RESULTS

The results of the study are presented in the following sequence of tables & figures.

Part I: Demographic characteristics of the studied sample and their history (Table1, 2, 3, 4 & Figure 1, 2, 3 ,4).

Part II: Knowledge of the studied sample regarding to uterine fibroids (Table 5 & Figure 5).

Part III: Quality of life of the studied sample regarding to uterine fibroids (Tables 6,7 ,8 ,9 ,10,11 ,12& Figures 6).

Part IV: Relations between studied sample total knowledge and total quality of life about uterine fibroids and their socio-demographic characteristics and their complaints, (Table13 ,14 ,15 ,16)

Part I : **Socio demographic characteristics of the studied sample and their history .**
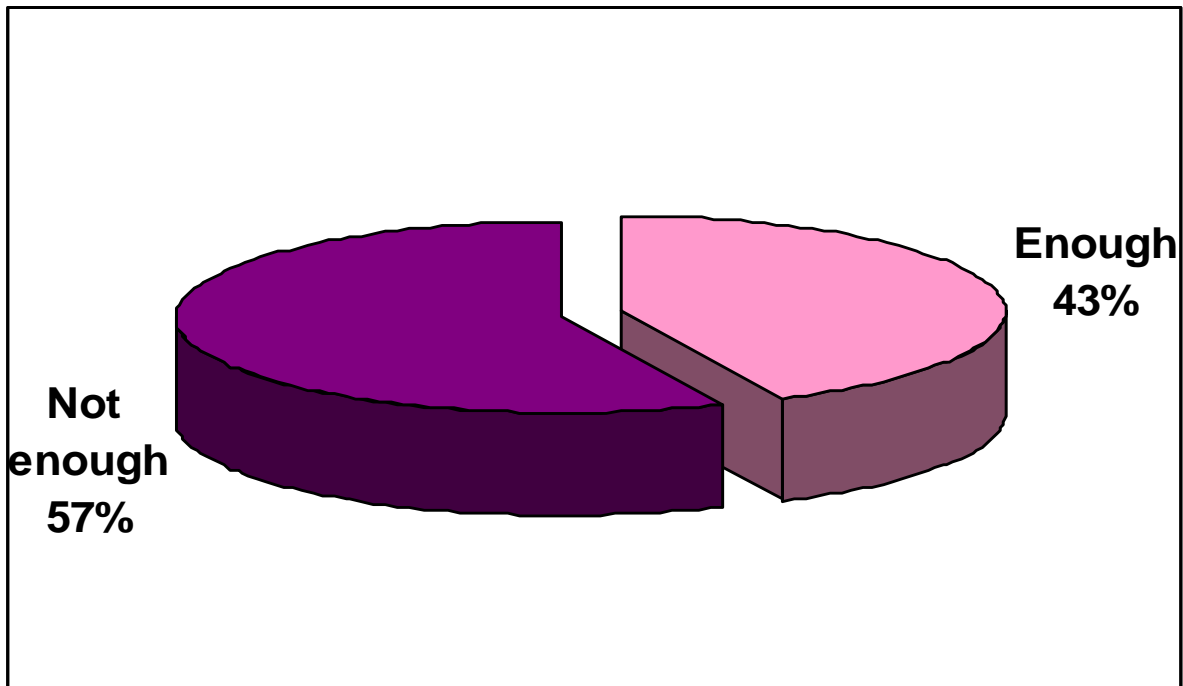
Table (1): Distribution of studied sample according to socio-demographic characteristics (**N=100**)

| Characteristics	No (100)	%
Age		
<20 year	6	6.0
20- 30 year	27	27.0
31- 40year	52	52.0
≥41year	15	15.0
Marital status		
Married	84	84.0
Not married	16	16.0
Child number		
1-3 children	16	16.0
4 -5 children	44	44.0
>5 children	20	20.0
Non	20	20.0
Level of education		
Low education	65	65.0
Middle education	23	23.0
High education	12	12.0
Income		
Enough	43	43.0
Not enough	57	57.0
Occupation		
Working	62	62.0
Not working	38	38.0
Residence		
Rural	66	66.0
Urban	34	34.0

