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# A Comparative study to assess the knowledge of menopausal women regarding uterine fibroids in the selected urban and rural areas of district Fatehgarh sahib, Punjab.

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**ABSTRACT**

**Statement of problem:** A comparative study to assess the knowledge of menopausal women regarding uterine fibroids in the selected rural and urban areas of district Fatehgarh Sahib, Punjab.**Material and method:** A descriptive comparative research deign was used for the present study. A study sample of 100 menopausal women of age 41 years to 50 years or above were selected by non- probability purposive sampling technique. The data was collected by self structured questionnaire regarding uterine fibroids in the seleceted urban and rural area of Fatehgarh sahib, Punjab. The data was analyzed in terms of objectives of the study using descriptive and inferential statistics in terms of frequency, percentage distribution, mean, median, Standard deviation, 't' value, and chi-square. **Results:**A most of menopausal women from urban area had average knowledge regarding uterine fibroids i.e. (92%).and A majority of menopausal women from rural area had average knowledge regarding uterine fibroids. (60%).

**Conclusion:** It was concluded that a knowledge of menopausal women regarding uterine fibroids was more in rural area women and less in women of urban area.

**Key Words:-** menopausal, uterine fibroids

## Introduction

**'A women is unstoppable after she realizes she deserves better,**

Menopause is a normal condition that all women experience as they age the term menopause can describe any of the changes a women goes through either just before or after she stroke menstruation, making the end of her reproductive period.

The beauty and obviously enormous value and importance of this organ was not altered we must be carefully not to restrict the importance of the uterus to its reproductive function because the value of thus organ in women's

nature by for transcends this function the uterus is endowed with a reason for exiting and a very peculiar symbolism that have acquired supremacy over its exclusively biological reproductive capacity.

Fibroids are the most common benign tumors in females and typically found during fibroids are tumors which grow from cells farming the muscles of the uterus. Uterine fibroids which are also called leiomyonia or myoma of the uterus can grow on the uterine wall and push out in to the bladder, bowel, or intestine. They can also grow within the uterine wall, or even project from the wall of the uterus on a narrow stalk in to the uterine cavity.

Uterine fibroid may be as small as a pea or the size of a basket ball. No one is certain what cause uterine fibroids. Estrogen are dependent on estrogen for growth and sign and symptoms of uterine fibroid are:-a feeling of hardness in the lower abdomen or pelvic area ,frequent urination , menorrhagia ,blood clot associated with menses ,hemorrhage, dysmenorrheal, dyspareumia, mittelschmerz (pain at ovulation),low back pain.

Uterine fibroid can be diagnosed by :- laparoscopy, hysteroscopy ,and definitive diagnosis of fibroids is by ultrasound of the uterus .Fibroid may be single or multiple most fibroid start in an intramural location that is the layer of the muscle of the uterus with further growth some lesion may develop towards the outside of the uterus or towards the internal cavity .secondary changes that may develop in the fibriods are hemorrhage , necrosis calcification and aystic changes.

Treatements of fibroid can vary from just removing the fibroid (myomectomy to hysterectomy) or some medicines to help shrink uterine muscle and fibroid but they are only temporary treatments performed hysterectomy and myomectomy.

**Gupta JK et al (2010)** conducted a study to review the benefits and/or harms from randomized controlled trials of uterine artery embolization versus other intervention for symptomatic uterine fibroids. Three trials were included in this review. Two randomized control trials compared uterine artery embolization with abdominal hysterectomy in 234 women. The second trial included 63 women comparing uterine artery embolization with myomectomy. The minimum follow-up reported was 6 months with a mean of 17 (+/-9.3) months. The results showed that there is improvement in fibroid related symptoms such as menstrual loss was at least 85% in the uterine fibroid group from both trials. The mean dominant fibroid volume decreased by 30-40% in two trials. Women undergoing uterine artery embolization resumed routine activities sooner than those undergoing surgery. The study concluded that uterine artery embolization offer an advantage over hysterectomy with regards to a shorter hospital stay and a quicker returns to routine activities.

## NEED FOR THE STUDY

**“The deepest experience of the creator is feminine, for it is experience of receiving and bearing”**

**-Rainer Maria Rilke**

**Marks Lyons; November 2015** conducted need of awareness of uterine fibroid of how common they are and what symptoms they can cause has expanded among women as this condition has received more attention in recent years. Women in India face constraints not only in obtaining health services but also in expressing

reproductive health needs. Many programmers in India are focused on reproductive and child health, which deals with women in 15-45 years age group. Programmers that focus on general health needs and reproductive health needs of woman above 35 years of age are inadequate. Lack of awareness, cultural barriers and economic factors prevent them from seeking timely care.

The Fibroid Treatment Collective has launched an annual observance called Fibroid Awareness Week scheduled this year for April 19th through April 23rd which is dedicated to education about fibroids that affects upwards of 50% of all women. In describing the function of the awareness week Dr. Bruce Mc Lucas stated "We felt the best way to reach out to almost half the women around the world who may have symptoms of fibroids was through an annual educational observance and to disseminate accurate and timely information about diagnosis and treatment.

As common as it is, it may remain silent. Majority of women with fibroids are asymptomatic. Sometimes they may only been found by accidental finding. Most of the women especially rural women are unaware about the symptoms of fibroid uterus. Abnormal uterine bleeding is the most common symptom of a fibroid. If the tumors are near the uterine ling or interfere with the blood flow to the lining, they can cause heavy periods, prolonged periods or spotting between menses. Women with excessive bleeding due to fibroids may develop iron deficiency anemia. Uterine fibroids that are deteriorating can cause severe localized pain.

Fibroids can also cause a number of symptoms depending on their size, location within the uterus and how close they are to adjacent pelvic organs. Large fibroids can cause pressure, pelvic pain, and pressure on the bladder with frequent or even obstructed urination, pressure on the rectum with pain during defecation, pain during intercourse.

