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# A Descriptive Study to Assess the Knowledge Regarding Endometriosis among Women in Civil Hospital, Tarn Taran, Punjab

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## ABSTRACT

**INTRODUCTION-** Endometriosis is a disease in which tissue similar to lining of uterus grows outside the uterus, often in pelvic area.

**AIM**- To assess the knowledge regarding endometriosis among women in Civil Hospital Tarn-Taran, Punjab.

**MATERIAL AMD METHODS**- A descriptive non-experimental research design was used to conduct the present study among women attending the outpatient department at Civil Hospital Tarn-Taran. Purposive sampling technique was used to select 100 samples from population to assess the knowledge regarding the endometriosis. A self structured questionnaire was used to assess the knowledge level.

**CONCLUSION**- Knowledge regarding endometriosis among women showed that majority of women 58% had average knowledge followed by 39% of them had poor knowledge and 3% had good knowledge.

***KEYWORDS:*** *Assess, Knowledge, Women, Endometriosis.*

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## INTRODUCTION AND NEED OF STUDY

The gynecological conditions are the health issues that affect the female reproductive organs, including the uterus, ovaries, fallopian tubes, external genitalia, and breast. The common gynecological condition that affects a significant portion of women of reproductive age is Endometriosis[1].

Endometriosis is a disease in which tissue similar to lining of the uterus grows outside the uterus, often in pelvic area. Endometriosis derived from the Greek word Endo means inside, Metra means uterus and Osis means disease. This is an estrogen-dependent chronic condition characterized by the ectopic implantation of functional tissue lining the uterus outside the uterine cavity. The endometrium, the inner lining of the uterus, undergoes cyclic changes in thickness throughout the menstrual cycle. This condition affects the thickness of endometrium within the uterus itself, potentially leading to thickening of uterine wall[2].

According to WHO, symptoms incudes : chronic pelvic pain, heavy bleeding during or between periods, trouble getting pregnant, bloating or nausea, fatigue, dyspareunia, pain during bowel movements or urination and even depression and anxiety.5 For early detection of endometriosis, the goal standard diagnostic tool is laparoscopy combined with an abdominal cavity exploration and histological biopsy. Several other low invasive diagnostic methods

include magnetic resonance imaging and transvaginal ultrasound. To assess the specific serum, tissue and urine biomarkers could assist in diagnosis for endometriosis, CA125 is elevated in patients with endometriosis. However, this test could not stand as a single diagnostic test as it is also increase in other several pathological conditions[3].

According to National Institutes of Health, the treatment of endometriosis is broadly categorized into two main categories: pharmacological and surgical. The first line pharmacological therapy includes non-steroidal anti-inflammatory drugs and combined hormonal contraceptives. Second line medical empiric treatment is three month trial of gonadotropins- releasing hormone analogues for the suppression of endometriosis-related symptoms. Surgical management is adopted as a potential management option as it has ability to enhance fertility capability and also provide pain relief simultaneously. The laparoscopic surgery performed to excise all the endometrial lesions and adhesions. Cystectomy is preferable for cyst drainage and ablation due to its greater effectiveness in pain relief and the lower reoccurrence rate[4].

World health organization (WHO) reported that endometriosis affects about 10% (190 million) of reproductive age women and girls globally[5].

In India, an estimated 42 million women are believed to have endometriosis. The overall prevalence of endometriosis was 18% and prevalence of endometriosis stage ranged from 2% for stage 4 to 20% for stage 1. The prevalence levels of endometriosis in women with infertility, chronic pelvic pain and asymptomatic were 31%, 42%, and 23%, respectively[6].

It has been observed that there is lack of knowledge regarding endometriosis and its symptoms among women of reproductive age group as it significantly impacts the women's physical and mental health, relationships, and financial wellbeing. The education regarding endometriosis is needed across various settings and for diverse groups including young women, women of child bearing age and healthcare professionals to incorporate more information about endometriosis, its symptoms, and management strategies to ensure timely and appropriate care by healthcare providers. Raising awareness about endometriosis among [7].

