

Incidence of Uterine Fibroid among Women of Childbearing Age, From 2010 to 2012 in General Hospital Kafanchan, Kaduna State Nigeria.

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Abstract: This research was conducted in the Obstetric and Gynaecological ward of maternity section in General Hospital Kafanchan, Kaduna state on the incidence of uterine fibroid among women of childbearing age (15 – 45years). A non – experimental historical survey study was adopted and a convenient non probability technique was used to select the sample for the study. Past records were the instrument used for data collection. Distributive techniques using frequency tables and inferential statistics were used for data analysis. Uterine fibroid has been a very serious health problem to women of childbearing age for several years, and a major cause of barrenness which could be either via hysterectomy or myomectomy. The study showed a total of 120 patients recorded to have had uterine fibroid within the period of study. Affected age groups were from 30 to 50years in the study, however age 30 to 39years were the age group mostly affected. The average age of those affected was 45years, but statistical analysis showed that age does not really affect prevalence of uterine fibroid; that means uterine fibroid can develop at any age in the life of childbearing women. The main cause is idiopathic but factors such as nulliparous, female hormone, and advancing age from 30 to 40years predisposes women to fibroid. Nevertheless, once women of childbearing age from (15 -45years) are diagnosed with this disease, it should be treated adequately, health education should be given on the disease (uterine fibroid) and it's possible outcomes; this will help to erase public negative perception on the disease and affected women. The disease can be treated via the use of medication such as ibuprofen and acetaminophen, hormone therapy and surgical intervention. Government should establish hospitals and health centres in all communities in the country for patients with this disease for proper screening and treatment.

Keywords- Uterine fibroid, child-bearing age, predisposing factors, Nulliparity, Hysterectomy, Myomectomy.

INTRODUCTION

Fibroid is a non-cancerous tumour that grows in, on or within the wall of the womb (uterus), fibroid is made up of muscle fibre. The cause of fibroid is yet unknown, but experts say when fibroid occurs, it may contribute to women experiencing painful sex, abdominal swelling, frequent urination and heavy menstruation, some medical experts say that fibroid are common among black women. It may grow one at a time or in clusters (Neiger, Sonek, Croom & Ventolini, 2006). Usually develops in women aged between 30 and 50 years and seen more regular in women weight over 70kg. Uterine fibroids are tumours that grow from muscle tissues in the uterus. Fibroid also called (leiomyoma or myoma) of the uterus can grow on uterine wall or force it to grow abnormally. It can also put pressure on the bladder or intestine causing symptoms such as frequent urination, constipation, pelvic pain or heavy menstrual bleeding. On rare occasions, a large fibroid can also block the opening of the uterus making a caesarean delivery necessary if the woman is pregnant. The cause is unknown, but changing oestrogen levels seem to play a part in their growth. When oestrogen level increases during pregnancy, fibroid also tends to increase in size. They are also known to shrink when oestrogen levels are low such as after the menopause i.e when a woman's monthly period stops at 50years of age (Wallach & Vlahos, 2004). Conclusively, when a woman presents with the history of abdominal pain and excessive, prolonged bleeding and other symptoms, it is important to subject the woman to undergo medical investigation which will review the state of the

condition, therefore it is important for women, couples, families and midwives to report any sign and symptoms of uterine fibroid among women of childbearing age and take appropriate action.

STATEMENT OF PROBLEM

Uterine fibroid have been one of the major health problems for several years and major cause of worries to women, couples, families and community. The infertility caused by this fibroid has rendered many blissful marriages to end up in disharmony and divorce. The increase in occurrence of the disease according to the observation made by the researcher in General Hospital Kafanchan stimulated the interest of the researcher to find out if lack of pregnancy within the uterus, or hereditary factors, nutritional state or effect of some drugs may be the cause of the incidence of the disease among women of childbearing age limit of (30 to 50years) in General Hospital Kafanchan, this is because it is mostly common among this age range, as observed.

AIM AND SIGNIFICANCE OF THE STUDY

- 1) To determine the proportion of women who suffer fibroid among women of child-bearing age in General Hospital Kafanchan.
- 2) To determine at what age the women suffer uterine fibroid.

