude and perception of uterine fibroids among women with fibroids.

Methodology: This is a descriptive cross-sectional study conducted among the patients of Saveetha Medical College and Hospital. Through convenient sampling, 164 patients were selected. The Data was compiled and analyzed in MS Excel.

Results: Although 95.73 percent of respondents lack knowledge about uterine fibroids, their attitude toward management is astounding. However, perception of 92.68% of women on fibroids is dissatisfactory.

Conclusion: Various counselling programs have to be imparted to create awareness among women on fibroids.
Keywords: Uterine fibroids; knowledge; attitude; perception.

1. INTRODUCTION

Fibroids (leiomyomas, fibromas, fibromyomas) are the commonest benign neoplasm of the uterus [1]. Fibromyomas are benign tumours arising from smooth muscle cells either from uterine musculature or vessel walls [1]. About 1 in every 20 women, round the globe suffer from fibroids [2]. The incidence ranges from 20% - 40% amongst women of reproductive age group [3,4]. Leiyomyomas are hardly found before menarche and they often get atrophied after menopause, depicting the role of oestrogen and progesterone in the growth of fibroids [1]. Genetic factors also have been known to play a synergistic role in the development of fibroids [5].

Fibromyomas are clinically apparent in only 20% - 50% of those affected [6]. The clinical symptomatology may vary with the number, size and the location of the fibroid [1]. Though menstrual disturbances and pain are the most common manifestations, women also encounter complications like pregnancy loss, postpartum haemorrhage, uterine inversion, etc [1].

Furthermore, there are innumerable treatment options available for the management of fibroids. The managing modalities are usually individualized based upon the clinical presentation and patient desires. Former times, hysterectomy and myomectomy were the only treatment options available, but now they have been surpassed by various minimally invasive procedures like Uterine artery embolization, Magnetic resonance - guided focussed ultrasound surgery (MRFS) and ablative procedures (VizAblate, Acessa), etc.[7].

Although Fibromyomas are benign, they are irrefutably entangled with significant morbidity and mortality due to obliteration. Hence this study aims to assess the knowledge, attitude and perception of women with fibroids on uterine fibroids.

2. METHODOLOGY

2.1 Study Design and Population

This descriptive cross-sectional study was carried out among the patients of Saveetha Medical College and Hospital, a private university, located in the outskirts of Chennai, India. Women diagnosed with uterine fibroids were recruited for the study. Patients diagnosed with fibroids, other than uterine and also those who were not willing to participate in the study were excluded from the study.

2.2 Study Period

The study was carried over for a period of three months, from January 2021 to March 2021.

2.3 Sample Size and Sampling Technique

The sample size of the study was estimated to be 164. The participants were chosen through convenient sampling.

2.4 Data Collection

The Data was collected using a pre-tested questionnaire on clinical symptomatology, knowledge, attitude and perception with respect to myomas.

2.5 Data Analysis

The data was compiled and analyzed in MS Excel.

3. RESULTS

Each and every participant of the study apperceived uterine fibroid as a benign smooth muscle tumour, without dubitation. Table 1 shows that among women who presented with uterine fibroids, most of them belonged to the age group of 31-40 (57.32%) which is then followed by 41-50 (40.24%). Majority of the participants were married (81.1%) and nearly 6.71% were widowed. Women with a parity index of <=2 are significantly associated with the prevalence of fibroids.

Menstrual disturbances (42.67%) were the most common presenting complaint of women with fibroids superseded by pain (37.5%) in the form of spasmodic dysmenorrhea, backache or abdominal pain. Nearly 5.17% of women had no symptoms and were diagnosed with uterine fibroids fortuitously [Fig. 1].

Knowledge pertaining to uterine fibroids appears to be very poor among the respondents of the study. Table 4 shows that almost 95.73% of
women are unaware concerning the risk factors and clinical symptomatology of fibroids, though it is a common tumour among the reproductive age group. Most of the women (100.00%) assented to medical treatment if indicated. Nearly 80.49 % of them opted for surgical treatment if recommended, considering the complications of both surgery and succeeding life after.