Table (1) shows that more than half of studied sample (52%) were in age group 31-40 years. Most of the studied sample (84%) were married. While less than half of studied sample (44%) had children 4-5 children and less than two thirds (65%) of studied sample had low education and more than half of studied sample have not enough income (57%). (62%) of studied sample had working while (66%) of studied sample living in rural area.
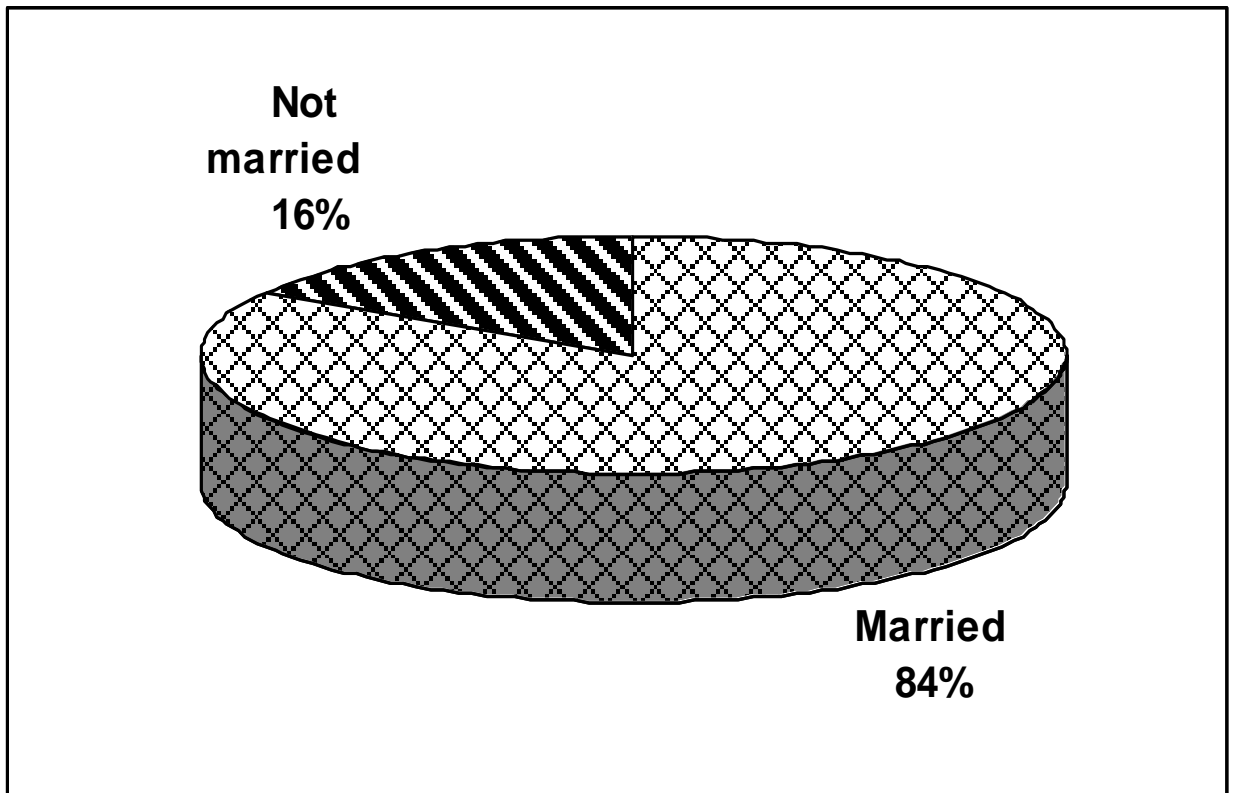
Figure (1): Distribution of the studied sample according to their marital status

