

Knowledge and Perception of Women on Uterine Fibroids in the Gynecology-Obstetrics Department of CHR Tsévié (Togo)

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Abstract

Introduction: Uterine fibroids are benign tumors that develop from the connective and muscular tissues of the uterus. Common among African-American women, patients suffering from them often arrive late to the hospital in our African regions. This study aimed to investigate the knowledge and perception of uterine fibroids among women who came to the gynecology-obstetrics department of the Regional Hospital Center (CHR) Tsévié. **Methodology:** It was a cross-sectional descriptive study, with data collection conducted from May 7th to 20th, 2024, using systematic sampling. The study included all women present in the Gynecology-Obstetrics Department of CHR Tsévié during the study period who willingly and informedly consented to participate in the survey. **Results:** 362 women participated in the study. Among them, 36.8% had a secondary level, and 72.9% were Christians. About 97.5% had heard of uterine fibroids. In 63.5% of cases, their entourage was the principal source of information. The diagnostic methods mentioned by the women were ultrasound in 94.6% of cases, while prayers and occultism were also cited in 28% and 33.3% of cases, respectively. While 91.9% of the women considered the hospital, the place for treatment, some indicated that treatment would require plant-based approaches (46.8%) and prayers (26%). The cost of treatment was an obstacle for 85.4% of women, and 61.3% expressed fear of dying during surgery. There was a statistically significant relationship between treatment choice and religion. **Conclusion:** The majority of women had heard of uterine fibroids but had incorrect information about the treatment.

Keywords

Knowledge, Perception, Fibroid, CHR Tsévié

1. Introduction

Uterine fibroids are benign tumors that develop from the connective and muscular tissues of the uterus. The exact etiopathogenesis remains unclear, although many factors are known. Numerous factors influenced their onset: estrogens, progesterones, growth and angiogenesis factors, genetic predisposition, race, nulliparity, obesity, and early menarche [1] [2]. They affect 20% to 30% of women over 35 and 50% over 50 [3]. More common among African-American women, they generally appear after the age of 30 [4]. Baldé *et al.* [5] in Conakry found a hospital frequency of 42.4% in 2015.

Often asymptomatic, leiomyomas detected during a routine gynecological examination or one of the pelvic imaging techniques exhibit a diverse range of symptoms, including menorrhagia, metrorrhagia, pelvic pain, pelvic heaviness, perception of a pelvic mass, infertility, or as a result of painful, mechanical, or hemorrhagic complications [6].

In our African regions, women with uterine fibroids present late to the hospital with large tumours (uterus greater than 20-week size gestation) which cause increased morbidity and mortality [7]. Beliefs about the spiritual origin of the disease, as described by Adegbesan-Omilabu *et al.* in their study, where 67% of women perceived fibroids as a spiritual problem and hence sought treatment from the spiritual homes and invariably presented late to the hospital [8]. Therefore, we initiated this study to assess the knowledge and perception of uterine fibroids in the Gynecology-Obstetrics Department of the Regional Hospital Center of Tsévié.

2. Methods

It was a cross-sectional descriptive study conducted in the gynecology-obstetrics department of the Regional Hospital Center of Tsévié (CHR Tsévié). The CHR Tsévié is in the maritime region, 35 kilometers north of Lomé, the capital of Togo. The survey form was established and tested by administering it to 20 women, which allowed for identifying difficulties related to the understanding of the questions. We therefore made corrections to obtain the final version that was used for the survey. Given that the maternity ward is one of the most frequented departments of the CHR Tsévié, and considering the diversity of individuals who come either for treatment or as companions, we decided to conduct our survey over two weeks, from May 7 to May 20, 2024, systematically including all women who visited the department during this period. We excluded all women who didn't agree to participate in our study, as well as those who were in labor and whose labor had not concluded before the end of the survey. We administered the questionnaire after obtaining free and informed consent from all women in the gynecology-

obstetrics department of CHR Tsévié. The variables studied included socio-demographic characteristics, medical history, patients' knowledge about the treatment of uterine fibroids, and their perception of the treatment. The data were processed and analyzed using Excel 2016, Word 2016, Epi Info version 7.2.5.0, and we used the Chi-square test to compare variables at a 5% significance level.

3. Results

3.1. Socio-Demographic Characteristics

The median age was 31 years. Secondary education accounted for 36.8% of cases. In 36.7% of cases, women were in liberal professions, and 72.9% were Christians (Table 1).

Table 1. Distribution of respondents based on sociodemographic data.