Table 1. Socio-demographic details of the study participants [N=164]

| Variable                      | Frequency | Percentage |
|-------------------------------|-----------|------------|
| Age (in years)                |           |            |
| <=20                          | 0         | 0.00       |
| 21-30                         | 4         | 2.44       |
| 31-40                         | 94        | 57.32      |
| 41-50                         | 66        | 40.24      |
| >50                           | 0         | 0.00       |
| Educational status            |           |            |
| Profession or Honours         | 0         | 0.00       |
| Graduate or Postgraduate      | 93        | 56.71      |
| Middle School Certificate     | 33        | 20.12      |
| Intermediate / Post High School Diploma | 23       | 14.02      |
| High School Certificate       | 15        | 9.15       |
| Occupational status           |           |            |
| Profession                    | 0         | 0.00       |
| Semi-profession               | 24        | 14.63      |
| Clerical, Shop-owner, Farmer  | 4         | 2.44       |
| Skilled worker                | 12        | 7.32       |
| Semi-skilled worker           | 19        | 11.58      |
| Unskilled worker              | 6         | 3.66       |
| Unemployed                    | 90        | 54.88      |
| Marital status                |           |            |
| Unmarried                     | 20        | 12.20      |
| Married                       | 133       | 81.10      |
| Divorced                      | 0         | 0.00       |
| Widowed                       | 11        | 6.71       |
| Parity                        |           |            |
| 0                             | 36        | 21.95      |
| 1                             | 55        | 33.54      |
| 2                             | 57        | 34.76      |
| 3                             | 16        | 9.76       |
| >3                            | 0         | 0.00       |

Table 2. Knowledge of uterine fibroids

| Knowledge of Uterine Fibroids                     | Frequency | Percentage |
|--------------------------------------------------|-----------|------------|
| Nulliparity or low parity is a risk factor for fibroids | 4         | 2.44       |
| Early menarche is a risk factor for fibroids      | 3         | 1.83       |
| Hormones play a significant role in the growth of fibroids | 7        | 4.27       |
| Fibroids increase in size during pregnancy       | 19        | 11.59      |
| Fibroid may be a cause of infertility            | 30        | 18.29      |
| Fibroid may be a cause of menorrhagia            | 130       | 79.27      |
| Fibroid may be a cause of pain and dysmenorrhea   | 108       | 65.85      |
| Fibroids may lead to abortions                    | 19        | 11.59      |
| Fibroids may lead to preterm labour              | 8         | 4.88       |
| Fibroids may lead to postpartum haemorrhage      | 7         | 4.27       |
| Fibroids may lead to puerperal sepsis            | 15        | 9.15       |
Table 3. Scoring system with respect to knowledge of uterine fibroids

| Knowledge of Uterine Fibroids Score=11 |
|----------------------------------------|
| Nulliparity or low parity is a risk factor for fibroids | Yes | 1 |
| Early menarche is a risk factor for fibroids | Yes | 1 |
| Hormones play a significant role in the growth of fibroids | Yes | 1 |
| Fibroids increase in size during pregnancy | Yes | 1 |
| Fibroid may be a cause of infertility | Yes | 1 |
| Fibroid may be a cause of menorrhagia | Yes | 1 |
| Fibroid may be a cause of pain and dysmenorrhe | Yes | 1 |
| Fibroids may lead to abortions | Yes | 1 |
| Fibroids may lead to preterm labour | Yes | 1 |
| Fibroids may lead to postpartum haemorrhage | Yes | 1 |
| Fibroids may lead to puerperal sepsis | Yes | 1 |

Table 4. Knowledge score of uterine fibroids

| Knowledge Score of Uterine Fibroids |
|--------------------------------------|
| >5 | 7 | 4.27% |
| <=5 | 157 | 95.73% |

Fig. 1. Clinical symptomatology

Almost all (97.56%) the participants accredited the fact that treatment of uterine fibroids is under no circumstance a waste of time or money. The whole lot (100.00%), without exception accepted that medical modality of treatment causes no harm as the fibroid itself. However, 32.93% believed that surgery alone poses more threat relative to fibroids, 39.63% had the conviction that surgery (hysterectomy) affects their feminity and 57.32% felt that it affects their fertility.
Table 5. Attitude with respect to uterine fibroids

| Attitude with Respect to Uterine Fibroids | Frequency | Percentage |
|-------------------------------------------|-----------|------------|
|                                           | Yes  | No  | Yes | No  |
| Regular follow-up                        | 161  | 3   | 98.17 | 1.83 |
| Desire for medical treatment if indicated | 164  | 0   | 100.00 | 0.00 |
| Attempt to administer the advised medications regularly | 164  | 0   | 100.00 | 0.00 |
| Opt for surgical treatment if indicated (that if medical treatment fails) | 132  | 32  | 80.49 | 19.51 |
| Attempt change of contraceptive if under OCPs | 160  | 4   | 97.56 | 2.44 |