Figure (2): Distribution of the studied sample according to their income
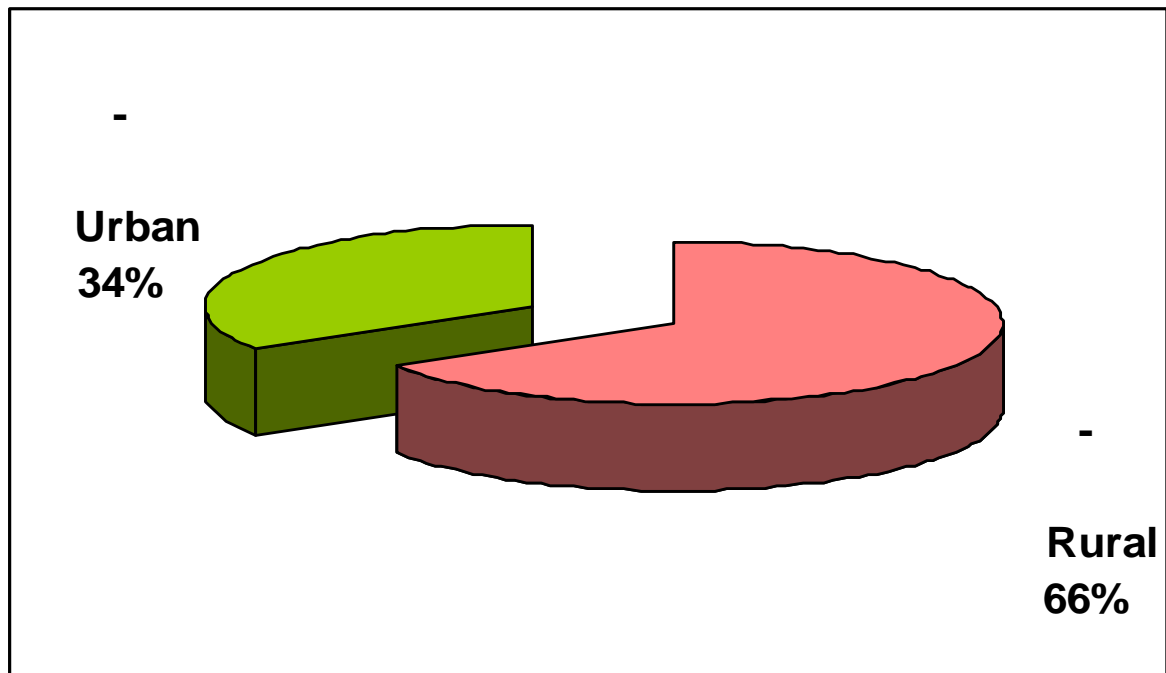
Figure (3): Distribution of the studied sample according to their residence.

Table (2): Distribution of studied sample according to their menstrual history (N=100)
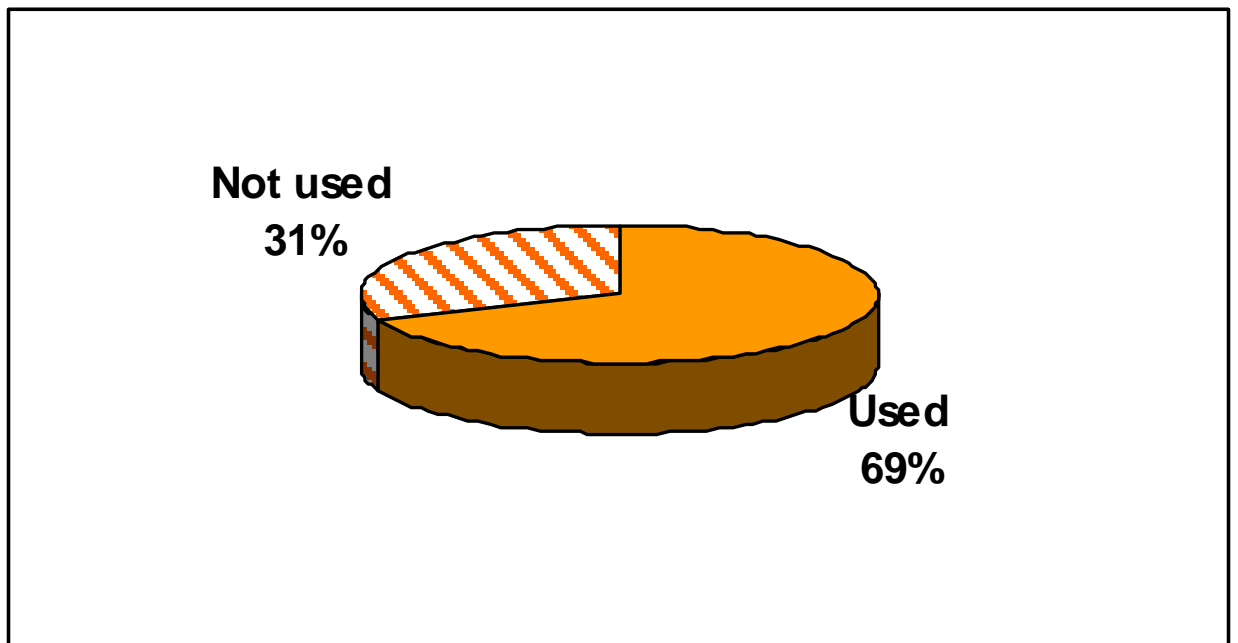
Items	N 100	%
1-Age of menarche		
9-12 years	32	32.0
13-15 years	38	38.0
≥ 16 years	9	9.0
Don't know	21	21.0
2-Duration of menstruation		
3 days and less	2	2.0
4 -7 days	25	25.0
≥ 7 days	73	73.0
3- Regularity of Menstrual cycle		
Irregular	96	96.0
Regular	4	4.0
4- Menstrual cramps		
Yes	91	91.0
No	9	9.0