It has been observed that there is lack of knowledge regarding endometriosis and its symptoms among women of reproductive age group as it significantly impacts the women's physical and mental health, relationships, and financial wellbeing. The education regarding endometriosis is needed across various settings and for diverse groups including young women, women of child bearing age and healthcare professionals to incorporate more information about endometriosis, its symptoms, and management strategies to ensure timely and appropriate care by healthcare providers. Raising awareness about endometriosis among general public, including men, can help reduce stigma, encourage support for those affected, and foster a more understanding and inclusive environment and to improve the quality of life and overall wellbeing of individuals with endometriosis[8].

## MATERIALS AND METHOD

Non experimental descriptive research design used to assess the knowledge regarding endometriosis among women in Civil Hospital Tarn Taran, Punjab . Purposive sampling technique was used to select a total sample of 100 women . Permission was taken from research committee and ethical clearance was obtained from ethical committee of Institute of Nursing, University Regional Centre, Shri Goindwal Sahib, Tarn Taran, Punjab. Self-structured questionnaire was developed to collect the data from samples. Analysis of data was done in accordance with objective laid down for the study using descriptive and inferential statistics in SPSS.

## RESULTS:

**Table -1 :Frequency and percentage distribution of participants according to selected socio demographic variables**

**N=100**

| S. NO | DEMOGRAPHIC VARIABLES | PARTICIPANTS FREQUENCY | PERCENTAGE |
|---|---|---|---|
| **1.** | **Age (in years)** | | |
| | 20 -25 | 33 | 33% |
| | 26 -30 | 20 | 20% |
| | 31-35 | 14 | 14% |
| | 36-40 | 18 | 18% |
| | 41-45 | 15 | 15% |
| | | | |

| | | | |
|---|---|---|---|
| **2.** | **Education status** | | |
| | Primary | 14 | 14% |
| | Secondary | 27 | 27% |
| | Senior secondary | 20 | 20% |
| | Graduate and above | 39 | 39% |
| **3.** | **Income in rupees (per month)** | | |
| | Below 5000 | 19 | 19% |
| | 5001-10,000 | 27 | 27% |
| | 10,001- 50,000 | 38 | 38% |
| | 50,001 and above | 16 | 16% |
| **4.** | **Place of residence** | | |
| | Urban | 45 | 45% |
| | Rural | 55 | 55% |
| **5.** | **Occupation** | | |
| | Private job | 12 | 12% |
| | Government job | 25 | 25% |
| | Housewife | 47 | 47% |
| | Self employed | 16 | 16% |
| **6.** | **Marital status** | | |
| | Married | 63 | 63% |
| | Unmarried | 22 | 22% |
| | Widow | 09 | 9% |
| | Divorced | 06 | 6% |
| **7.** | **Parity** | | |
| | Given birth to one child | 25 | 25% |
| | Given birth to two or more children | 41 | 41% |
| | Never give birth | 34 | 34% |
| **8.** | **Source of information** | | |
| | Family members | 17 | 17% |
| | Friends | 07 | 7% |
| | Health personnel | 48 | 48% |
| | Social media | 28 | 28% |

Table -1 depicts that out of 100 participants maximum number of sample 33 (33%) were in age group of 20-25 years followed by 20 (20%) were in age group of 26-30 years, 18(18%) subjects were in age group of 36 -40 years, 15 (15%) subjects were in age group of 41-45 years, 14 (14%) subjects were in age group of 31-35 years.

In terms of educational status, 39 (39%) subjects passed graduate and above education followed by 27 (27%) subject passed secondary education and 20 (20%) subject passed senior secondary education and 14 (14%) subject passed primary education.

As per income of study subjects 38 (38%) had income of 10001-50000 followed by 27 (27%) had 5001-10000, 19 (19%) had below 5000 and 16 (16 %) had 50001 and above that majority of subjects 55 (55%) were rural and 45(45 %) were urban.

