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Research Article

Health Care Seeking Behaviour of Nigerian Women with Uterine Fibroids

Ottun Tawaqualit A[1], Adewunmi Adeniyi A[1], Durojaiye Idayat A[2], Olumodeji Ayokunle M[2]
[1]Department of Obstetrics and Gynaecology, Lagos State University College of Medicine and Teaching Hospital, Ikeja, Lagos. [2]Department of Obstetrics and Gynaecology, Lagos State University Teaching Hospital, Ikeja, Lagos

[*]***Author for Correspondence:***
Ottun Tawaqualit A.
taottun@yahoo.com
08033047137

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ABSTRACT
Background: Fibroids are the most common female pelvic tumour with potentially immense negative health impact on the affected woman's life, when symptomatic.
Objective: To determine the health-seeking behaviour of women with uterine fibroids in Lagos, Nigeria.
Methods: This cross-sectional study assessed 155 women with fibroids for their understanding of symptoms of uterine fibroids and their care seeking behaviour, over a 6-month period using an interviewer-administered questionnaire. Data obtained was analysed using the Epi-Info 3.5.3 statistical software.
Results: Majority (34.4%) of the women were within 35-39years of age and 5.8% were nulliparous. Menorrhagia and abdominal pain were leading presenting complaints, occurring in 73.8% and 55.7% of the women respectively. Prior to seeking orthodox care, 36.1% of the women ingested herbal drinks, 14.8% applied topical herbal products and 16.4% had not attempted any form treatment prior to presentation.
Conclusion: Uterine fibroid commonly affects women within the reproductive age group mostly causing excessive bleeding and pain. A large proportion of affected Nigerian women, attempt various unorthodox treatments before seeking adequate medical and/or surgical treatment.

INTRODUCTION

Uterine leiomyomata, or fibroids, are benign growths of smooth muscle and connective tissue anchored in the muscular wall of the uterus.[1] Fibroids are the most common female pelvic tumour and a major cause of morbidity in women of reproductive age group.[1] The reported prevalence of fibroid has ranged between 20% and 80% of women in the childbearing range with African females bearing the bulk of the burden.[2]

Generally, awareness of fibroids among women is low and these women exhibit poor understanding of the possible effect of fibroids on their overall health.[3,4] A survey reported an average of 3.6 years to seek treatment with 41% of women seeing at least two healthcare providers before diagnosis of fibroid was made.[5]

This study determined the health seeking behaviour of women with uterine fibroids in Lagos, Nigeria.

MATERIALS AND METHODS

A descriptive cross sectional survey of women attending the gynaecological outpatient clinic of the Lagos State University Teaching Hospital was carried out over a 6-month period using a structured questionnaire.

Confidentiality was maintained by not including their names, addresses or phone numbers so as to elicit correct responses. Participation of the patients was voluntary and only those who gave their consent after the purpose of the study had been explained to them participated in the study.

The questionnaire assessed the socio-demographic characteristics of the respondents; and relevant clinical characteristics.

Data was analysed using the Epi-Info 3.5.3 statistical software of the Centre for Disease Control and Prevention, Atlanta U.S.A.

RESULTS

A total of 155 new patients with uterine fibroids from the gynaecological out patients' clinics of the Lagos State University Teaching Hospital who gave their consent participated in the study. Data were complete for analysis in 78.7% of the women. Table 1 summarises the socio-demographic characteristics of the respondents. The age range of the study population was 30 – 52 years, and more than 60% of respondents were 30-39 years of age. Of all respondents, 25.0% single, 5.0% separated and 1.7% were widowed. More than half of the respondents (57.0%) had tertiary education while only 1.6% had no formal education. About 50% of the women were skilled workers and nulliparous.

About two-third (63.9%) of the women were diagnosed of having uterine fibroids by ultrasonography (USS). Symptoms associated with uterine fibroids were: menorrhagia (73.8%), abdominal pain (55.7%), irregular menses (47.5%), abdominal swelling (45.9%), infertility (39.3%), vaginal discharge (36.1%), dyspareunia (34.4%), frequent urination (32.8%), anaemia (31.1%), Painful

defecation (11.5%), constipation (9.8%), recurrent miscarriages (4.9%) and failed in-vitro fertilization (0.85%). Sources of care were: general practitioner 52 (42.6%), trado-medical practitioners 27(22.1%), para medicals 14(11.5%), did nothing 14(11.5%), religious leaders 10(8.2%), gynaecologist (4.9%) and unorthodox medical personnel 1(0.8%). Previous care received for treatment include orthodox treatment (37.7%), herbal medication to drink (36.1%), herbal medicine to rub (14.8%), abdominal massage (6.6%), substance to insert into the vagina (1.6%), and no treatment (16.4%).

The highest frequency for mode of referral to LASUTH were; from private clinic/hospital 43(35.2%), then family/relation 27(22.1%), paramedical 18(14.8%), friends 10 (8.2%), other departments in the study hospital 10(8.2%) while 14 (11.5%) presented on their own. Expected benefit from fibroid treatment/removal were; to prevent further growth (72.1%), reduce symptoms (50.8%), enhance fertility (50.8%), prevent cancer (23%), prevent recurrent miscarriages (9.8%) and improve chances of successful IVF (4.9%).