Table (2) shows that (38%) of studied sample had first menstruation at age 13-15years. Most of studied sample (96%) had menstrual disturbance, while (91%) had menstrual cramps and (73%) duration of menstruation was 7 days and above.

Table (3): Distribution of studied sample according to their contraceptive history (No=100)

Contraceptive methods	No	%
1- Using contraceptive methods		
- Used	69	69.0
- Non used	31	31.0
2- Types of contraceptive Methods used **(N= 69)**		
1 - Hormonal methods	20	20.0
- Injection	7	7.0
- Pills	13	13.0
- Norplant	-	-
2- IUD	35	35.0
3- Topical methods	7	7.0
4- Traditional methods	4	4.0
5 -Surgical methods	3	3.0

Table (3) illustrated that (69%) of studied sample were using contraceptive methods, (20%) of them using hormonal methods (7%injection – 13% pills), (35%)of them using IUD, (7%)use topical methods, (4%)use traditional methods and (3%) use surgical methods.

Figure (4): Distribution of the studied sample regarding the use of contraceptive methods

Table (4): Distribution of studied sample about their gynecological history and patient complaints (N =100)

Items	Yes		No	
	N	%	N	%
Gynecological history				
1- Previous complains of uterine fibroids	35	35.0	65	65.0
2-Previous family history of uterine fibroids	42	42.0	58	58.0
3- Previous history of myomectomy	24	24.0	76	76.0
Patient complaints				
1-Vaginal bleeding	84	84.0	16	16.0
2-Presence of intermenstrual bleeding	75	75.0	25	25.0
3- Abdominal enlargement	85	85.0	15	15.0
4-Low pelvic pain	93	93.0	7	7.0
5- dyspareunia	63	63.0	37	37.0
6- Constipation	51	51.0	49	49.0
7-Difficult in micturition	66	66.0	34	34.0
8- Back pain	51	51.0	49	49.0

Table (4) shows that (65%) of studied sample don't had previous complains of uterine fibroids, (58%) of studied sample had no previous family history of uterine fibroids, and (76%) of them had no previous history of myomectomy. While patient complaints (84%) of studied sample had vaginal bleeding, abdominal enlargement and inter mensterual bleeding (75%) while majority of studied sample (93%) had low pelvic pain, (63%) had dyspareunia, (66%) of them had difficult in micturition, while half of studied sample(51%) had constipation and back pain.

Part II: Knowledge of the studied sample regarding uterine fibroids.

Table (5): Distribution of the studied sample according to their knowledge about uterine fibroids   (N = 100).

