

Original Paper

The Scourge of Uterine Fibroid among Females:
Psycho-sociological Explanations from Lagos and Ondo States
in South-west Nigeria

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Abstract

Uterine fibroid and ovarian cyst has become the prevailing scourges modern Nigerian women must contend with. Fibroid tumor is usually benign, comprising of muscle tissues that are non-cancerous. It can have different symptoms, depending on whether it is located in, on, or within the walls of the womb. Often times, this problem is threatened by inappropriate and even ignorant medical attention and/or medical diagnoses that miss the real health problems. In this sociological study of the body, the paper seeks to examine the causes of uterine fibroid among females in relation to high-stress, diet, quality of life, emotional, and environmental inter play within the cultural context of the study. The study by extension, relates the growth of fibroid to the pervasive poverty level in Nigeria. This study employs participant observation and in-depth interview methods involving 60 women between, the ages of 20-56years that were purposively selected. Based on the adage in medicine that “good girls have fibrous, bad girls have babies”, this paper submits that the poor elimination of congestion and nervous system imbalances, nutritional, emotional imbalances as a result of the impinging factors inherent in the socio-cultural environment and psycho-sociological related problems and poverty are responsible for the prevalence of cases of fibroid among Nigerian women. The paper then recommends a holistic approach, ranging from wholesome nutrition, family/spousal support, calisthenics, emotional “coolness” in most situations, and provision of proper medical facilities by the Government, as a necessary criterion to removing the “diseased body” (of women) from the politics of exclusion.

Keywords

psycho-sociological, explanations, uterine fibroid, benign tumor, wholesome nutrition

Introduction

Uterine fibroid, variously referred as “uterine fibromyoma”, “leiomyomata”, “myomas”, “leiomyofibromas”, “fibroleiomyomas” and “uterine myomas or fibromas” are benign tumours or abnormal growths in the womb that develop in or on a woman’s uterus and are the commonest pelvic tumours in women. Sometimes, these tumors become quite large and cause severe abdominal pains and heavy periods. In other cases, they give no signs or symptoms at all. Uterine fibroids are very commonly benign and non cancerous growths that develop in the muscular wall of the uterus. The cause of fibroids is unknown and they usually develop in women of reproductive ages. It is benign, monoclonal tumour of the smooth muscle cells of the myometrium. The incidence is about 30% to 70%, according to different diagnostic method.

Fibroids may occur in any of the three layers or coats of the uterus. As such, there could be intra-mural, sub-mucosal and serosal. They can occur in unusual locations such as the uterine cervix or within the layers of the broad ligament. Uterine fibroids represent the principal cause for hysterectomies and lead to specific symptoms, including heavy menstrual bleeding, pelvic pressure, infertility and pregnancy-loss.

It is said that treatment of women with uterine leiomyomas must be individualized, based on symptoms, size, and rate of growth of the uterus; and, the woman’s desire for fertility and the majority of uterine leiomyomas are asymptomatic and will not require therapy. Although the precise cause of leiomyoma is unknown, advances have been made in the understanding of the hormonal factors, genetic factors, growth factors, and molecular biology of these benign tumours.

The diagnosis of uterine leiomyoma is mainly clinical but ultrasonography is also useful. Often diagnosis of uterine leiomyoma is revealed incidentally at investigation for other illness. The management of uterine leiomyoma ranges from the expectant, conservative to definite surgery. Anate (2007) claimed that myomectomy is the treatment of choice for young women especially those of low parity who are still desirous of children or those who want to maintain their menstrual function. Although the presence of leiomyoma is almost never associated with death, leiomyoma may cause morbidity, affect quality of life, and increasing economic burden to family so these benign tumors are a significant health concern in women.