20-40% of women age 35 and older have uterine fibroid of significant size. Indian women are at a high risk for fibroid as many as 50% have fibroid of a significant size. Uterine fibroid are the most frequent indication for hysterectomy in premenopausal women and therefore are a major health issue.

A retrospective longitudinal study was conducted regarding natural history of fibroids and identify factors that may influence their growth. The study was done on a 122 premenopausal women.72 were nulliparous and 74 had multiple fibroids. The median interval between the initial and final examination was 21.5 months. The mean fibroid volume increased by 35.2% per year. Small fibroids (< 20mm mean diameter) grew significantly faster than larger fibroids (P=0.007).The median increase in size was significantly higher in cases of intramural fibroids (53.2 (interquartile range (IQR), 11.2-217)%than in subserous fibroids (25.1 (IQR, 1.1-87.1)%) and submucous fibroids (22.8(IQR, -11.7 to 48.3)%). The study concluded that fibroids in premenopausal women is influenced by the tumor's size at presentation.

A retrospective study regarding evaluating the preference sensitive care decisions. The study was done on a 260 women with fibroid uterus. Correlations tested associations among their preferences, knowledge and treatment decisions by using mailed surveys and interviews. The adjusted response rate was 82%, but only 100 respondents fit all criteria for analysis. 86% felt informed, satisfied and that the decision was consistent with their values. However only 55% of patient could answer at least five of seven fibroid questions correctly. The study concluded that there were knowledge gap between knowledge and decision – preference relationship for this condition.

In every 10 minutes 12 hysterectomies are performed in the United States. 600,000 hysterectomies performed annually in the US. 170,000-300,000 are due to uterine fibroids. Over 250,000 uterine artery embolization have

been performed worldwide since 1996. Fibroid is such a common problem that we might all face, its essential that all the women should be educated about it.

Owing to investigator's clinical experience noticing that there is a lack of knowledge regarding fibroid uterus among the patients in clinical setting. So definitely there is a greater chance for knowledge deficit among community people. In this study the investigator aims to assess the knowledge of women who are residing at urban and rural areas of FGH and to upgrade their knowledge by providing regarding fibroid uterus.

# REVIEW OF LITERATURE

- **Kalahroudi et al (2012)** prevalence and severity of menopausal symptoms were assessed among 700 menopausal women 42-60 years using menopause quality of life Questioners ( MENQOL) in kasha ,Iran .the most common symptoms in ;s vasomotor ,psychosocial ,physical and sexual domains 'night sweats ', 'accomplishing less then I used to, 'filling a lack of energy', and 'change in sexual desire', respectively. Moreover, most severe symptoms in these domains wear; 'mightsweats', 'filling anxious or nervous , 'aching muscles or joints', 'and avoiding intimacy'. There was statistically significant different between; the severity or menopausal symptoms and working status (P=0.017), different educational levels (P=0.001), exercise activity (P=0.001), exercise frequency(P=0.04), and duration menopause (p=0.03).
- **Rahman et al (2011)**aimed to document the menopausal related symptoms among middle age woman of Kashia region of Bangladesh. The data was collected from 509 aged woman 40-70 years in the community. The most prevalent symptoms reported include, feeling tired (92.9%); headache (88.8%); joint and muscular discomfort (76.2%), physical and mental exhaustion (60.9%) and sleeplessness (54.4%) which are followed by depressive mood(37.30%); irritability(36%); dryness of vagina(36%); hot flushes and sweating (35.8%); anxiety(32.2%);

**RESEARCH DESIGN:**

**Polit and Beck (2011)** state that a design is the overall plan for obtaining answers to research questions or for testing research hypothesis.

The research design adopted for the study was a Descriptive Comparative design.

**RESEARCH SETTING**

**Polit and Beck (2011)** state that the physical location and conditions in which data collection takes place in a study.

The study had been conducted in urban and rural area of Amloh of Fatehgarh Sahib district. The criterion for selection of this setting was feasibility of conducting study in the setting and investigators familiarity with setting and people.

## VARIABLES

**Polit and Beck (2011)** state that a variable is a quality of an organization group or situation that takes different values (i.e. varies from one person to another).

### Independent variable

- An independent variable is that which is believed to cause or influence the dependent variable.
- In this study, the independent variable refers to uterine fibroids.

### Dependent variable

- Dependent variable is the response due to the effect of the independent variable, which researcher wants to predict or explain.
- In this study, women of rural and urban area are dependent variables.

## TARGET POPULATION

**Polit and Beck (2011)** state that population is the entire set of individual or objects having some common characteristics.

Population of the study consisted of women age between 41 years to 50 years or above living in Amloh, Fatehgarh Sahib district, Punjab.

## SAMPLE AND SAMPLING TECHNIQUE

**Polit and Beck (2011)** state that the sample is a subset of population elements, which are most basic units about which data are collected. A representative sample is one whose key characteristics closely approximate those of the population.

The sample of study comprised of 100 womens to check the knowledge regarding uterine fibroids. The sample consisted of 50 women from rural area and 50 womens from urban area.

**Polit and Beck (2011)** state that sampling is the process of selecting cases to represents an entire population so that inferences about the population can be made. In purposive sampling elements are handpicked to be included in the sample based on the researcher's knowledge about the population.

The areas were selected on the basis of convenience and availability of women in Fatehgarh Sahib district. Purposive Non- Probability Sampling Technique was used to select 100 women of age 45-50 years of urban and rural area of Amloh. Out of which 50 women were from rural area and 50 women were from urban area.

## DEVELOPMENT OF TOOL AND TECHNIQUES

Data collection tools are the devices that a researcher uses to collect data. A search for literature was made for the purpose of locating appropriate tool.

The present study aimed to assess the knowledge of menopausal women regarding uterine fibroid in selected urban and rural areas of Fatehgarh sahib district.

The following data tools were used in order to obtain the data.

- A self structured questionnaire on uterine fibroids.

The observation technique was used to collect the data related to asesss the knowledge of women regarding uterine fibroids.