Items	Good		Average		Poor	
	N	%	N	%	N	%
1-Definiion of uterine fibroids	94	94.0	-	-	6	6.0
2-Causes of uterine fibroids	13	13.0	31	31.0	56	56.0
3- Signs and symptoms of uterine fibroids	30	30.0	15	15.0	55	55.0
4- Complications of uterine fibroids	14	14.0	31	31.0	55	55.0

Table (5) shows that (94%) of studied sample reported good knowledge about definition of uterine fibroids. More than half of studied sample (56%) had poor knowledge about causes, while more than half of studied sample (55%) had poor knowledge about signs and symptoms of uterine fibroids , and (55%) of them had poor knowledge about complications of uterine fibroids.
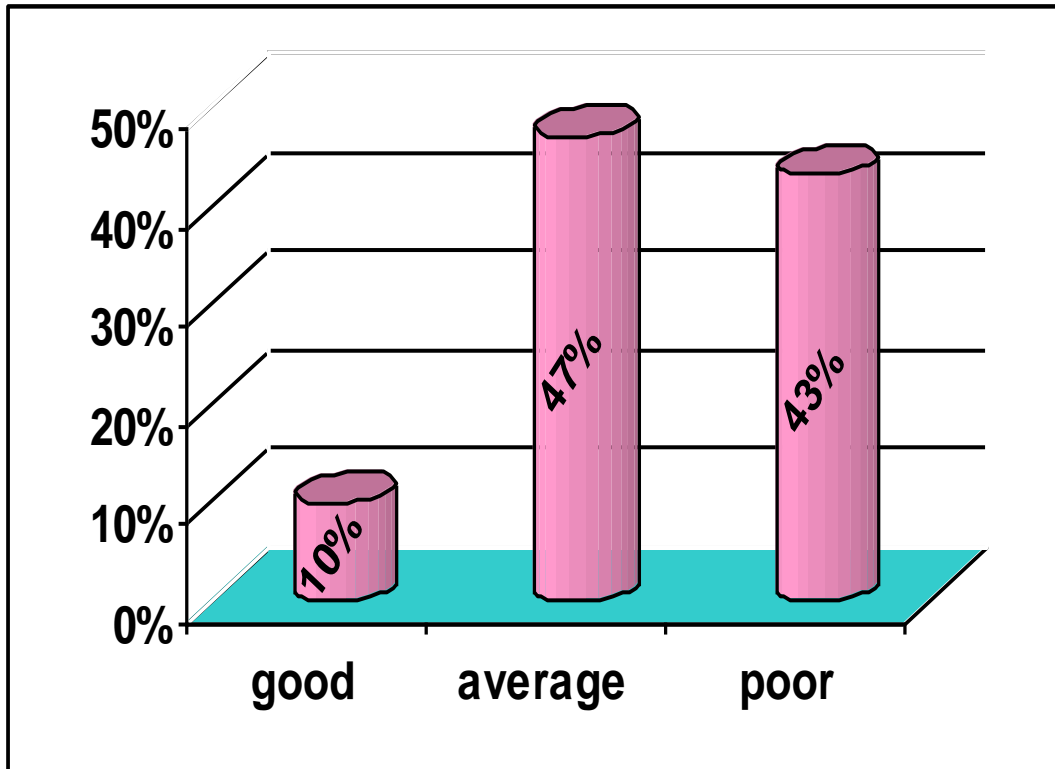
Figure (5): Distribution of the studied sample regarding to their total knowledge about uterine fibroids

Part III: Quality of life of the studied sample regarding to uterine fibroids.

Table (6): Distribution of studied sample about their daily living activities (N=100)

Daily living activities	Good		Poor	
	N	**%**	**N**	**%**
1- Personal hygiene	22	22.0	78	78.0
2-Diet	30	30.0	70	70.0
3-Medication	35	35.0	65	65.0
4- Follow up	23	23.0	77	77.0

Table (7) shows that more than two thirds of studied sample (78%) reported poor level of personal hygiene, two thirds of them (70%) don't receive healthy diet, while less than two thirds of studied sample (65%) had poor level about regularity in taking medication, and (77%) of studied sample had poor level about regularity in follow up of health status.

Table (7): Distribution of studied sample according the causes of no follow up

Items	No (77)	%
Causes of no follow up		
- Laziness	6	7,8.0
- Need assistance	11	14,3.0
- Difficult in transportations	17	22,1.0
- Cost	43	55,8.0

Table (7) illustrates that the main causes of no follow up of medical care according to the women answer were need of assistance (14,3%), difficulty of transportation(22,1%), and (55,8%) of studied have difficulties due to increase cost of follow up.

Table (8): Distribution of studied sample according to difficulties facing women with uterine fibroids.