With respect to their place of residence, majority of subjects 55 (55%) were rural and 45(45 %)were urban.

Occupational data revealed that majority of subjects 47 (47%) were housewife followed by 25 (25%) were doing government job, 16 (16%) were self employed and 12 (12 %) were doing private job.

It depicts that 63(63%) subjects were married followed by 22 (22%) were unmarried, 9 (9%) were widow and 6 (6%) were divorced

As per marital status 63(63%) subjects were married followed by 22 (22%) were unmarried, 9 (9%) were widow and 6 (6%) were divorced

Regarding parity of study subjects 41 (41%) subjects were given birth to two or more children followed by 34 (34%) subjects had never given birth, 25 (25 %) subjects had given birth to one child.

As per source of information of study subjects it depicts that majority of subjects 48 (48%) had source of information from health personnel followed by 28 (28%) subjects from social media, 17 (17%) subjects from family members and 7(7%) subjects from friends.

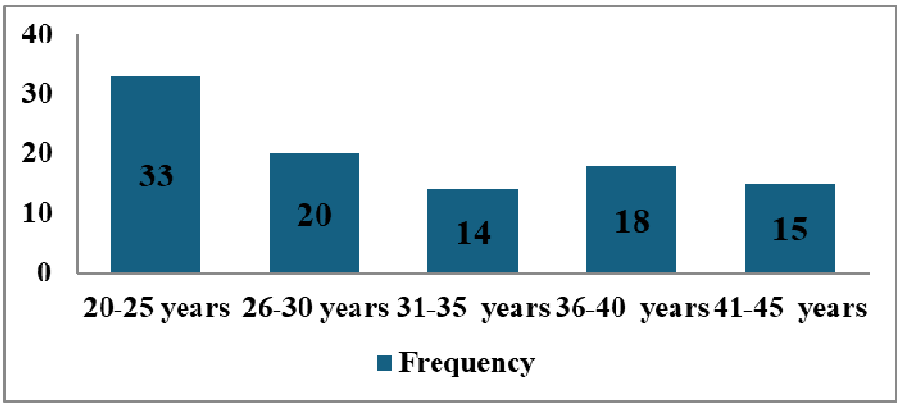


**FIGURE 1 : AGE DISTRIBUTION OF STUDY SUBJECTS**

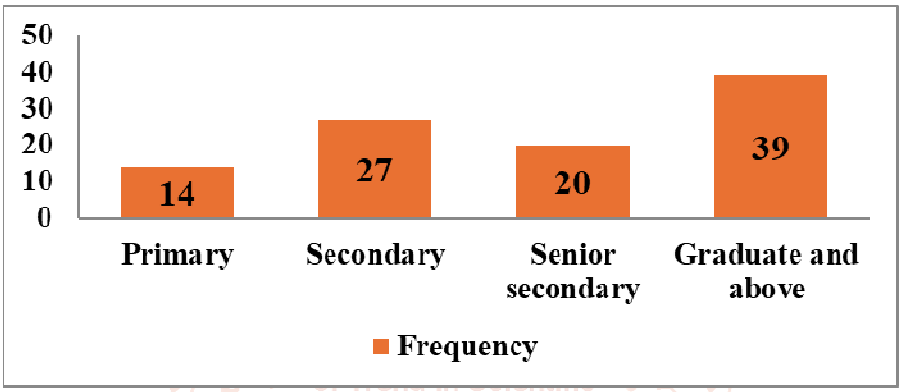


**FIGURE 2 : EDUCATION DISTRIBUTION OF STUDY SUBJECTS**

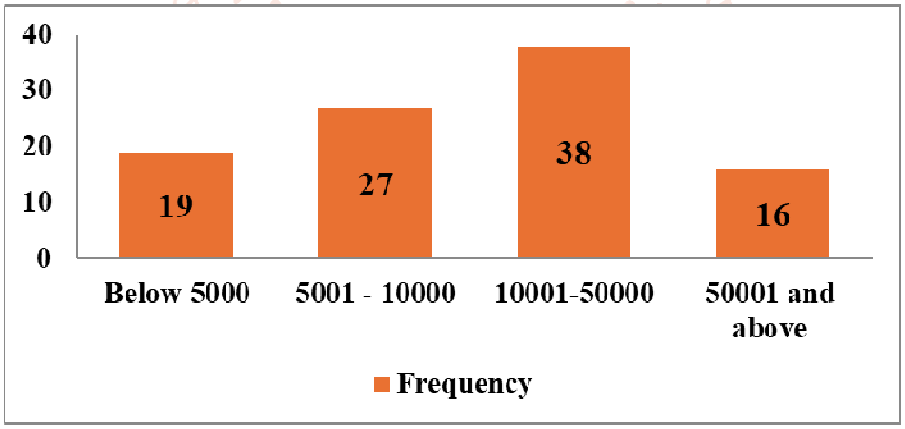


**FIGURE 3: INCOME OF STUDY SUBJECTS**

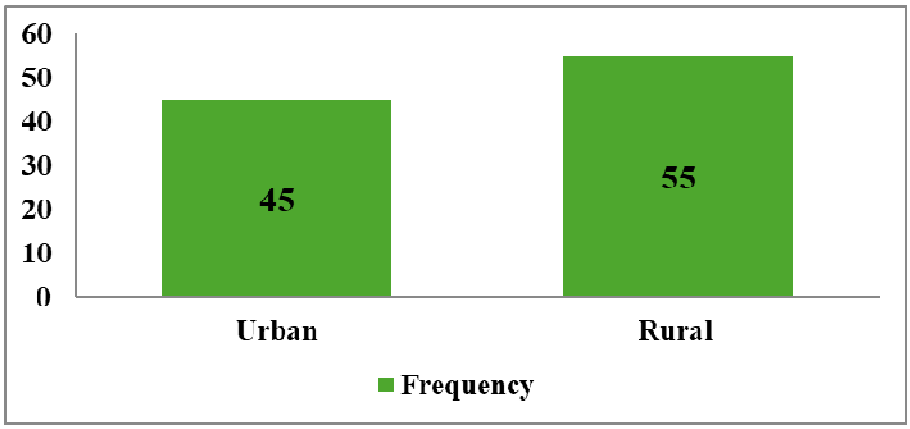