**Polit and Beck (2011)** state that self structured questionnaire refers to four dimensional arrangement in which a series of questions is listed along one dimension and response alternatives are listed along the other.

**DESCRIPTION OF THE TOOL**

The study aimed to assess the knowledge of menopausal women regarding uterine fibroids ( age 45-50 years )

The tool comprised of two sections:

**SECTION: 1- DEMOGRAPHIC VARIABLE DATA SHEET**

Demographic data sheet was developed by the investigator for the purpose of collecting background information of the sample age, type of family, type of residence, educational status of women, occupation of women, family income, number of children, source of information. The item in this tool had not scoring as it reflects factual information.

**SECTION: 2- SELF-STRUCTURED QUESTIONNAIRE ON UTERINE FIBROIDS**

A self structured questionnaire on uterine fibroids was formulated to assess the knowledge of menopausal women.

**CRITERION MEASUREMENTS**

Each category is scored on the 0-1 score, which results in a total score

**Table 1**

**Criterion measures of level of knowledge**

**N=100**

| Level of knowledge | Scores |
|---|---|
| Good | 15-20 |
| Average | 8-14 |
| Poor | 0-7 |

Maximum=20 Minimum=00

## CONTENT VALIDITY OF THE RESEARCH TOOL

**Polit and Beck (2008)** state that validity is the degree to which an instrument measures what it is supposed to measure.

Content Validity of tool was checked by:

- Consultation with the Guide and Co-guide regarding the validity of content and language of tool.
- Five experts from the fields of nursing department validated the tool for its content, relevance, clarity and sequence.

Relevant Modifications were made as per suggestions given by experts and discussion with Nursing guide and Co-guide. Changes were incorporated in the tool accordingly.

## RELIABILITY OF TOOL

The reliability of an instrument is a major criterion for assessing its quality and adequacy. It is the ability of the data gathering device to obtain consistent result.

**Polit and Beck (2011)** state that the reliability of an instrument is the degree of consistency with which it measures the attributes it is supposed to be measuring.
The reliability of the self structured questionnaire computed by split half method was 0.7
(reliable).

## PILOT STUDY

**Polit and Beck (2011)** state that a pilot (feasibility) study is a small -scale version or trial run designed to test the methods to be used in a larger, more rigorous study. Data from pilot testing intervention can shed light on a number of things, including the acceptability of the intervention to intended beneficiaries, intervention agent; the adequacy, comprehensiveness and clarity of intervention protocols; the appropriateness of the intervention: the extent to which intervention fidelity can be maintained; the rate of retention in intervention and safety of the intervention. The outcomes of the pilot study provide invaluable lessons that can inform subsequent efforts to generate valid evidence for nursing practice.

Written formal administrative permission had been taken to conduct the study from authority of village Saunti (rural area) and Mandi Gobindgarh (urban area). The investigator conducted pilot study on 10 women aged between 45 years to 50years. The Sample taken was 5 from Saunti (rural area) and 5 from Mandi Gobindagrh (urban area) of Fatehgarh Sahib District.

## ETHICAL CONSIDERATION

Ethical approval was obtained from ethical committee of Desh Bhagat University, Mandi Gobindgarh for conducting the study. Written permission had been taken from the authority of Saunti, Mandi gobindagrh,

Amloh(Annexure:4 -8). Written informed consent (Annexure:9) form had taken from Principal of the study subjects. Confidentiality and anonymity of the subjects' information had been maintained.

### PROCEDURE OF DATA COLLECTION

A written permission was taken from Director of Desh Bhagat school of nursing Mandi Gobindgarh for conduction of research. The formal administrative permission was taken from authority of Amloh.

The main study was conducted on 100 women who were selected by purposive non-probability sampling technique, out of which 50 women were selected from rural area of Amloh and 50 women were selected from urban area of Amloh of Fatehgarh Sahib district. A demographic data sheet was filled by investigator. A self structured questionnaire on uterine fibroids was used by investigator to assess the knowledge of menopausal women regarding uterine fibroids.

The raw data of research study had been presented in master sheet of knowledge of menopausal women regarding uterine fibroids of rural area women and urban area women.

### PLAN OF DATA ANALYSIS

Data analysis is a systematic of research data and testing of research hypotheses using those data. The data obtained is analyzed as follow:

- Organization of data in master sheet.
- Computation of frequencies and percentage for the analysis of socio demographic variables.
- Criterion measurement of the knowledge of menopausal women regarding uterine fibroids.
- Mean, standard deviation and t value of knowledge assessment of menopausal women regarding uterine fibroids in rural area and urban area.
- Chi square test is used to find association of knowledge between the urban and rural area menopausal women with their selected demographic variables. The level of significance would be set at $p \leq 0.05$ level of significance. This level is often used as a standard for testing the difference.

## RESULTS& DISCUSSION

### ORGANISATION OF STUDY FINDINGS

**Section A:** Description of demographic data.

**Section B:** Compare the knowledge of menopausal women regarding uterine fibroids among selected urban area and rural area.

**Section C:** Association of uterine fibroid score with their selected demographic variables.

## SECTION A

## DESCRIPTION OF DEMOGRAPHIC VARIABLES

This section describes the demographic characteristics of menopausal women (45-50) of rural and urban area under study. The demographic characteristics are described in terms of Age in years, type of family, Area of residence, Educational status, Occupation, Family income, Number of children, Source of information.

Frequency and percentage distribution of demographic characteristics are computed for describing the sample characteristics. These findings are presented in table number 1.