Table 6. Scoring system with respect to attitude of uterine fibroids

| Attitude score with respect to uterine fibroids Percentage Score=6 |
|---------------------------------------------------------------|
| Regular follow-up | Yes | 1 |
| Desire for medical treatment if indicated | Yes | 1 |
| Attempt to administer the advised medications regularly | Yes | 1 |
| Opt for surgical treatment if indicated (that if medical treatment fails) | Yes | 1 |
| Attempt change of contraceptive if under OCPs | Yes | 1 |

Table 7. Attitude score with respect to uterine fibroids

| Attitude Score of Uterine Fibroids | <=3 | >3 |
|-----------------------------------|-----|----|
|                                   | 0   | 164 |
| Percentage                        | 0.00 | 100.00 |

Table 8. Perception with respect to uterine fibroids

| Perception with Respect to Uterine Fibroids | Frequency | Percentage |
|---------------------------------------------|-----------|------------|
|                                             | Yes  | No  | Yes | No  |
| Surgery is more ominous than the fibroid itself | 54   | 110 | 32.93 | 67.07 |
| Surgery (hysterectomy) affects your femininity | 99   | 65  | 60.37 | 39.63 |
| Surgery affects your fertility               | 70   | 94  | 42.68 | 57.32 |
| Medical treatment is more ominous than the fibroid itself | 0   | 164 | 0.00 | 100.00 |
| Treatment is a waste of time and money and no treatment is required for fibroids | 4   | 160 | 2.44 | 97.56 |
| Fibroids will get atrophied after menopause | 64   | 100 | 39.02 | 60.98 |

Table 9. Scoring system with respect to perception of uterine fibroids

| Perception Score with Respect to Uterine Fibroids Percentage Score=7 |
|---------------------------------------------------------------------|
| Surgery is more ominous than the fibroid itself                     | Yes | 1 |
| Surgery (hysterectomy) affects your femininity                       | Yes | 1 |
| Surgery affects your fertility                                       | Yes | 1 |
| Medical treatment is more ominous than the fibroid itself            | Yes | 1 |
| Treatment is a waste of time and money and no treatment is required for fibroids | Yes | 1 |
| Fibroids will get atrophied after menopause                          | Yes | 1 |
| Fibroids will shrink by herbal treatment alone                      | Yes | 1 |

Table 10. Perception score of uterine fibroids

| Perception Score of Uterine Fibroids | <4 | >=4 |
|--------------------------------------|----|-----|
|                                      | 152| 92.68 |
|                                      | 12 | 7.32 |

4. DISCUSSION

Leiomyomas are the most common benign neoplasms of the reproductive age group. Approximately 80% of women are wracked by uterine fibroids, among which only 25% exhibit symptoms that cause significant morbidity [8,9]. The costs due to myomas has been estimated to
A total of 34.4 billion annually, which is higher than breast cancer, colon cancer, or ovarian cancer [10]. Besides, uterine fibroids significantly affect daily living, disrupting emotional and psychological well-being [11,12,13]. This study assesses the knowledge, attitude and perception of women on fibroids, considering its endemicity.

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 [5]. 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 [14-17].

Majority of women lack knowledge on risk factors and clinical symptomatology on fibroids despite been discerned of the fact that fibroid is a benign smooth muscle tumour. Though not all women present with symptoms, 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 startling. Most of them show positive attitude towards medical and surgical treatment, provided the modality is recommended. On the contrary, no effect in the change of attitude was observed among the respondents of the study conducted by Senthilkumar et al, even after counselling [2].

Conversely, the perception of uterine fibroids among the respondents is very poor in comparison with results of the study conducted by Senthilkumar et al [2], where the perception score of the respondents improved from 2.24 to 3.51 after counselling. Most women (60.37%) fear that surgery (hysterectomy) may cause loss of feminity 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 [18].

5. CONCLUSION

The study shows poor knowledge and perception among women with fibromyomas, although their attitude towards management is good. The results of the study have shown the urge to impart various counselling programs to create awareness among the general public. Women should be encouraged to report early to prevent surgical risks that accompany huge fibroids thereby causing significant morbidity and mortality [2].

CONSENT AND ETHICAL APPROVAL

Ethical approval was obtained from the Institutional Review Board. Informed Consent was obtained from each and every participant of the study after explaining the study objectives.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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