**FIGURE 4: PLACE OF RESIDENCE OF STUDY SUBJECTS**

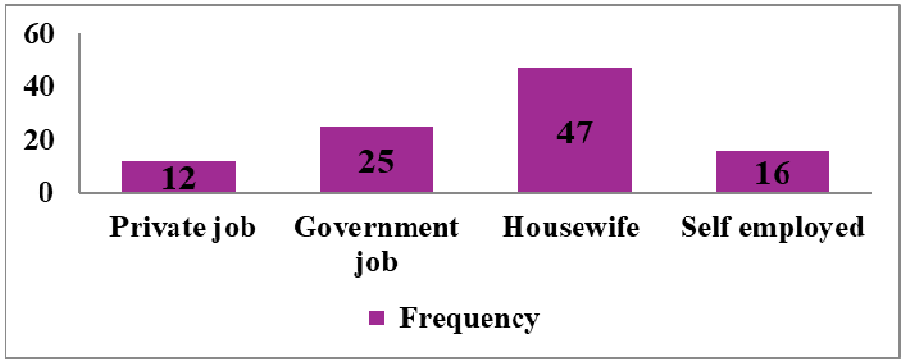


FIGURE 5: OCCUPATION OF STUDY SUBJECTS

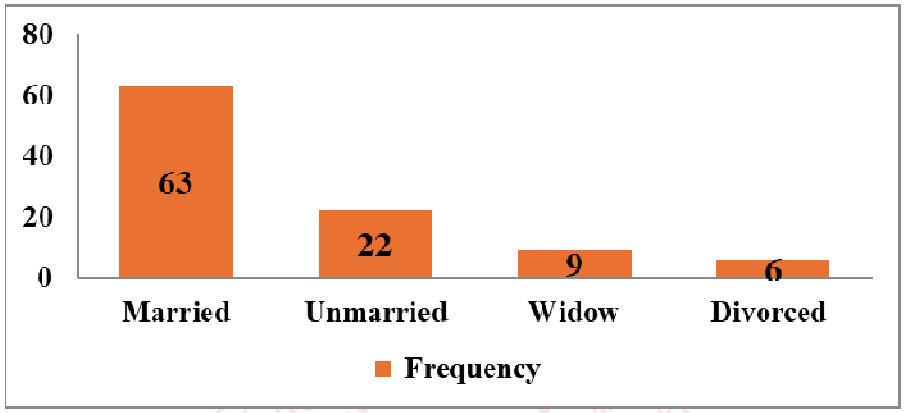


FIGURE 6: MARITAL STATUS OF STUDY SUBJECTS

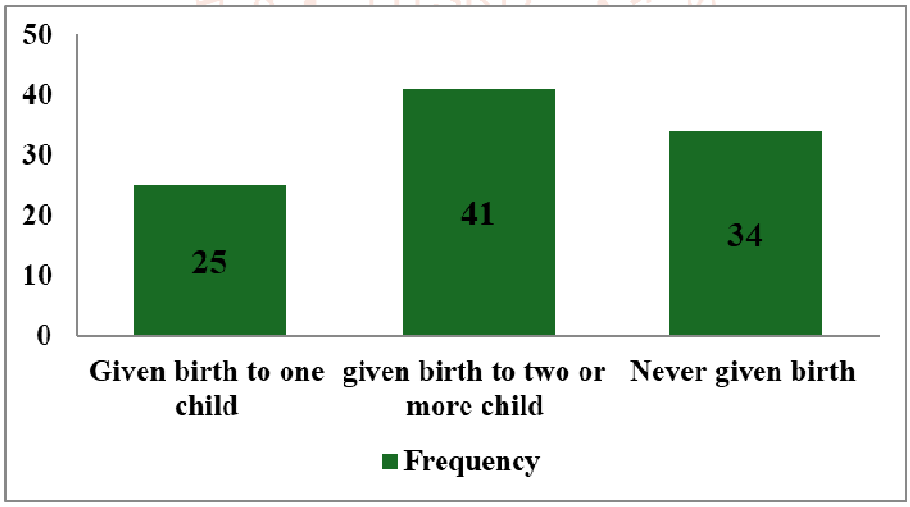


FIGURE 7: PARITY OF STUDY SUBJECTS

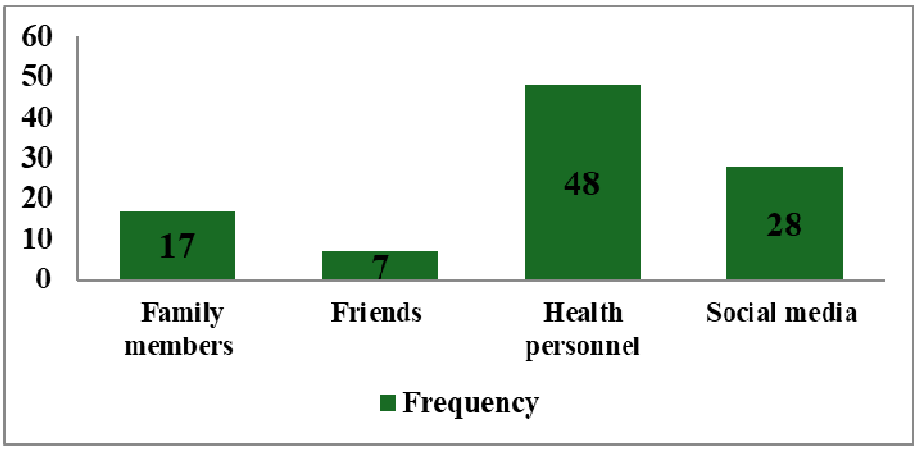


FIGURE 8: SOURCE OF INFORMATION OF STUDY SUBJECTS

**TABLE 2 (A) Mean and standard deviation of level of knowledge regarding endometriosis among women .**

**N=100**

| AREA | MEAN | SD |
|---|---|---|
| **KNOWLEDGE** | 9.68 | 2.97 |

Table 2 (A) shows that mean score of knowledge was found to be 9.68 and standard deviation was 2.97