**Table 2**

**Frequency and Percentage Distribution of Demographic Characteristics of Menupausal Women of Rural Area and Urban Area**

**N=100**

**Nr=50 Nu=50**

| Sr.No. | Demographic variables | Urban (%) | Rural(%) | Urban(f) | Rural (f) |
|---|---|---|---|---|---|
| 1 | Age | | | | |
| | 41-45 | 28 | 40 | 14 | 20 |
| | 45-50 | 52 | 52 | 26 | 26 |
| | Above | 20 | 08 | 10 | 04 |
| 2 | Type of Family | | | | |
| | Nuclear | 44 | 82 | 22 | 41 |
| | Joint | 56 | 28 | 28 | 09 |
| | Extended | 00 | 00 | 00 | 00 |
| 3 | Area of residence | | | | |
| | Rural | 00 | 100 | 00 | 50 |
| | Urban | 100 | 00 | 50 | 00 |
| | Town | 00 | 00 | 00 | 00 |
| 4 | Educational status | | | | |
| | Matriculation | 48 | 40 | 24 | 20 |
| | Senior secondary | 26 | 56 | 13 | 28 |
| | Above graduate | 8 | 00 | 4 | 00 |
| | No formal education | 18 | 04 | 9 | 02 |

| | | | | | |
|---|---|---|---|---|---|
| 5 | Occupation | | | | |
| | Government job | 4 | 08 | 2 | 04 |
| | Self employed | 4 | 88 | 2 | 44 |
| | Housewife | 90 | 2 | 45 | 01 |
| | Others | 2 | 2 | 1 | 01 |
| 6 | Monthly family income | | | | |
| | 2000-5000 | 18 | 16 | 09 | 08 |
| | 5001-8000 | 28 | 68 | 14 | 34 |
| | 8001-12000 | 42 | 10 | 21 | 05 |
| | Above 12000 | 12 | 06 | 06 | 03 |
| 7 | Number of children | | | | |
| | One | 2 | 06 | 01 | 03 |
| | Two | 50 | 76 | 25 | 38 |
| | Three | 38 | 16 | 19 | 08 |
| | Above 3 | 10 | 02 | 05 | 01 |
| 8 | Source of information | | | | |
| | Media | 36 | 16 | 18 | 08 |
| | Magazine / journals | 06 | 02 | 03 | 01 |
| | Newspapers | 46 | 74 | 23 | 37 |
| | Others | 12 | 08 | 06 | 04 |

**Table 2** depicted the frequency and percentage distribution of demographic characteristics of menopausal women of rural area and urban area. In both areas equal number of menopausal women (100%) were present in age 41-45, 45-50, above 51 age group. Most of the menopausal women of rural area reside in nuclear families(82%) and women of urban area reside in joint families (56%).Most of the menopausal women are residing in rural area(100%) and in urban area (100%).Maximum education of menopausal women was upto senior secondary(56%) followed by matriculation(40%), no formal education(4%)and above graduate(0%) while in the urban area , majority of menopausal women are educated upto matriculation(48%) , followed by senior secondary(26%), no formal education(18%), and above graduate(8%). Maximum number of menopausal women of rural area are self employed(88%) and menopausal women of urban area are house wife(90%). Maximum number of menopausal women of (68%) were from the family having monthly income of 5001-8000 Rs/month followed by (16%) from 2000-5000 Rupees/month, (10%) from 8001-12000 Rupees/month and (6%) were above

12000 Rupees/month in rural area. On the other hand in urban area maximum number of menopausal women(42%) were from the family having monthly income of 8001-12000 Rupees/month followed by (28%) from 5001-8000 Rupees/month, (18%) from 2000-5000 Rupees/month and (12%) above 12000 Rupees/month. Most the menopausal women of rural area having (76%) 2 children followed by (16%) having 3 children , (6%) having 1 child and (2%) having more than 3 children. On the other hand, in urban area majority of menopausal women (50%) having 2 children followed by (38%) having 3 children , (10%) having more than 3 children and (2%) having 1 child. Source of information for menopausal women in rural area (74%) were from newspaper, followed by (16%) from media, (8%) from other sources and (2%) from magazines and journals. On contrary menopausal women get information from (46%) newspaper , (36%) from media , (12%) from other sources and (6%) from magazines and journals.

Hence it is concluded that in the rural area maximum number of women were residing in the nuclear family on the other hand, in urban area majority of women residing in joint family. In rural area, educational status of menopausal women were senior secondary and in urban area educational status of menopausal women were matriculation. In rural area, occupation of maximum number of menopausal women were self employed alternately in urban area majority of menopausal women were housewives. In both areas, majority of ,menopausal women having 2 children. Similarly, in both areas, majority of menopausal women got information regarding uterine fibroid from newspaper.

## SECTION-B

## ASSESSMENT OF KNOWLEDGE IN MENOPAUSAL WOMEN OF URBAN AREA

This section describes assessment of knowledge regarding uterine fibroids among the menopausal women of rural and urban areas of district Fatehgarh sahib.

Frequency and percentage distribution of criterion measurement to assess the level of knowledge among women is computed for describing sample characteristics. The findings are present in table.

**Objective 1**: To assess the knowledge of urban and rural women regarding uterine fibroid in the selected areas of Fatehgarh Sahib, Punjab.

**Objective 2:** To compare the knowledge of urban and rural women regarding uterine fibroids in the selected areas of Fatehgarh Sahib, Punjab.

**Table 3**

**Assessment of knowledge of urban women**

**N=50**

| | **Knowledge score of Urban Area** | |
|---|---|---|
| **Level of knowledge** | **Frequency** | **Percentage%** |
| Good | 00 | 0 |
| Average | 46 | 92 |
| Poor | 4 | 8 |

**Tab**le 3 depicted that Maximum no. of women have an average knowledge(96%) regarding the uterine fibroids , followed by poor level of knowledge(8%) and good knowledge (0%) respectively .

Hence it was concluded that a majority of women in urban area have average value regarding uterine fibroids .