	Effective	Percentage
Age (years)		
≤25	99	27.3
[25 – 35]	157	43.4
[35 – 45]	71	19.6
[45 – 55]	18	5.0
≥55	17	4.7
Educational level		
Illiteracy	63	17.4
Primary	109	30.1
Secondary	133	36.8
University	57	15.7
Occupation		
Liberal profession*	133	36.7
Reseller/trader	126	34.8
Housekeeper	42	11.6
Student	31	8.6
Government official	30	8.3
Religion		
Christian	264	72.9
Muslim	48	13.3
Animist	27	7.5
Atheist	23	6.3

*: artisan, farmer, hairdresser, seamstress.

3.2. Knowledge of Women on Uterine Fibroids

Among the 362 women, 353 (97.5%) heard of uterine fibroids at least once, and for 224 patients (63.5%), the entourage was the principal source of information. A pelvic mass was mentioned as a symptom by 56.1% of the respondents. The diagnosis could be done by occultism for 33.3% of participants, and 19.6% by pastors (**Table 2**).

Table 2. Distribution of respondents based on their knowledge of uterine fibroid diagnosis.

	Effective	Percentage
Have heard of (n = 362)		
Yes	353	97.5
No	9	2.5
Main source of information (n = 353)		
School	3	0.9
Surroundings	224	63.5
Herbalist	7	1.9
Media and social networks	56	15.8
Pastor	8	2.3
Healthcare professional	55	15.6
Signs (n = 353)		
Pelvic pain	96	27.2
Infertility	150	42.5
Hemorrhages	80	22.7
Pelvic mass	198	56.1
Urinary disorder	5	1.4
Leukorrhea	2	0.6
No idea	57	16.1
Individuals qualified to make the diagnosis (n = 353)		
Healthcare professional	325	92.1
Pastor	69	19.6
Herbalist	62	17.6
Occultist	28	7.9
Diagnostic methods (n = 353)		
Ultrasound	334	94.6
Occultism	118	33.3
Prayer and revelation at church	99	28.0
Deliverance	18	5.1

3.3. Perception of Uterine Fibroid Treatment

Among the 362 participants, 346 (95.6%) stated that uterine fibroids were curable; 46.8% indicated herbalists as the place of treatment, and 51.1% cited infusion as a method of treatment. Among the respondents, 85.4% mentioned that the cost of treatment was a barrier to medical treatment for uterine fibroids (**Table 3**).

Table 3. Distribution of respondents based on their knowledge of uterine fibroid treatment.

Effective (n = 362)		Percentage
Possibility of treatment		
Yes	346	95.6
No	7	1.9
Don't know	9	2.5
Place of treatment		
Hospital	330	91.1
At the herbalists	169	46.8
Church	94	26.0
At the occultists	39	10.9
Traditional treatments known		
Taking infusion	187	51.7
Introduction of decoctions or herbs into the vagina	33	9.12
Traditional ceremonies	23	6.35
Main obstacles to hospital treatment		
Cost of treatment	309	85.4
Fear of dying during surgery	222	61.3
Belief	100	27.6
Lack of information	65	18.0

3.4. Influence of Education and Religion on the Choice of Uterine Fibroid Treatment in Hospital

The animist religion and the choice of hospital treatment for uterine fibroids showed a significant difference with $P = 0.006$. There was no significant difference between the level of education and the choice of hospital treatment for uterine fibroids (**Table 4**).

3.5. Relationship between the Level of Education, Religion, and the Treatment of Uterine Fibroids by Herbalists

There was a significant difference between the absence of education and the choice of the treatment of uterine fibroids by the herbalists $P < 0.05$ and between the Islamic religion and the treatment chosen (**Table 5**).

Table 4. Relationship between women's education, religion, and uterine fibroid treatment in hospital.

Hospital Treatment				
	No n (%)	Yes n (%)	Total (346) n (%)	P-value
Educational level				
Illiteracy	10 (16.13)	52 (83.87)	62 (100.00)	0.194
Primary	09 (8.33)	99 (91.67)	108 (100.00)	
Secondary	5 (4.10)	117 (95.90)	122 (100.00)	
University	4 (7.41)	50 (92.59)	54 (100.00)	1
Religion				
Animist	6 (25.00)	18 (75.00)	24 (100.00)	0.006*
Atheist	4 (18.18)	18 (81.82)	22 (100.00)	0.129
Christian	17 (6.75)	235 (93.35)	252 (100.00)	
Muslim	1 (2.08)	47 (97.92)	48 (100.00)	0.36

*Significant value (P-value < 0.05).

Table 5. Relationship between the level of education, the religion and the treatment of uterine fibroids by herbalists (n = 346).

Treatment at the herbalists				
	No n (%)	Yes n (%)	Total (346) n (%)	P-value
Educational level				
Illiteracy	20 (32.26)	42 (67.74)	62 (100.00)	0.000*
Primary	51 (47.22)	57 (52.78)	108 (100.00)	0.000*
Secondary	71 (58.20)	51 (41.80)	122 (100.00)	0.019*
University	42 (77.78)	12 (22.22)	54 (100.00)	
Religion				
Animist	6 (25.00)	18 (75.00)	24 (100.00)	0.006*
Atheist	8 (36.36)	14 (63.64)	22 (100.00)	0.059
Christian	150 (59.52)	102 (40.48)	252 (100.00)	
Muslim	20 (41.67)	28 (58.33)	48 (100.00)	0.033*

*Significant value (P-value < 0.05).