Uterine fibroid and ovarian cyst, its twin sister, have become the prevailing scourges modern Nigerian women must contend with. Fibroid tumors are usually benign, comprising of muscle tissues that are non-cancerous. It can have different symptoms, depending on whether it is located in, on, or within the walls of the womb. Fibroids grow from tiny uterine muscle-cells and may be initially diagnosed by an imaging procedure as small nodules, and can grow to larger sizes where they are palpated through the abdominal wall with variable sizes even beyond 7.5 cm. Fibroid can be considered as well-defined masses emanating from the smooth muscle layer of the uterus and also composed of extra-cellular

matrix and considered to be the most common tumour in the female pelvis. Uterine leiomyoma or fibroid, represents a major public health problem and the most common benign gynaecologic tumours affecting premenopausal women and they are often associated with considerable morbidity.

They may be asymptomatic or cause a range of severe and chronic symptoms. The most common presenting symptom is heavy menstrual bleeding, which can lead to anaemia, fatigue, and painful periods. Other fibroid-symptoms include non-cyclic pain, abdominal protuberance, painful intercourse or pelvic pressure, and bladder or bowel dysfunction resulting in urinary incontinence or retention, pain or constipation. Uterine fibroids may also be associated with reproductive problems, including impaired fertility, pregnancy-complications and loss, spontaneous miscarriages, and adverse obstetric outcomes. Uterine Fibroids are one of the leading causes of hospitalisations for gynaecological disorders and are the most frequent reason for hysterectomy and probably occurring in the majority of women by the time they reach menopause and becoming clinically significant in about one third of these women in the USA. The incidence of uterine fibroid depends on age and race. It is quite high in Nigerian women with over 80% of those above 25 years of age having fibroids of only the size of a seedling. Fibroids are more common in Negroes, 3-9 times more than in Caucasians. They are the most frequent indication for hysterectomy—i.e., abdominal and vaginal and accounting for approximately one third of all procedures performed annually in the United States. It is suggested that black women have a greater fibroid burden than whites. Uterine fibroids accounted for 13.6% of all gynaecological admissions in the hospitals. It was found predominantly during the third and fourth decades of life in nulliparas and women of the higher socio economic class in Nigeria Uterine fibroid is common among gynaecological admissions in Igbo women of South-eastern Nigeria. Infertility is a common presentation, necessitating abdominal myomectomy in majority of the cases. Despite their prevalence, little attention has been directed towards the psycho-sociological explanations of the scourge of uterine fibroid among females/women. In this sociological study of the body, the paper seeks to examine the causes of uterine fibroid in relation to high-stress, diet, quality of life, emotional, and environmental inter-play within the cultural context of the study. The paper also examines the impact of the pre-menstrual syndrome to the likely growth of fibroid. The study by extension, relates the growth of fibroid to the pervasive poverty in Nigeria.

The Different Types of Fibroids

The location of fibroids in the uterus is what determines the type of fibroids present (Eden, <https://responsumhealth.com/fibroids/types>). To understand the different types of uterine fibroids, it is defined by where, or on what layer, they have grown:

- (i) **Intra-mural fibroids:** Intra-mural fibroids appear in the muscular wall of the uterus and are the most common type of fibroid. Due to the location of intra-mural fibroids, they may grow larger and can stretch the womb.

- (ii) **Subserosal fibroids:** This type of fibroids grows outside uterus on the serous membrane or serosa, which is the outer lining of all organs and internal body-cavities. Subserosal fibroids may grow big enough that they can make a womb look bigger on one side.
- (iii) **Pedunculated fibroids:** This type of fibroids forms when a subserosal fibroid develops a stem. This stem turns into a slender base that can support a tumor. If this happens, this is where a pedunculated fibroid grows.
- (iv) **Sub-mucosal fibroids:** Sub-mucosal fibroids grow in the myometrium, or middle layer of muscle, in the uterus. This type of fibroids is not as common as the others.
- (v) **Inter-ligamentous Fibroid:** These are fibroids which grow sideways between the ligaments that support the uterus in the abdominal region. This type of fibroid is especially difficult to remove without the possibility of interfering with blood supply or other organs.
- (vi) **Parasitic Fibroids:** These are the rarest form of fibroid tumors, which occur when a fibroid attaches itself to another organ.