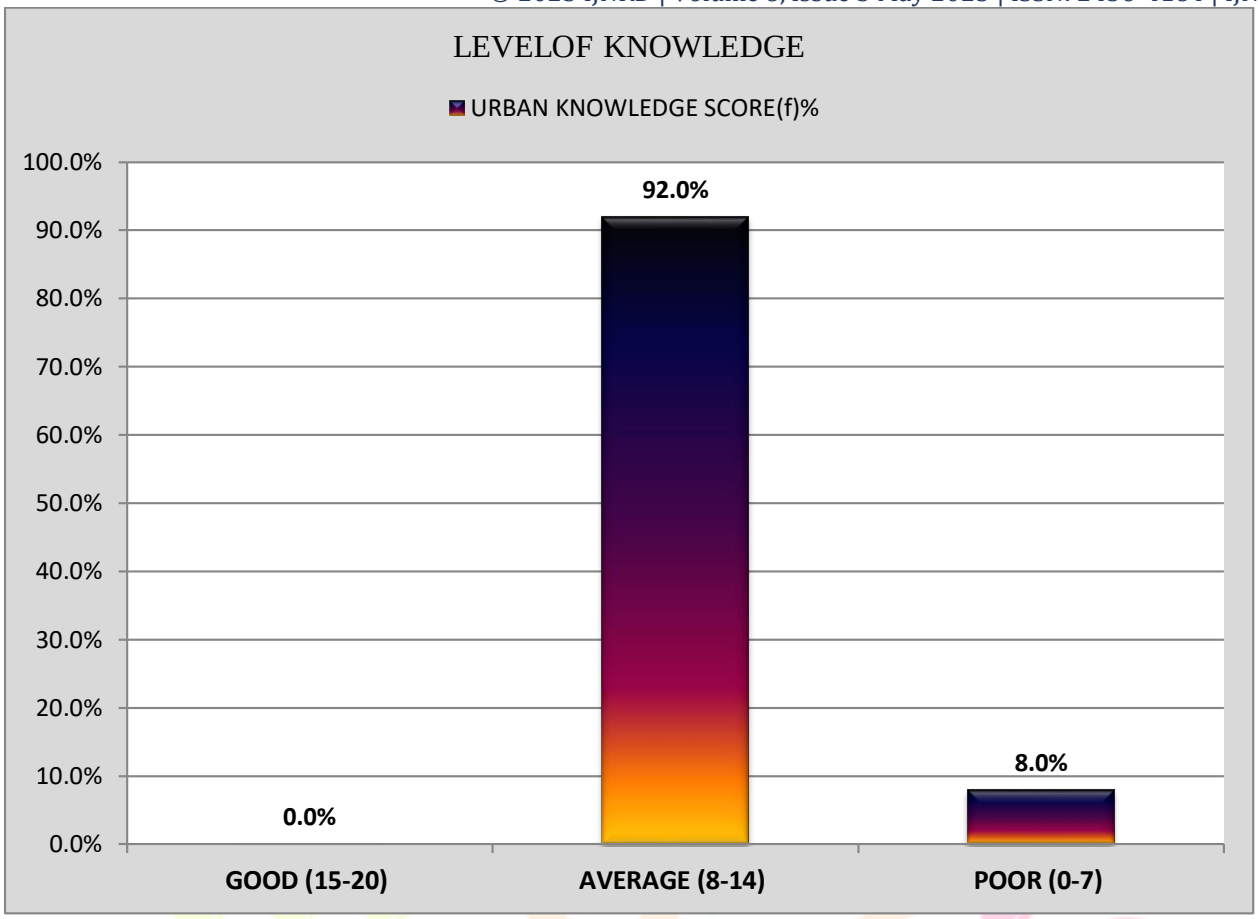



Figure 1 bar diagram showing the level of knowledge among the urban women

**Table 4**

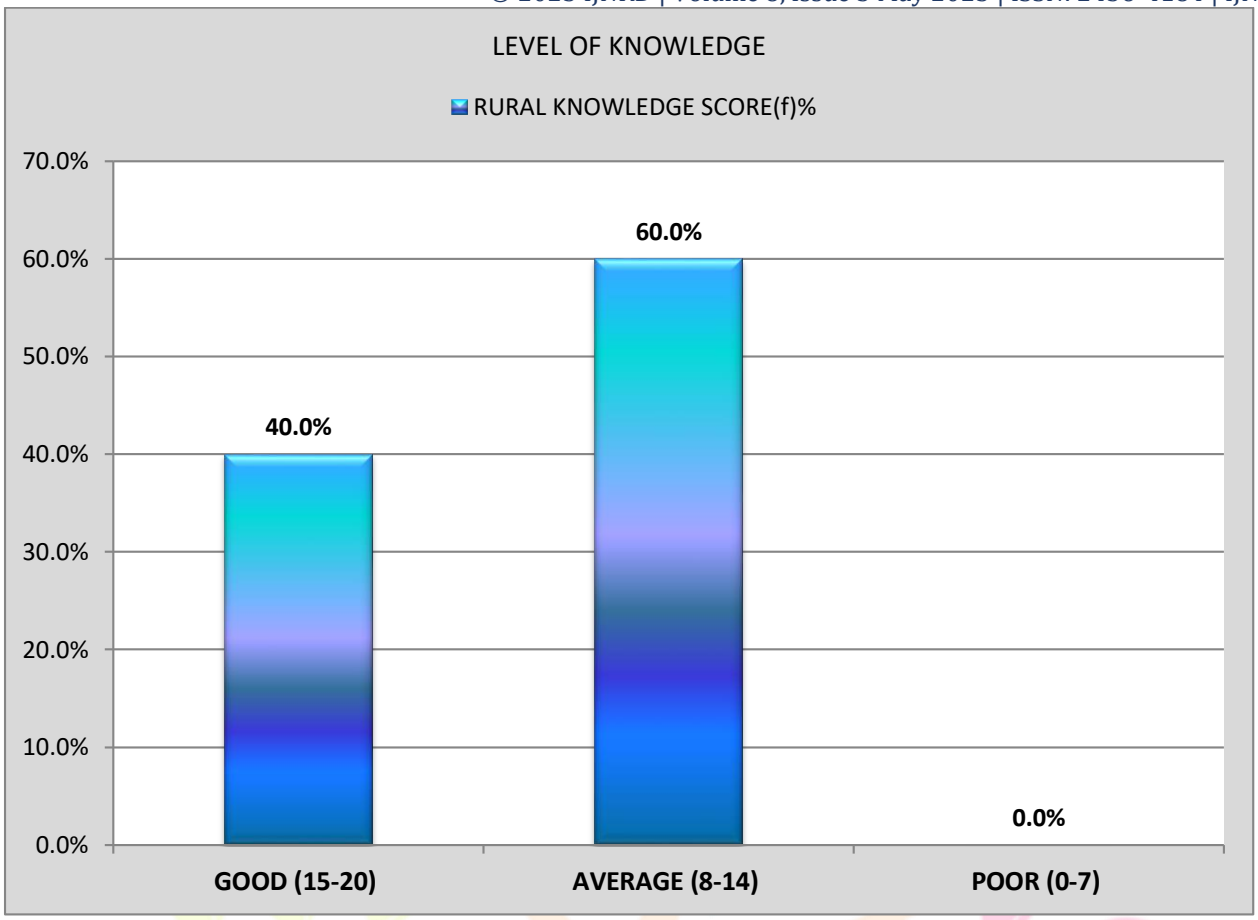
**Assessment of knowledge of women of Rural Area**