The significance of this research work is to enable the reader and nurses and midwives to know the possible causes and the effect of uterine fibroid; the need for proper health

education to all women of childbearing age, couples, families, patient/client coming to the health care facility. It will also serve as a guide for further research on areas identified in the study. It will also give additional information on the incidence of fibroid in this locality.

LITERATURE REVIEW

Types of Fibroid: according to Fraser, Cooper & Nolte (2006), there are three types of fibroids.

Intramural- this is the commonest type, they are embedded in the uterus separated from the myometrium by a capsule of connective tissue, causing enlargement of the non-pregnant uterus.

Subserosal- these lie below the perimetrium, and may be irregular in shape. Subserosal fibroids can become pedunculated.

Submucosal- these are found within the endometrium, or decidua. Difficult to detect on examination, these can cause bleeding and become both necrotic and infected.

AGE IN WHICH WOMEN SUFFER UTERINE FIBROID.

Fibroids are firm, benign tumours of muscular and fibrous tissue, ranging in size from the very small to very large. The incidence of detectable fibroids in pregnancy is 1%, the lowest risk being in Caucasian women, but risk increases in Afro-Caribbean women and women over 35years old (Lumsden & Wallace, 1998).

FACTORS THAT PREDISPOSE WOMEN OF CHILDBEARING AGE TO UTERINE FIBROID.

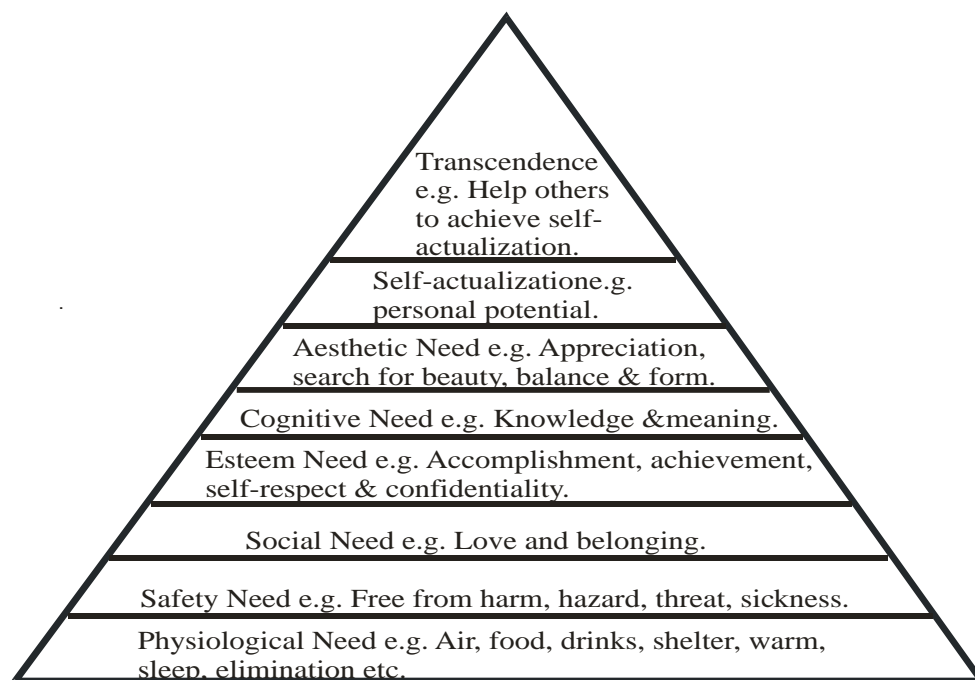
Uterine leiomyoma are reported to be the most common benign gynaecologic tumour affecting premenopausal women and they are often associated with considerable morbidity. The risk factors for white women include;

- ✓ Age 40 – 44years
 - ✓ Life time cigarette smoking of greater than or equal to 1pack per day (> or = 1pack/day).
 - ✓ Menstrual cycle length of greater than 30days (> 30day)
 - ✓ Menstrual bleeding for greater than or equal to 6days (> = 6days).
 - ✓ Parous women were at reduced risk compared with nulliparous women.
 - ✓ Advancing age was the only significant risk factor for African-American women (age 40 – 44years).
 - ✓ Current oral contra-contraceptive use and elected abortion were not associated with fibroid
- There are several factors affecting women- risk for having uterine fibroid.
- ✓ Age older than 40years.
 - ✓ African-American race.
 - ✓ Obesity.
 - ✓ Family history of uterine fibroid.
 - ✓ High blood pressure.
 - ✓ No history of pregnancy.
 - ✓ Low levels of vitamin D.