Items	No (100)	%
Difficulties facing women with uterine fibroids		
- Health problems associated with disease.	53	53.0
-Cost of medications.	38	38.0
- depression	9	9.0

Table (8) shows that (53%) of studied sample had difficulties due to health problems associated with disease. While (38%) of studied sample had difficults due to expensive medications, and (9%) due to depression.

Table (9): Distribution of studied sample according to their physical dimension of quality of life (N=100)

Physical dimension	Always		Some times		Never	
	N	%	N	%	N	%
1-Unable to meet family needs	19	19.0	62	62.0	19	19.0
2-Weakness and poor physical health	28	28.0	67	67.0	5	5.0
3- Chang in sexual function.	38	38.0	42	42.0	20	20.0
4-Disease and treatment interfere with your job	75	75.0	15	15.0	10	10.0
5-Treatment and follow up improve quality of life	31	31.0	55	55.0	14	14.0

Table (9) shows that (62%) of studied sample are sometimes unable to meet family needs, (67%) of studied sample are sometimes felt weakness and had poor physical health, (46%) of the studied sample had change in sexual function and also disease and treatment are interfere with job and ability to work (75%) while (55%) of studied sample shows that treatment and follow up improve quality of life.

Table (10): Distribution of studied sample in relation to their Psychological dimension of quality of life (N=100)

Psychological dimension	Always		Some times		Never	
	No	%	No	%	No	%
1-Distress from initial diagnosis of uterine fibroids	85	85.0	15	15.0	-	-
2-Feeling of good life	37	37.0	59	59.0	4	4.0
3-Difficult to adjustment with disease	58	58.0	36	36.0	6	6.0
4-Feeling of fear and anxiety due to disease	73	73.0	27	27.0	-	-
5-Feeling of depression due to disease	45	45.0	52	52.0	3	3.0
6-Feeling of satisfaction toward disease	19	19.0	51	51.0	30	30.0

Table (10) shows that the most of the studied sample had distress from initial diagnosis of uterine fibroids (85%), (59%) of studied sample some times feeling of good life. More than half of studied (58%) had difficulty to adjustment with disease , while (73%)of studied sample (73%) always had feeling of fear and anxiety. More than half of studied sample (52%) sometimes had feeling of depression due to disease and half of studied sample (51%) some times feel of satisfaction toward disease.

Table (11): Distribution of studied sample in relation to their social dimension of quality of life (N =100)

| Social dimension	Always		Same times		Never	
	No	%	No	%	No	%
1-Disease affect on interpersonal relationships.	2	2.0	37	37.0	61	61.0
2-Getting sufficient support from your family	13	13.0	53	53.0	34	34.0
3-Feeling of sufficient support from here husband.	52	52.0	32	32.0	-	-
4-Disaese and treatment interfere with daily living activities.	52	52.0	30	30.0	18	18.0

Table (11) shows that (37%) of studied sample reported that disease can affect on interpersonal relationships, more than half of studied sample (53%) getting sufficient support from his family, While (52%) of studied sample always had sufficient support from husband and that disease and treatment interfere with daily living activities.

Table (12): Distribution of studied sample according to total quality of life score (N=100)

Items	Good		Average		Poor	
	N	%	No	%	No	%
- Physical dimension of quality of life	5	5.0	35	35.0	60	60.0
- Psychological dimension of quality of life	-	-	5	5.0	95	95.0
-Social dimension of quality of life.	16	16.0	48	48.0	36	36.0
-Total quality of life score.	2	2.0	15	15.0	83	83.0