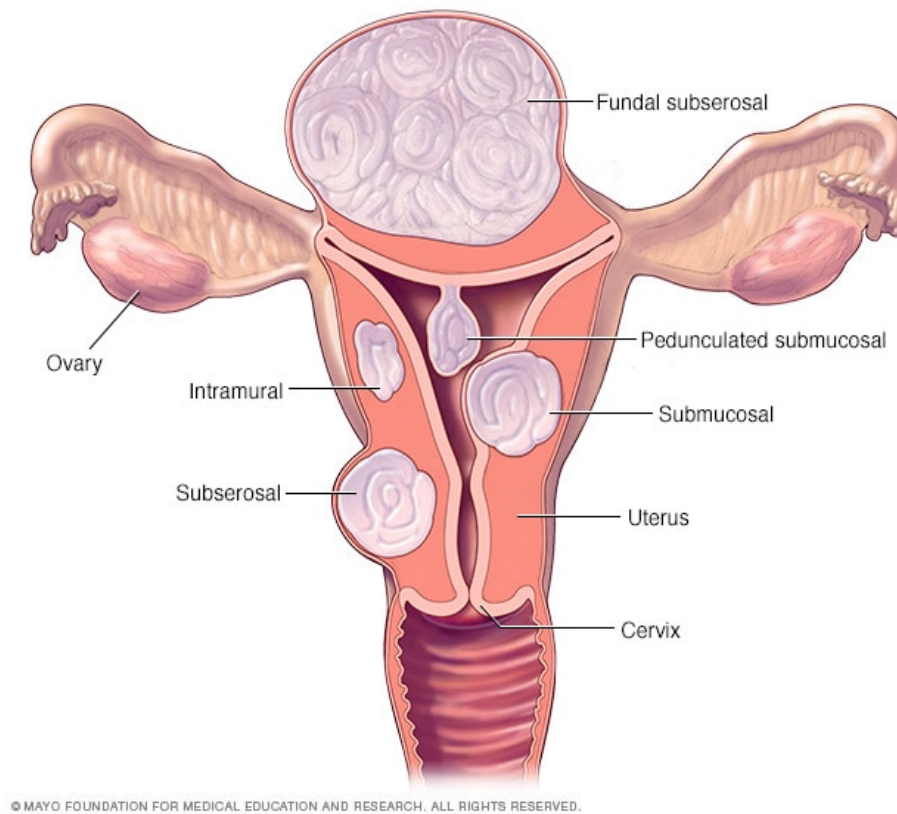


Figure 1. Fibroid, the brain and Psycho-Sociological Explanations

Adetutu, (1998) reported that Dr Edgar Cayce, an American psychic, one of the greatest healers of our time who did his diagnosis while under self-induced trances, said “the spinal column is largely responsible for many of the disease conditions of today”. He gave over 14,000 readings in this condition. About 8,976 of them were on medical subjects. They involve about 900,000 pages and 14 million words. According to Cayce, if one compares the skeleton, of which the spinal column is a part, to the chassis-cracks, the vehicle is disordered and impaired. The spinal column bears the vertebra that is each bone of the spine is a pathway through which nerves, like telephone lines, leave the spinal cord on their way to the various tissues or organs they are to affect. Where the spine is misaligned, impulses from these nerves, like messages from impaired telephone lines, do not reach their destinations, or are severely weakened where they do at all. He said one may imagine, for example, a newly-delivered mother who cannot lactate; a healthy young girl who cannot menstruate; another person whose period is irregular or someone whose thyroid gland is either over-active or under-active. According to Cayce, messages from the brain may not be reaching muscles or organs with the right kind of energy.

In respect of ovarian cysts-twin sister to fibroid-Cayce gave 12 readings to six women aged between 28 and 54 years. He found that “Disorders mentioned in 60 per cent of the readings were poor elimination, congestion, and nervous system imbalances. He concluded that, generally, poor elimination would develop into a toxin building up within the system and in the pelvic region, in particular. Under certain conditions, the bacteria would spread throughout the pelvic organs, infecting the ovaries and causing the cyst to develop. Neuralgia was a related factor in three cases and nervous in coordination in another”.