THEORITICAL FRAMEWORK

ABRAHAM MASLOW HIERARCHY OF NEEDS

In 1970, Abraham Maslow, an American psychologist, postulate a theory on human needs, he stated that we all have basic needs but some needs are more basic than others, these needs are arranged in ascending order structure which are 8-in number. These needs include: Physiological needs, safety needs, social needs, esteem needs, cognitive needs, aesthetic needs, self-actualization, and transcendence. Although each individual has other needs that are unique, the basic human needs are shared by all people. Also the extent to which basic needs are met is a major factor that determines a person's level of health.



ABRAHAM MASLOW HIERACHY OF NEED ILLUSTRATION

According to Abraham Maslow’s third and fourth hierarchy of needs, generally everyone needs to love and be loved in return as well as to belong and feel worthy. In the same way the need for a personal value of worth and recognition in his/her environment cannot be over emphasized or ruled out. To love and be loved and feeling or having a sense of value are all lifelong processes, not something we could simply achieve in one day. Hence, women with uterine fibroid who have had fibroids feel that they cannot be loved again either by their spouses or loved ones because they are termed barren women, whose chances of being pregnant or having children is low or even impossible. They no longer have a sense of worth because they are seen by their fellows as liabilities or women with no womb who cannot mother children. This picture alone can steal away their ability to love and self-esteem, hence, isolation, inferiority complex and hatred sets in. With uterine fibroid, its victims feel they cannot make a positive contribution because their chance of reproducing their kind is equal to or less than possible even after its removal.

METHODOLOGY

The research work was conducted in the Obstetrics and Gynaecology ward of the maternity section of General Hospital Kafanchan in Jema’a local Government Area of Kaduna state. Located in the Southern part of Kaduna State and about 250km away from kaduna metropolis. Kafanchan town can be regarded as an urban area.

SAMPLING PROCEDURE

A non- experimental historical survey study was employed to determine the incidence of uterine fibroid between (2010 to 2012)among women of childbearing age limit (30 – 50yrs) in General Hospital Kafanchan. The target population for this research was basically women of childbearing age in the obstetrics and gynaecologyl ward of the maternity section of General Hospital Kafanchan with uterine fibroid whose records were available, from 2010 – 2012 constituting about 120 women. Hospital medical records were the source of information utilized. The data so collected were analyzed mainly using frequency tables and percentage, and correlation statistics to show the various distribution of incidence according to predisposing factors, age and proportion hence a statistical method was employed.

RESULTS

Table 1. the proportion of women who suffered uterine Fibroid.

Year	Total Number of Patient	Percentage
2010	56	46.67%
2011	22	18.33%
2012	42	35%
TOTAL	120	100%

Table 1 above shows the number of women who had suffered uterine fibroid in each year. From the tables 120

was the total number of women who suffered from uterine fibroid between, 2010 to 2012. In the year 2010 the number was 56 (46.67%), 2011 the number was 22 (18.33%) and year 2012 the number was 42(35%). However, year 2010 had the highest record of the incidence with 46.67%.

Table 2. Age of women who suffered uterine fibroid

Age Range	Total Number of Patient	Percentages (%)
30 – 39YRS	72	60%
40 – 49YRS	37	30.84%
50 and above	11	9.16%
TOTAL	120	100%

Table 2 above shows the age at which women suffered uterine fibroid from 2010 to 2012, 30 – 39yrs recorded 60% (72), 40 – 49yrs recorded 30.84% (37) and 50yrs and above recorded 9.16% (11). It shows that 30 – 39years recorded the highest number which was 60%.