**N=50**

| Level of Knowledge | Frequency (f) | Percentage % |
|---|---|---|
| Good | 20 | 40 |
| Average | 30 | 60 |
| Poor | 0 | 0 |

Table 4 depicted that a majority of women in the rural area have average level of knowledge (60%), followed by good level of knowledge (40%) and Poor (0%) respectively.

Hence it was concluded that a majority of women of rural area had average level of knowledge.




Bar graph 2 showing the level of knowledge among the women of rural area.

**Table 6**

**Mean, Standard Deviation and 't' value of level of knowledge regarding uterine fibroids in menopausal women of rural and urban areas of selected area.**

**Objective 2:** To compare the knowledge of urban and rural women regarding uterine fibroids in the selected areas of Fatehgarh Sahib, Punjab.

**$H_1$**:-There will be significant difference between the knowledge of urban and rural women regarding uterine fibroids.

**Table 6**

**N=100**

| Area | Mean | S.D | t value | Table value | Result |
|---|---|---|---|---|---|
| Urban Area | 9.78 | 1.951 | | | |
| Rural Area | 14 | 1.959 | 10.793 | 1.984 | significant |

Maximum score: 20

Minimum score: 00

Table 6 presents the mean , standard deviation and the t value of knowledge score in menopausal women regarding uterine fibroid in urban and rural areas. The data reveals that mean knowledge score of urban area women was (9.78) lower than the mean knowledge score of rural area. The computed t value of the data (10.793) was statically significant.

Hence research hypothesis $H_1$ was accepted concluding that the there will be significant difference between the knowledge of urban and rural women regarding uterine fibroids.

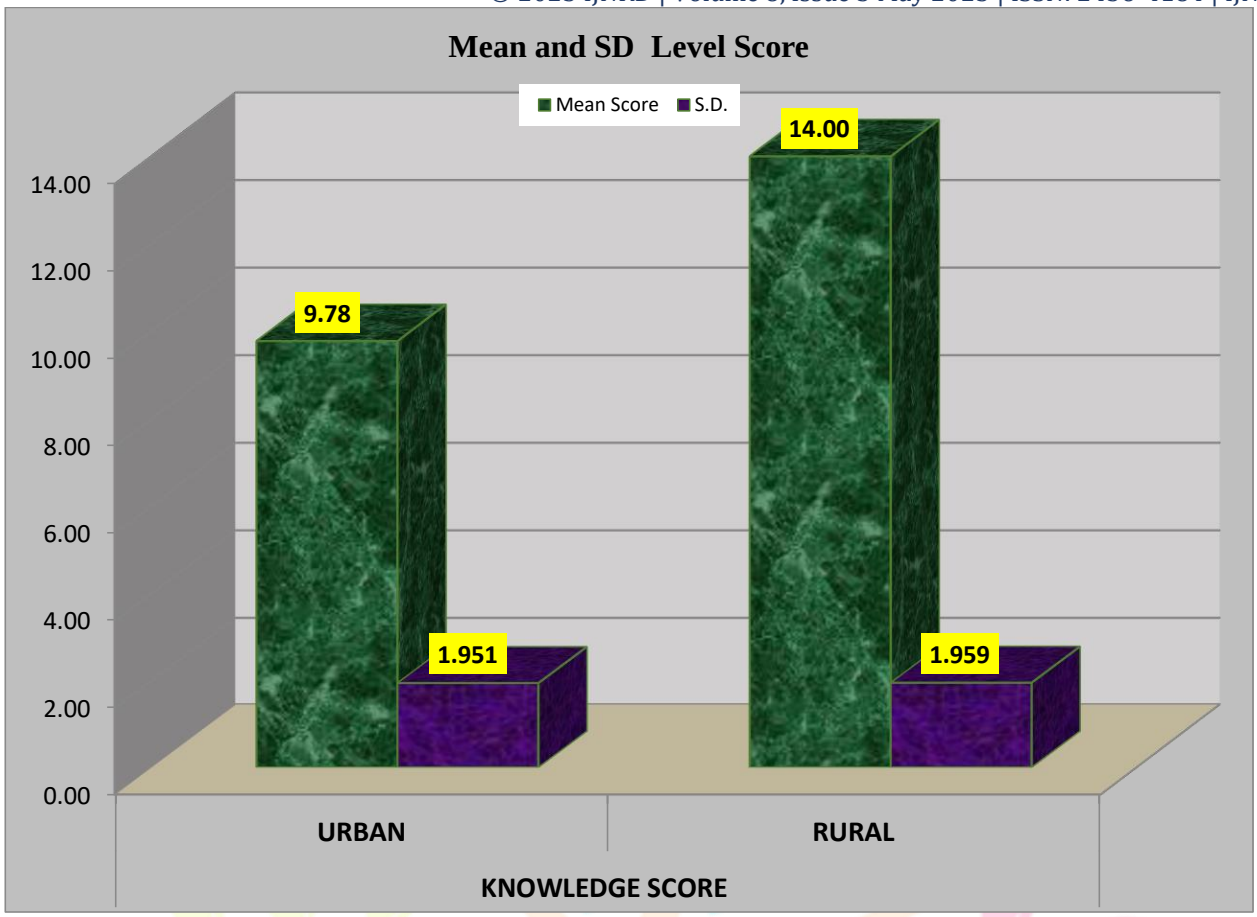



Figure 3 bar graph showing the mean and SD level of knowledge scoring regarding Uterine fibroids .