**TABLE 2 (B) Frequency and percentage distribution of level of knowledge regarding endometriosis among women.**

**N=100**

| Category | Percentage | Frequency |
|---|---|---|
| **POOR** | 39% | 39 |
| **AVERAGE** | 58% | 58 |
| **GOOD** | 3% | 3 |

Table 2 (B) : depicts that 58 (58%) of subjects had average knowledge followed by 39 (39%) of subjects had poor knowledge and 3 (3%) had good knowledge. Hence it was concluded that the maximum women's had average knowledge regarding endometriosis

**TABLE 3 : Relationship of knowledge score with Demographic Variables**

**N=100**

| DEMOGRAPHIC VARIABLES | | POOR | AVERAGE | GOOD | TOTAL | DF | CHI SQUARE |
|---|---|---|---|---|---|---|---|
| **Age (in year)** | 20-25 | 11 | 20 | 2 | 33 | 8 | 4.10 P=15.51 |
| | 26-30 | 9 | 11 | 0 | 20 | | |
| | 31-35 | 6 | 8 | 0 | 14 | | |
| | 36-40 | 8 | 9 | 1 | 18 | | |
| | 41-45 | 5 | 10 | 0 | 15 | | |
| **Education** | Primary | 8 | 6 | 0 | 14 | 6 | 15.47 P= 12.59 |
| | Secondary | 14 | 13 | 0 | 27 | | |
| | S. secondary | 9 | 11 | 0 | 20 | | |
| | Graduate and above | 8 | 28 | 3 | 39 | | |
| **Income in rupees (per month)** | 5000 and less | 9 | 10 | 0 | 19 | 6 | 11.89 P=12.59 |
| | 5001-10,000 | 15 | 12 | 0 | 27 | | |
| | 10,001-50,000 | 11 | 26 | 1 | 38 | | |
| | 50,001 and more | 4 | 10 | 2 | 16 | | |
| **Place of residence** | Urban | 25 | 19 | 1 | 45 | 2 | 9.4 P= 5.99 |
| | Rural | 14 | 39 | 2 | 55 | | |
| **Occupation** | Private | 6 | 6 | 0 | 12 | 6 | 14.22 P= 12.59 |
| | Govt. job | 4 | 18 | 3 | 25 | | |
| | Housewife | 21 | 26 | 0 | 47 | | |
| | Self employed | 6 | 10 | 0 | 16 | | |
| **Marital status** | Married | 27 | 35 | 1 | 63 | 6 | 6.01 P= 12.59 |
| | Unmarried | 5 | 15 | 2 | 22 | | |
| | Divorced | 4 | 5 | 0 | 9 | | |
| | Widow | 3 | 3 | 0 | 6 | | |
| **Parity** | Given birth to one child | 12 | 12 | 1 | 25 | 4 | 10.87 P= 9.49 |
| | Given birth to two or more children | 18 | 23 | 0 | 41 | | |
| | Never given birth | 9 | 23 | 2 | 34 | | |
| **Source of information** | Family members | 11 | 6 | 0 | 17 | 6 | 8.63 P= 12.59 |
| | Friends | 4 | 3 | 0 | 7 | | |
| | Health personnel | 17 | 29 | 2 | 48 | | |
| | Social media | 7 | 20 | 1 | 28 | | |

In relation of age calculated value (4.10) is less than tabulated value (15.51) ,Hence we accept the null hypothesis and there is No statistical significant difference between age and level of knowledge regarding endometriosis.