4. Discussion

In our study, the age group 25 to 34 years was the most represented (43.09%), with the extremes of 16 and 55 years and a median of 31 years. Aghogho *et al.* in Nigeria

in 2023 [6] found similar results with an average age of 31 years and the age group 25 to 34 years was 42%, which is the prime period for procreation.

Non-educated participants were 17.41%. In contrast, Aghogho *et al.* [9] found 5.3%. This rate is relatively high, despite the efforts of the Togolese government to promote girls' education, and indicates that there is still a long way to go.

In our study, 97.5% of participants had heard about uterine fibroids at least once, and their social circle was the principal source of information in 63.5% of cases. Adegbesan-Omilabu *et al.* in 2014 [8] and Aghogho *et al.* in 2023 [9] in Nigeria also found most women had already heard about uterine fibroids, at 98.6% and 99%, respectively. Regarding the principal source of information, Akpenpuun *et al.* 2019 in Nigeria [10] reported friends at 84.1% and family members at 78.8%. Health workers were the source of information in only 15.58% of participants. This result is similar to that of Adegbesan-Omilabu *et al.* [8], who found 18.7%. There is a lack of sensibilization in the field of health workers about uterine fibroids. Therefore, most women receive information from their relatives and friends, who are not qualified, and often spread misinformation.

In the present study, pelvic mass was the most recognized symptom by women at 56.1%. This result is lower than those of Akpenpuun *et al.* in 2019 [10] and Adegbesan-Omilabu *et al.* in 2014 [8] in Nigeria, who found an abdominopelvic mass in 92.9% and 88% of cases, respectively. Hence, Togo needs to improve significantly uterine fibroids' knowledge of symptoms.

In our study, 95.6% of the participants stated that it is possible to treat fibroids. This result is higher than Akpenpuun *et al.* in 2019 in Nigeria [10], who found 80.1%. Participants in our study thought that the possibility of treatment does not imply the abolition of inappropriate practices. Most participants stated that treatment of uterine fibroids was possible in hospitals in 91.9%. This result is not in line with Dlamini *et al.* in 2024 [11], who found hospitals as a place of treatment in 8.6%; and corroborates the declaration of most participants in our study that uterine fibroids are hospital diseases, and the hospital is the place for more effective management. However, 46.82% of participants believe herbalists can treat fibroids, and 26.01% believe in the church. More than half of the participants mentioned taking infusion as a traditional treatment for uterine fibroids, accounting for 51.7% of cases, and 85.4% cited the lack of financial means as an obstacle to hospital care. Dlamini *et al.* in 2024 [11] reported that uterine fibroids require traditional and/or herbal treatment in 42.3% of cases. The lack of health insurance coverage for uterine fibroid treatment in Togo led most women to consider other practices. A total of 61.3% cited the fear of dying in the present study. This result is lower than Adegbesan-Omilabu *et al.* in 2014 in Nigeria [8], who found that 83% of participants feared surgical complications. Misinformation obtained from unreliable sources is one factor. Furthermore, 27.6% of participants cited their faith. The weight of tradition and culture in our African communities could explain that.

In our study, the level of education did not influence the choice of hospital

treatment. The treatment place was influenced by religious affiliation, showing that Christian women chose hospital treatment more than animist women ($P < 0.05$).

Contrary to our result, Akpenpuun *et al.* in Nigeria [10] had found a significant association ($P < 0.05$) between education, monthly income, age, marital status and residence of Tiv women and preferred treatment option for fibroid.

Our result could be explained by the fact that, when faced with the diagnosis of fibroid, patients often turn to religion either out of fear of potential surgical treatment, due to lack of means to be treated at the hospital, or because they believe it is a spiritual affliction.

5. Conclusions

This study aimed to investigate the knowledge and perception of women in the Gynecology-Obstetrics Department of CHR-TS regarding the treatment of uterine fibroids. Most participants acknowledged the disease, with family and friends being the principal source of information. Most participants stated that diagnosis and treatment were possible in hospitals. A significant proportion believed uterine fibroids to be a spiritual condition with solutions at church and by herbalists through prayers and infusions. The choice of treatment location remains influenced by religion. The cost of hospital treatment was the principal obstacle to medical care.

It is therefore appropriate for healthcare personnel to organize awareness campaigns about uterine fibroids and emphasize the necessity of hospital-based management. Subsidizing fibroid treatment in Togo will encourage the population suffering from this condition to seek hospital care without fear of the cost.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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