## Section C

## Association of level of knowledge regarding the uterine fibroids with selected demographic variables

This section deals with the association of level of knowledge regarding the uterine fibroids with selected demographic variables such as Age, type of Family ,Area of Residence, Educational Status, Occupation , Monthly family income , Number of Children and Source of information among menopausal women of rural and urban area.

The chi square values showing association of selected demographic variables of women among rural area and urban areas with level of knowledge regarding uterine fibroids.

Objective 3: To find out the association between demographic variables with knowledge scores of rural and urban women regarding uterine fibroids in the selected areas of Fatehgarh Sahib, Punjab.

$H_2$:-There will be significant association between demographic variables with the knowledge of rural and urban women regarding uterine fibroid.

**Table 7**

**Chi square value showing the association between the demographic variables with knowledge score of urban women regarding uterine fibroids in selected areas of Fatehgarh Sahib**

| Demographic variables | Level of knowledge | | | Chi test | df | Table value |
|---|---|---|---|---|---|---|
| | Good | Average | Poor | | | |
| Age | | | | | | |
| 41-45 | 00 | 12 | 02 | 1.624 | 02 | $5.991^{NS}$ |
| 45-50 | 00 | 24 | 02 | | | |
| Above 50 | 00 | 10 | 02 | | | |
| **Type of Family** | | | | | | |
| Nuclear | 00 | 19 | 03 | 1.696 | 01 | $3.841^{NS}$ |
| Joint | 00 | 27 | 01 | | | |
| Extended | 00 | 00 | 00 | | | |
| **Area of residence** | | | | | | |
| Rural | 00 | 00 | 00 | NA | | |
| Urban | 00 | 46 | 04 | | | |
| Town | 00 | 00 | 00 | | | |
| **Educational status** | | | | | | |
| Matriculation | 00 | 24 | 00 | 4.739 | 3 | $7.815^{NS}$ |
| Senior secondary | 00 | 11 | 02 | | | |
| Above graduate | 00 | 02 | 00 | | | |
| No formal education | 00 | 08 | 01 | | | |
| **Occupation** | | | | | | |
| Government job | 00 | 02 | 00 | 0.483 | 3 | $7.815^{NS}$ |

| | | | | | | |
|---|---|---|---|---|---|---|
| Self employed | 00 | 02 | 00 | | | |
| Housewife | 00 | 41 | 04 | | | |
| Others | 00 | 01 | 00 | | | |
| **Deomographic variables** | **Level of knowledge** | | | **Chi test** | **df** | **Table values** |
| | **Good** | **Average** | **Poor** | | | |
| **Monthly family income** | | | | | | |
| 2000-5000 | 00 | 08 | 01 | 0.720 | 3 | $7.815^{NS}$ |
| 5001-8000 | 00 | 13 | 01 | | | |
| 8001-12000 | 00 | 19 | 02 | | | |
| Above 12000 | 00 | 06 | 00 | | | |
| **Number of children** | | | | | | |
| One | 00 | 01 | 00 | 1.259 | 3 | $7.185^{NS}$ |
| Two | 00 | 22 | 03 | | | |
| Three | 00 | 18 | 01 | | | |
| Above 3 | 00 | 05 | 00 | | | |
| **Source of information** | | | | | | |
| Media | 00 | 17 | 01 | 1.724 | 3 | $7.185^{NS}$ |
| Magazine / journals | 00 | 03 | 00 | | | |
| Newspapers | 00 | 20 | 3 | | | |
| Others | 00 | 06 | 00 | | | |

Table 7 presented chi square value showing association of selected demographic variable of urban area women with the level of knowledge score. The finding revealed that chi square value of age (1.624), type of family(1.696), educational status (4.739), occupation (0.483), monthly family income (0.720), number of children (1.259), source of media(1.724) were found non-significant with level of knowledge score.

Hence research hypothesis $H_2$ was rejected showing no association between the level of knowledge with selected demographic variables.

| Demographic variables | Level of knowledge | | | Chi test | df | Table Value |
|---|---|---|---|---|---|---|
| | Good | Average | Poor | | | |
| **Age** | | | | | | |
| **41-45** | 11 | 09 | 00 | 3.894 | 2 | $5.991^{NS}$ |
| **45-50** | 07 | 19 | 00 | | | |
| **Above 50** | 2 | 2 | 0 | | | |
| **Type of Family** | | | | | | |
| **Nuclear** | 13 | 28 | 00 | 6.527 | 1 | $3.841^{S}$ |
| **Joint** | 7 | 2 | 00 | | | |
| **Extended** | 00 | 00 | 00 | | | |
| **Area of residence** | | | | | | |
| **Rural** | 20 | 30 | 00 | NA | | |
| **Urban** | 00 | 00 | 00 | | | |
| **Town** | 00 | 00 | 00 | | | |
| **Educational status** | | | | | | |
| **Matriculation** | 7 | 13 | 00 | 3.214 | 2 | $5.991^{NS}$ |
| **Senior secondary** | 11 | 17 | 0 | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Above graduate** | 00 | 00 | 00 | | | |
| **No formal education** | 2 | 00 | 00 | | | |
| **Occupation** | | | | | | |
| **Government job** | 0 | 4 | 0 | 5.019 | 3 | $7.815^{NS}$ |
| **Self employed** | 19 | 25 | 00 | | | |
| **Housewife** | 1 | 0 | 0 | | | |
| **Others** | 0 | 1 | 0 | | | |
| **Monthly family income** | | | | | | |
| **2000-5000** | 4 | 4 | 0 | 0.433 | 3 | $7.815^{NS}$ |
| **5001-8000** | 13 | 21 | 00 | | | |
| **8001-12000** | 2 | 3 | 0 | | | |
| **Above 12000** | 1 | 2 | 00 | | | |
| **Number of children** | | | | | | |
| **One** | 00 | 3 | 00 | 3.591 | 3 | $7.815^{NS}$ |
| **Two** | 16 | 22 | 00 | | | |
| **Three** | 3 | 5 | 00 | | | |
| **Above 3** | 1 | 00 | 00 | | | |
| **Source of information** | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Media** | 6 | 2 | 0 | 6.841 | 3 | $7.815^{NS}$ |
| **Magazine / journals** | 1 | 00 | 00 | | | |
| **Newspapers** | 12 | 25 | 00 | | | |
| **Others** | 1 | 3 | 00 | | | |

