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## ASSESSMENT AND IMPROVEMENT OF KNOWLEDGE, PERCEPTION AND ATTITUDE AMONG WOMEN WITH ABNORMAL UTERINE BLEEDING

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### ABSTRACT

AUB refers to bleeding in a non-pregnant woman of reproductive age with excess amount, abnormal frequency and duration which require immediate intervention. Prospective observational study was done with a total of 88 cases. Knowledge of AUB and its risk factors from women with AUB were given scores 1-8 and 1-6 respectively. Knowledge score for AUB  $\leq 4$  and risk factors  $\leq 3$  before counselling was found in 71.5% and 78.4% of respondents respectively. After the counselling the percentages of respondents have reduced to 35.2% and 30.6% respectively. 69.3% women were willing for medical treatment. Dependency on husband was the main reason for the late presentation for review accounting for 17.04%. An awareness campaign about the etiology and modality of treatment of the condition by a trained personnel is recommended.

**Key words:** Knowledge, Attitude, Abnormal uterine bleeding.

### INTRODUCTION

AUB refers to bleeding in a non-pregnant woman of reproductive age with excess amount, abnormal frequency and duration which require immediate intervention [1]. Abnormal uterine bleeding (AUB) is one of the most common problems which adversely affects the quality of life and psychology of women [2]. The FIGO categorized AUB based on the acronym "PALM- COEIN", which stands for Polyp, Adenomyosis, Leiomyoma, Malignancy (and Hyperplasia) and comprises structural pathologies assessed visually, and the COEIN group stands for coagulopathy, ovulatory disorders, endometrial, iatrogenic, not otherwise classified and relates to non structural etiologies that cannot be assessed by imaging or histopathology [3]. AUB is reported to occur in 9% to 14% of women between menarche and menopause [4]. In India the prevalence of AUB is around 17.9% [5]. Obesity, PCOS, anorexia or crash diets, stress, extreme exercise, use of contraceptive devices are considered as preventable risk factors for AUB [6]. Hormonal therapies such as progestins, effectively decrease excessive menstrual bleeding. Non hormonal therapies such as NSAIDs decrease prostaglandin levels, thereby reducing menstrual bleeding. Tranexamic acid, an antifibrinolytic agent

prevents the activation of plasminogen [7]. The study was undertaken to assess and to improve the knowledge, perception, and attitude of women with AUB regarding the condition, its etiology, risk factors, treatment modalities and determine the factors responsible for the late presentation for review among these women.

### MATERIALS AND METHODS

A prospective observational study was conducted in the Gynaecology Department at Karuna Medical College Vilayodi, Chittur, Palakkad. The study was conducted from November 2017 to April 2018. Total of 101 patients met with the inclusion criteria out of which 88 patients came for follow up.

#### Inclusion criteria

Patients of reproductive, perimenopausal and post menopausal age, patients with excessive bleeding of prolonged duration, patients using contraceptive device in the preceding 3 months.

#### Exclusion criteria

Pregnant women, patients with cervical cause for vaginal bleeding, patients with local lesion on vagina and

vulva, patients with pelvic infection, genital prolapse and PID.

### Study procedure

Written informed consent was obtained from each patient. Data collection form was designed pertaining to patient's particulars, menstrual history, clinical examinations, investigations, diagnosis and surgical procedures. Structured interviewer administered questionnaire was used to collect the required information. Patient's knowledge, perception and attitude were analysed using questionnaire, patient was provided with patient information leaflet and also patient counselling was provided. Patient's follow up was taken where knowledge, perception and attitude were analysed along with the estimation of improvement.

## RESULTS AND DISCUSSION

The total number of patients came for follow up

were 88 for the duration of 6 months. Maximum number of abnormal uterine bleeding (AUB) patients belongs to the age group of 36-45 years and above 45 years. The majority of the respondents were multiparous, 27.2% were nulliparous. Most of the women had misconception that AUB is seen mostly in infertile females [8].

The study shows that most of the respondents (71.5%) had a low knowledge score ( $\leq 4$ ) of AUB. Knowledge score about risk factors of AUB was further low ( $\leq 3$ ) in 78.4% of patients with high level of misconception about its etiology and treatment modalities. Counselling was provided to the patients with patient information leaflet.

Improvement in patient's knowledge on AUB and its risk factors were assessed at the time of follow-up (Table 1 & 2). After counselling the number of patients with poor knowledge in AUB were reduced to 34.9% and the number of patients with poor knowledge of risk factors were reduced to 39.1%.

**Table 1. Knowledge of AUB in patient before and after counselling**

	Before counselling		After Counselling	
	Number of patients (n=88)	Percentage	Number of patients (n=63)	Percentage
Poor knowledge	63	71.5%	22	34.9%
Good knowledge	25	28.4%	41	65.0%

Similar observation was seen in the study conducted by Hooja N et al in which most of the respondents (63%) had low knowledge score ( $< 4$ ) of AUB.<sup>8</sup>

**Table 2. Knowledge of risk factors of AUB in patients before and after counselling**

	Before counselling		After counselling	
	Number of patients(n=88)	percentage	Number of patients(n=69)	Percentage
Poor knowledge	69	78.4%	27	39.1%
Good knowledge	19	21.5%	42	60.8%

Similar observation was seen in the study conducted by Hooja N et al in which knowledge score about risk factors of AUB was further low ( $< 3$ ) in 72% [8].

**Table 3. Attitude of patients towards treatment of AUB**

Attitude	Number of patients	n=88	Percentage
Willing for medical treatment	61		69.3%
Willing only for hysterectomy	27		30.6%
No drug is required for AUB	0		0%
Herbal drugs and lifestyle modifications	0		0%

30.6% of women believed that hysterectomy was the only treatment for AUB and 69.3% thought that medical treatment was helpful as shown in table 3. Hooja N et al study shows that 68% of women believed that hysterectomy was the only treatment of AUB and 27% thought that medical treatment was helpful [8].

**Table 4. Reasons for late presentation for Follow-up**

Reasons	Number of patients n=88	Percentage
Dependency on husband	15	17.04%
Distance of hospital from home	13	14.7%
Negligent attitude towards health	8	9.09%

Lack of time due to domestic reason	8	9.09%
Joint family or family problems	9	8.9%
No late presentation	33	37.5%
Monetary loss	1	1.1%
Occupational problems	1	1.1%

9.09% women presented late to the hospital only because they did not bother about the condition and were negligent towards their health. Dependency on husband was the main reason for the late presentation (17.04%) besides distance from the hospital and negligent towards own health as shown in table 4. Hooja N et al study shows that distance from the hospital was the main reason for late presentation (33.5%) [8].

## CONCLUSION

Present study suggests that AUB is a common problem which has an impact on women's daily activities. So, it is important to understand women's perceptions about abnormal bleeding and its effect on quality of life. Identifying the situations that are most bothersome to women with abnormal bleeding could help clinicians and researchers ask patients more meaningful questions and, therefore, improving both medical care and patient satisfaction [9]. Women with AUB presenting to the hospital were mostly unemployed females having primary schooling from middle and lower economic strata. This study shows that knowledge on AUB and its risk factors were poor. Reason for late presentation was mainly due to dependency on husband followed by distance from the

hospital. It is therefore recommended that awareness campaigns about the etiology and modality of treatment of the condition should be done [10]. In the study patients were provided with counselling using a patient information leaflet. Improvement in knowledge, perception and attitude were assessed later on follow-up.

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## CONFLICT OF INTEREST

No interest

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