In relation of education calculated value (15.47) is more than tabulated value (12.59), hence we reject the null hypothesis and there is statistical significant difference between education and level of knowledge regarding endometriosis.

In relation of income calculated value (11.89) is less than tabulated value (12.59), hence we accept the null hypothesis and there is No statistical significant difference between income and level of knowledge regarding endometriosis.

In relation of residence calculated value (9.4) is more than tabulated value (5.99), hence we reject the null hypothesis and there is statistical significant difference between residence and level of knowledge regarding endometriosis.

In relation of occupation calculated value (14.22) is more than tabulated value (12.59), hence we reject the null hypothesis and there is statistical significant difference between occupation and level of knowledge regarding endometriosis.

In relation of marital status calculated value (6.01) is less than tabulated value (12.59), hence we accept the null hypothesis and there is No statistical significant difference between marital status and level of knowledge regarding endometriosis.

In relation of parity calculated value (10.87) is more than tabulated value (9.49), hence we accept the hypothesis and there is statistical significant difference between parity and level of knowledge regarding endometriosis.

In relation of source of information calculated value (8.63) is less than tabulated value (12.59) hence we accept the null hypothesis and here is No statistical significant difference between source of information and level of knowledge regarding endometriosis.

## DISCUSSION

**The first objective to assess the knowledge regarding endometriosis among women in Civil Hospital, Tarn Taran.**

The present study revealed that out of 100 women, 58% have average knowledge, 39% have poor knowledge and only 3% have good knowledge regarding endometriosis.

It was supported by study conducted by Xingyu Sun, Lijuan He, et al. (2024) revealed that out of 724 women, 69% of participants were aware of endometriosis but knowledge regarding the specific symptoms such as heavy menstrual bleeding (40.1%) and painful bowel movements (34.5%) was limited[9].

**The second objective was to find out the association of knowledge with selected socio-demographic variables.**

The study revealed that there was an association of knowledge regarding the endometriosis with education of reproductive age women that is 15.47.

It was supported by study conducted by Xingyu Sun, Lijuan He, et al showed that there was an association of knowledge regarding the endometriosis with education of reproductive age women[9].

## SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

The study was undertaken to assess the knowledge regarding endometriosis among women in Civil Hospital, Tarn Taran, Punjab with view to develop information booklet. 100 samples of women of were selected by purposive sampling technique. A self structured questionnaire for knowledge was constructed for study. Content validity of tool was established by obtaining experts opinion. The data were collected after obtaining the formal permission by administering questionnaire final data was collected and analyzed.

## IMPLICATIONS

The findings of the study have several implications which are discussed under certain area for nursing profession i.e. nursing education, nursing practice, nursing administration and nursing researcher.

## NURSING EDUCATION

1. The community health nursing and medical surgical nursing for all level of nursing should give emphasis on giving the education regarding endometriosis among women.
2. Continuing education and instructional programme regarding endometriosis.

## NURSING PRACTICE

1. Nurses can play a key role in education about endometriosis.
2. Educate patients about hormonal treatment such as birth control pills.

## NURSING ADMINISTRATION

The nurse administrator should arrange knowledge and awareness campaign on endometriosis to community people and should also assess the effectiveness of such programme thereafter.

## NURSING RESEARCHER

Finding of the study will act as catalyst to carry out more extensive research on a large population in different area of community.

## RECOMMENDATION

1. The study can be conducted on large sample to generalizing findings.
2. The study can be conducted as longitudinal study.
3. The comparative study can be conducted to areas the knowledge of urban women and rural women regarding endometriosis.

## CONCLUSION

On the basis of major finding following conclusion has been drawn: knowledge regarding endometriosis among women showed that majority of women (58%) had average knowledge score, followed by (39%) of them had poor knowledge score and (3%) had good knowledge score.

## LIMITATIONS

1. The study is limited to area of Tarn Taran.
2. The study is limited to women of reproductive age group between 20 to 45 years.

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