Table 8 presented chi square value showing association of selected demographic variable of rural area women with the level of knowledge score. The finding revealed that chi square value of age (3.894), type of family(6.527), educational status (3.214), occupation (5.019), monthly family income (0.433), number of children (3.591), source of media(6.841) were found non-significant with level of knowledge score. However there was a significant association of knowledge score rural area with selected demographic variable (Type of family).

Hence research hypothesis $H_2$ was rejected showing no association between the level of knowledge score with selected demographic variable.

**Objective 1**

To assess the knowledge of urban and rural women regarding uterine fibroid in the selected areas of Fatehgarh Sahib, punjab.

**Finding 1**

Maximum no. of women in urban area have an average knowledge(96%) regarding the uterine fibroids , followed by poor level of knowledge(8%) and good knowledge (0%) respectively. On the other hand Majority of women in the rural area have average level of knowledge (60%), followed by good level of knowledge (40%) and Poor (0%) respectively.

Hence it was concluded that a majority of women in urban area have average value regarding uterine fibroids on the other hand it was concluded that a majority of women of rural area had average level of knowledge .These findings were consistent with the finding of T **Scheurig – Muenkler et al ( 2010)** conducted a study to evaluate the safety and outcome of ovarian artery embolization in patients with collateral supply to symptomatic uterine leiomyomata. The study was done on 13 patients with relevant leiomyoma. Perfusion by way of enlarged ovarian arteries underwent additional ovarian artery embolization during the same (N=10) or a second procedure (n=3). Symptoms before therapy and clinical outcome were assessed using a standardized questionnaire. The results showed that median clinical follow –up time was 16 months.10 of 13 patients showed improvement or complete resolution of clinical symptoms.7 patients showed complete and 4 showed >90% fibroid infarction after embolization therapy. The study concluded that ovarian artery embolization is technically safe and effective in patients with ovarian artery collateral supply to symptomatic uterine leiomyomata.

**Objective 2**

To compare the knowledge of urban and rural women regarding uterine fibroids in the selected areas of Fatehgarh Sahib, Punjab.

**Finding 2**

- The finding of the study suggest that mean knowledge score of urban area women was (9.78) lower than the mean knowledge score of rural area. The computed t value of the data (10.793) was statically significant.These findings were consistent with the finding of **Asche SE et al (2009)** conducted a study to test a decision support intervention for uterine fibroids treatments. The researchers conducted a practical clinical trial on 300 women facing a treatment

  decision for fibroids over a 13 month period. Mailed DVD and brochure about fibroid treatments plus the Ottawa decision guide and an index visit was done as an intervention. The study was done by mailed survey 6-8 weeks later asking about knowledge, preferences and satisfaction with decision support. In total, 244 surveys were completed for an adjusted response rate of 85.4%.On a 5 point scale, intervention subjects reported more treatment options being mentioned (3.0 v 2.4), had a higher knowledge score (3.3 v 2.8) and were more likely to report being adequately informed (4.4 v 4.0) and their decision was both more satisfactory (4.3 v 4.0) and more consistent with their personal values(4.5 v 4.2). The study

concluded that decision support for benign uterine conditions showed effects on knowledge and satisfaction**.**

**Objective 3**:

To find out the association between demographic variables with knowledge scores of rural and urban women regarding uterine fibroids in the selected areas of Fatehgarh Sahib, Punjab

**Finding 3**

- The finding revealed that chi square value of age (1.624), type of family(1.696), educational status (4.739), occupation (0.483), monthly family income (0.720), number of children (1.259), source of media(1.724) were found non-significant with level of knowledge score. Similarly that chi square value of age (3.894), type of family(6.527), educational status (3.214), occupation (5.019), monthly family income (0.433), number of children (3.591), source of media(6.841) were found non-significant with level of knowledge score. However there was a significant association of knowledge score rural area with selected demographic variable (Type of family).These findings were consistent with the findings of **Kalahroudi et al (2012)** prevalence and severity of menopausal symptoms were assessed among 700 menopausal women 42-60 years using menopause quality of life Questioners ( MENQOL) in kasha ,Iran .the most common symptoms in ;s vasomotor ,psychosocial ,physical and sexual domains 'night sweats ', 'accomplishing less then I used to, 'filling a lack of energy', and 'change in sexual desire', respectively. Moreover, most severe symptoms in these domains wear; 'mightsweats', 'filling anxious or nervous , 'aching muscles or joints', 'and avoiding intimacy'. There was statistically significant different between; the severity or menopausal symptoms and working status (P=0.017), different educational levels (P=0.001), exercise activity (P=0.001), exercise frequency(P=0.04), and duration menopause (p=0.03).

## CONCLUSION

It was concluded that a knowledge of menopausal women regarding uterine fibroids was more in rural area women and less in women of urban area.

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