Table (12) Shows that, (60%) of studied sample had poor level of physical dimension of quality of life and also (95%) of studied sample had poor level of psychological dimension of quality of life .While(48%)of studied sample had average level about social dimension of quality of life and (83%)of studied sample had poor level about total quality of life score .
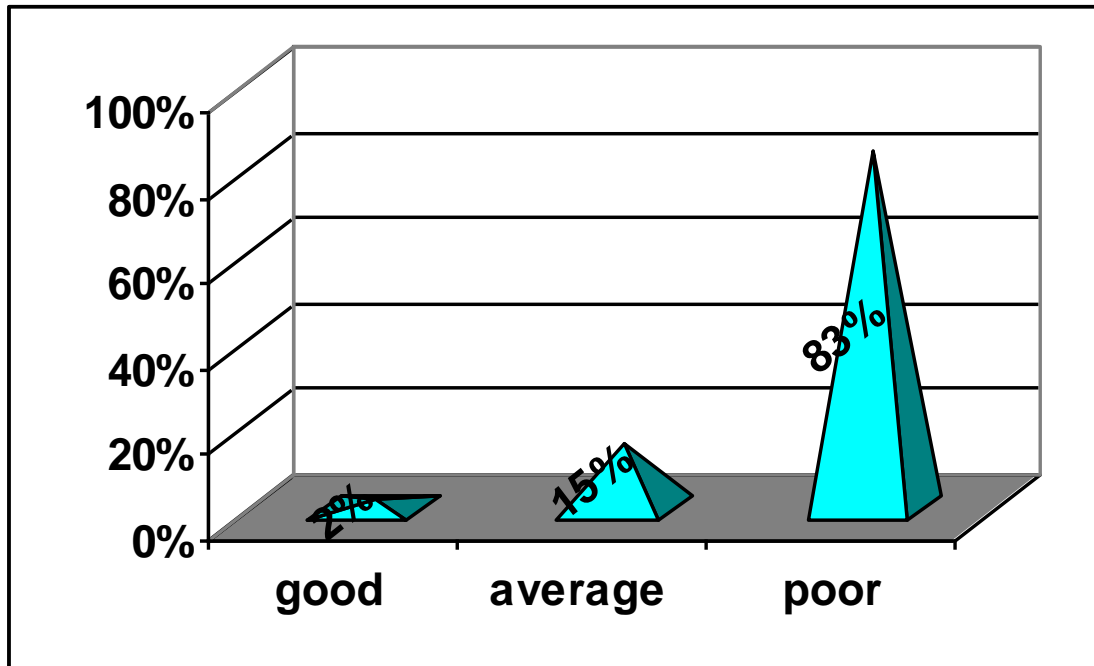
Figure (6): Distribution of studied sample according to total quality of life score

Part IV: Relationships between studied sample total knowledge and total quality of life about uterine fibroid and their socio-demographic characteristics and their complaints

Table (13): Relation between studied sample total knowledge about uterine fibroids and their socio-demographic characteristics N= (100).

Socio-Demographic Factors	Total Knowledge Score						Total	X^2	P
	Good (10)		Average (47)		Poor (43)				
	No	*%*	*No*	*%*	*No*	*%*			
-Age									
<20year	-	-	5	5.0	1	1.0	6		
20-30 year	5	5.0	14	14.0	20	20.0	39	5.998	<0. 05
31-40year	3	3.0	21	21.0	16	16.0	40		
≥41year	2	2.0	7	7.0	6	6.0	15		
-Marital status									
Married	9	9.0	42	42.0	33	33.0	84	2.958	<0. 05
Non married	1	1.0	5	5.0	10	10.0	16		
-Child number									
1-3childreen	1	1.0	5	5.0	10	10.0	16	11.374	>0. 05
4-5childreen	1	1.0	5	5.0	38	38.0	44		
>5childreen	-	-	7	7.0	13	13.0	20		
Non	-	-	2	2.0	18	18.0	20		
-Educational level									
Low education	-	-	50	50.0	15	15.0	65		
Moderate education	1	1.0	5	5.0	17	17.0	23	7.872	>0. 05
High education-	1	1	-	-	11	11.0	12		
-Income									<0. 05
Enough	6	6.0	22	22.0	15	15.0	43	2.613	
Not enough	4	4.0	25	25.0	28	28.0	57		
-Residence									<0. 05
Urbane	2	2.0	9	9.0	55	55.0	66	1.274	
Rural	-	-	6	6.0	28	28.0	34		
Occupation									>0. 05
Working	28	28.0	28	28.0	6	6.0	62	0.312	
Not working	4	4	19	19.0	15	15.0	38		

- **A statistical significant difference (P ≤ 0.05)**

Table (13) Shows that, there was statistical significant relationships (P<0.05) between total knowledge and socio-demographic characteristics such as age, marital status, income, and residence. While there was no statistical significant relationships (P >0.05) between total knowledge and child number, educational level and occupation.