Table 1: Socio-demographic characteristics of respondents

Variable	Frequency	Percentage (%)
Age		
<30	8	6.6
30-34	36	29.5
35-39	42	34.4
40-44	18	14.8
45-49	12	9.8
>50	6	4.9
Level of education		
None	2	1.7
Primary	10	8.2
Secondary	40	32.8
Tertiary	70	57
Marital status		
Single	31	25.4
Married	82	68.3
Widowed	3	2.4
Separated	6	5
Occupation		
Skilled	63	53.3
Semi-skilled	39	31.7
Unskilled	18	15
Parity		
Nullipara	62	50.8
Para 1-4	54	44.3
Para ≥5	6	4.9

Table 2: Clinical presentation of uterine fibroids among the respondents

Variable	Frequency	Percentage
Menorrhagia	90	73.8%
Abdominal pain	68	55.7%
Irregular menstrual periods	58	47.5%
Abdominal swelling	56	45.9%
Infertility	48	39.3%
Vaginal discharge	44	36.1%
Dyspareunia	42	34.4%
Frequent urination	40	32.8%
Anaemia	38	31.1%
Painful defecation	14	11.5%
Constipation	12	9.8%
Recurrent miscarriages	6	4.9%
Failed in vitro fertilization	1	0.85%

Table 3: Prior care received by respondents for treatment of uterine fibroid

Variable	Frequency	Percentage
Orthodox treatment	46	37.7%
Herbal medication to drink	44	36.1%
Herbal medicine to rub	18	14.8%
Abdominal massage	8	6.6%
Substance to insert into the vagina	2	1.6%
No treatment	20	16.4%

DISCUSSION

In this study, the majority of the patients with uterine fibroids were of age range 30-49years (88.5%), with age 35-39 years having the highest frequency (34.4%). A study by Akpenpuun *et al* in Benue, Nigeria reported that women aged 20 to 24years had the highest proportion (21%) of fibroid compared to the other age ranges [6], while Baird et al reported that the estimated cumulative incidence of fibroids by age 50 was >80% for black women and nearly 70% for white women.[7] The differing peak age ranges in these studies is most likely because uterine are tumours that could be detected at any age within the reproductive age group.

The mean duration of about 13months before seeking for health care suggests that the majority of women with uterine fibroids were likely asymptomatic or had minimal symptoms. This supports reports that less attention is paid by some women to their fibroids and many fibroid tumours often remain undiagnosed.[8,9] Symptomatic women typically complain about abnormal uterine bleeding, specifically in terms of heavy and prolonged bleeding.[10] In a study of Wegienka *et al* women with myomas were more likely to report a "gushing"-type of bleeding and high pad/tampon use than women without myomas.[11] This is similar to what was

observed in this study with 73.8% of respondents recognizing menorrhagia as a symptom of uterine fibroids. Additionally, women with uterine fibroids may suffer more often from dyspareunia and non-cyclic pelvic pain,[12] as seen in this study with 34.4% having dyspareunia and 55.7% with abdominal pain. Although bleeding per vaginum and pelvic pain symptoms are frequently reported in literature as main symptoms related to uterine fibroids, the number of systematic studies on fibroid symptoms is limited.

An Italian study found that in a non-care-seeking population women with uterine fibroids were more likely to report moderate or severe dyspareunia and moderate or severe non-cyclic pelvic pain than women without uterine fibroids, but not moderate to severe dysmenorrhea.[12] The research studies on pain during sexual intercourse are inconsistent: A study from Ferrero *et al*. demonstrated that women with uterine fibroids do not have an increased prevalence or severity of deep dyspareunia, whereas Ertunc *et al*. found that a potential impairment, mainly because of pain during sexual intercourse, exists in women with myomas.[13,14] The results of this study suggest that uterine fibroids can cause multiple bleeding and pain symptoms, which may have a negative impact on the sexual life of women, their relationship and family as well as work. Nevertheless, further research on the symptoms and their impact on life are needed.

In this study a significant number of respondents sought medical care from sources other than orthodox medicine practitioners viz; 32.8% from trado-medical healers, faith homes and traditional herbalist who prescribe treatment forms like herbal medication to drink (36.1%), rub (14.8%) and insert into the vagina (1.6%). Also some (6.6%) apply massage to the abdomen. These methods have not been scientifically proven and may be responsible for the delayed presentation of the typically huge "African Fibroid" which is commonly seen in gynaecology clinics in sub-Saharan Africa where fibroids may be as big as a 40-week pregnancy size.

Limitation

This is a descriptive study and hence cannot determine associations or make causal inferences.

CONCLUSION

Uterine fibroid is a common source of concern in women of reproductive age causing bleeding and pain symptoms. In this environment, our women's attempt to treat fibroids with scientifically unproven methods is a common reason for delayed presentation prior to adequate treatment.

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