Table 3. Relationship between age and incidence of fibriod from 2010 – 2012 Age Specific Test of Significance

	30-39 Years	40 – 49 Years	50 And Above	Total
OBSERVED	72	37	11	120
EXPECTED	2	3	11	16
O-E	70	32	0	0
(O - E) ²	4900	1024	0	5924
(O - E) ² / E	2450	341.3	0	

Expected = Total

$$= \frac{\sum (O - E)^2}{E} = \frac{5924}{16} = 370.25$$

Degree of freedom (d.f) = n – 1 = 3 – 1 = 2

Confidence limit = 95%

² Tabulated = 5.99

² Calculated = 370.25

DISSCUSSION

THE PROPORTION OF UTERINE FIBROID AMONG WOMEN OF CHILDBEARING AGE.

From Table1, the findings shows that the incidence rate in 2010 was 46.67%, in 2011 it was recorded as 18.33% and 2012 recorded 35% which shows that 2010 has the highest incidence rate with 18.33% in General hospital kafanchan.

RELATIOSHIP TO OTHER STUDIES

In relation to Evans (2007), the incidence of uterine fibroid may be partially due to art, facts of data recording and more sensitive diagnostic test, but it is likely that the actual incidence has increased probably because of overweight in women, advancing age and also may be, there was a free surgery going on in the hospital in the year with highest incidence rate since surgery is one of the best treatment for uterine fibroid.

AT WHAT AGE THE WOMEN SUFFER UTERINE FIBROID

Findings from table 2 shows that age 30 – 39years had the record of 60% being the highest age affected recorded, age 40 -49years recorded 30.84% and age 50 and above had the lowest recorded of 9.16%. Statistical calculation for mean showed that the average age at which women were affected was 45years old. The age-specific test of significance done for the period of study showed that no significant relationship exists between the age and incidence of uterine fibroid.

RELATIONSHIP TO OTHER STUDIES

The findings of this objective, strongly agree with that of Lumsden & Wallace (1998), that women in their 30 and 40years are the most affected ones and from the findings the age mostly affected is from 30 -39years, but generally from the period of study, fibroid can develop at any age.

SUMMARY OF FINDINGS

According to Table 1, the proportion in 2010 was 56 (46.67%), 2011 was 22(18.33%) and 2012 was 42 (35%) in General hospital Kafanchan. Table 2 shows the age group of women that suffered uterine fibroid; this includes 30 – 39 years (60%), 40 – 49(30. 84%) and 50years and above (9.16%). Table 2 also shows the average (mean) years women suffered uterine fibroid which is 45years old. The average calculated from table 3 is reliable, with the standard deviation value of 11.0. Table 3 showed that there was no significant relationship between the age and the incidence of uterine fibroid. The mean age calculated showed that women in their 40s are mostly prone to uterine fibroid. Other predisposing factors may include family history uterine fibroid, No previous history of pregnancy, low level vitamin D, Increase oestrogen level.

RECOMMENDATIONS

For the prevention of its occurrence and control measure for uterine fibroid it is important to make the following recommendations for the findings.

TO WOMEN, COUPLES AND FAMILIES

As an individual, it is important to prevent the disease from occurring by going for adequate screening and check-up,

especially all women of childbearing age to monitor and ensure that there is no condition that might lead to infertility, and other complications in pregnancy, labour and delivery. Health education should be given to the patients especially women, on the disease condition before it gets worse. Families should support any affected woman and avoid stigmatization and any form of rejection or abusive words that can lead to divorce between couples because of the disease condition; this should be avoided. The disease can be treated using medications such as Ibuprofen and Acetaminophen, hormone therapy and surgical intervention (Myomectomy or Hysterectomy).

TO NON- GOVERNMENTAL ORGANIZATIONS (NGOs)

To the NGOs, there is the need to introduce and implement enlightenment campaigns on this disease condition. This should be done in all parts of the country in collaboration with the hospitals, health centres and all health personnels.

TO GOVERNMENT

The government should try and establish clinics or special units within the hospitals for patients with uterine fibroid, for proper screening and giving of adequate treatment. There should also be free surgery for the patients affected or should be at a lower cost rate.

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