Table (14): Relation between studied Sample total quality of life score and their patient complaints (N=100).

Patient complaints	Total quality of life score						Total	X²	P
	Good		Average		Poor				
	No	*%*	*No*	*%*	*No*	*%*			
1-Vaginal bleeding	1	1.0	13	13.0	70	70.0	84	1.807	<0. 05
2-Presence of intra menstrual bleeding	2	2.0	12	12.0	61	61.0	75	0.967	>0. 05
3-Abdominal enlargement	1	1.0	14	14.0	70	70.0	85	2.767	<0.05
4- Low pelvic pain	1	1.0	14	14.0	78	78.0	93	5.804	<0.05
5- Dyspareunia	-	-	12	12.0	51	51.0	63	5.351	>0.05
6-Constipation	1	1.0	7	7.0	43	43.0	51	0.135	>0.05
7- Difficult in micturition	1	1.0	10	10.0	55	55.0	66	0.234	>0.05
8- Back pain	1	1.0	10	10.0	40	40.0	51	1.736	< 0.05

- **A statistical significant difference (P ≤ 0.05)**

Table (14) Shows that, there was statistical significant relationships (P < 0.05) between total quality of life and patient complaints of vaginal bleeding, abdominal enlargement, low pelvic pain and back pain. While there was no statistical significant relationships (P>0.05) between total quality of life score and patient complaints of presence of intermenstrual bleeding, dyspareunia , constipation and difficult in micturition.

Table (15): Relation between studied sample total quality of life score and their socio – demographic factors **(N=100).**

Socio-Demographic Factors	Total quality of life score						Total	X^2	P
	Good (2)		Average (15)		Poor (83)				
	N	%	N	%	N	%			
-Age								3.004	>0. 05
<20years	-	-	2	2.0	4	4.0	6		
20-30 year	1	1.0	4	4.0	34	34.0	39		
31-40year	1	1.0	6	6.0	33	33.0	40		
≥ 41year	-	-	3	3.0	12	12.0	15		
-Marital status								4.200	<0. 05
Married	2	2.0	10	10.0	72	72.0	84		
Non married	-	-	5	5.0	11	11.0	16		
-Child Number								9.797	<0. 05
1-3childreen	1	1.0	5	5.0	10	10.0	16		
4-5childreen	1	1.0	5	5.0	38	38.0	44		
>5children	-	-	3	3.0	17	17.0	20		
Non	-	-	2	2.0	18	18.0	20		
Educational level								7.505	>0. 05
Low education	-	-	10	10.0	55	55.0	65		
Moderate education	1	1.0	5	5.0	17	17.0	23		
High education	1	1	-	-	11	11.0	12		
Income								0.696	<0. 05
Enough	1	1.0	5	5.0	37	37.0	43		
Not enough	1	1.0	10	10.0	46	46.0	57		
-Residence								1.274	>0. 05
Urbane	2	2.0	9	9.0	55	55.0	66		
Rural	-	-	6	6·.	28	28.0	34		
Occupation								1.473	>0. 05
Working	2	2.0	10	10.0	0.50	50.0	62		
Not working	-	-	5	5.0	33	33.0	38		

- **A statistical significant difference (P ≤ 0.05)**

Table (15) Shows that, there was statistical significant relationships (P<0.05) between total quality life score and socio-demographic characteristics such as marital status, child number and income. While there was no statistical significant relationships (P >0. 05) between age, educational level, occupation and residence.

Table (16): Relation between studied sample total knowledge score about uterine fibroids and their quality of life score (N=100)

Total uterine fibroids knowledge	Total quality of life score						Total	X^2	P
	Poor		Average		Good				
	No	*%*	*No*	*%*	*No*	*%*			
Poor	34	34.0	8	8.0	34	34.0	43	3.931	< 0. 05
Average	42	42.0	4	4.0	1	1.0	47		
Good	7	7.0	3	3.0	-	-	10		
Total	83	83.0	15	15.0	2	2.0	100		

- **A statistical significant difference (P ≤ 0.05)**

Table (16) Clarifies that, there was a statistical significant relation between total uterine fibroids knowledge score and total quality of life scores.