Enlargement of the Womb and Fibroid

Llewellyn-Jones (1989) explained that apart from pregnancy, sometimes, the womb is enlarged by muscle tumour, i.e., myomata or fibroid or because of the effects of anxiety. He explained further that, for unknown reasons, one or more of the muscles-fibres which make up the uterus start developing, and quite soon, a few small pea-sized tumours appear deep in the muscle wall of the uterus. At this stage no one can detect them; but, as the months or years pass, for they grow very slowly, the tumours become the size of a golf ball, a tennis-ball or even a grapefruit. By this time, the patient can feel a lump in the abdomen, or if the tumour has grown inwards and distorted the shape of the cavity of the uterus, she may have heavier or irregular menstrual periods. Usually, she goes to her doctor, who performs a pelvic examination and can tell from this if there is a single fibroid or if the womb is miss-hapen and enlarged by several fibroid-tumours. It is unusual for women who had children early in life to develop fibroids; and, the tumours are more likely to be found in spinsters or women who have children late in life, which has led to the saying that: “fibroids develop in a disappointed womb”. The popular belief is that: “a womb which does not harbour a foetus will carry something else”.

Furthermore, another cause of enlargement of the womb is anxiety. The ancient Greeks believed that a woman's emotions were made in her womb. The Greek word for womb is *hysteros* which is why women were said to be hysterical. Of course, the place in which the emotions occur is the brain, but if the emotions whether due to anxiety or frustration, or unhappiness operate for a sufficient time, they cause a smooth enlargement of the womb, and heavy periods.

Anxiety and Disease Conditions

Omoboriwo (1982) opined that it is very important for Man to avoid anxieties, worries, and mental tension, if s/he would live a peaceful, useful, and long life. In the same way that hate is anger in permanent form. It has been demonstrated forcefully that anxieties and worries constitute the most popular forms of slow suicide. This is because the person who gives in to worry gradually builds within him/her a sort of poison, soon s/he loses appetite, s/he cannot sleep because s/he engages his/her mind more with negative ideas, which sap his/her patience and peace. His/her breathing becomes disturbed, his/her digestion is affected, his/her body health is sapped and s/he is brought slowly but surely nearer to his/her grave. Worries and anxieties, therefore, give one mental poison and are, in fact the veritable causes of premature deaths in their thousands in developing countries. It should be noted that when person, for any cause, becomes angry, ill-tempered, or fearful, s/he sets in motion biological processes which are injurious to his/her own personal well-being. For the duration of the anger or fear, his/her supra-renal, hepatic, and pulmonary organs become over-active to his/her physical and mental detriment.

Health belief model

Health Belief Model (HBM) is another extensively researched model of health behavior (Hochbaum & Rosenstock, 1952). The HBM attempts to predict health-related behavior in terms of certain belief patterns. A person's motivation to undertake a health behavior can be divided into three categories: individual perceptions, modifying factors, and likelihood of action. Individual perceptions are factors that affect the perception of illness and with the importance of health to the individual, perceived susceptibility, and perceived severity. Modifying factors include demographic variables, perceived threat, and cues to action. The likelihood of action is the perceived benefits minus the perceived barriers of taking the recommended health action. The combination of these factors causes a response that often manifests into the likelihood of that behavior occurring (Janz & Becker, 1984; Rosenstock & Strecher, 1988 cited).

HBM proposes that the perception of a personal health behavior threat is influenced by at least three factors, general health-values, which include interest and concern about health; specific health beliefs about vulnerability to a particular health threat; and beliefs about the consequences of the health problem (Hochbaum & Rosenstock, 1952 cited). If a person perceives a threat to his/her health is consecutively cued to action and the perceived benefits outweigh perceived barriers, and then s/he is likely to undertake

the recommended preventive health-action. Since some of literature have shown that causes of uterine fibroid are related to high-stress, diet, quality of life, emotional, and environmental inter-play, poor elimination of congestion, nervous system imbalances, and poverty, it is now in the best interest of females/women to take the responsible action for prevention and thereby avoid the consequences of the prevalence of cases of fibroid among Nigerian women.

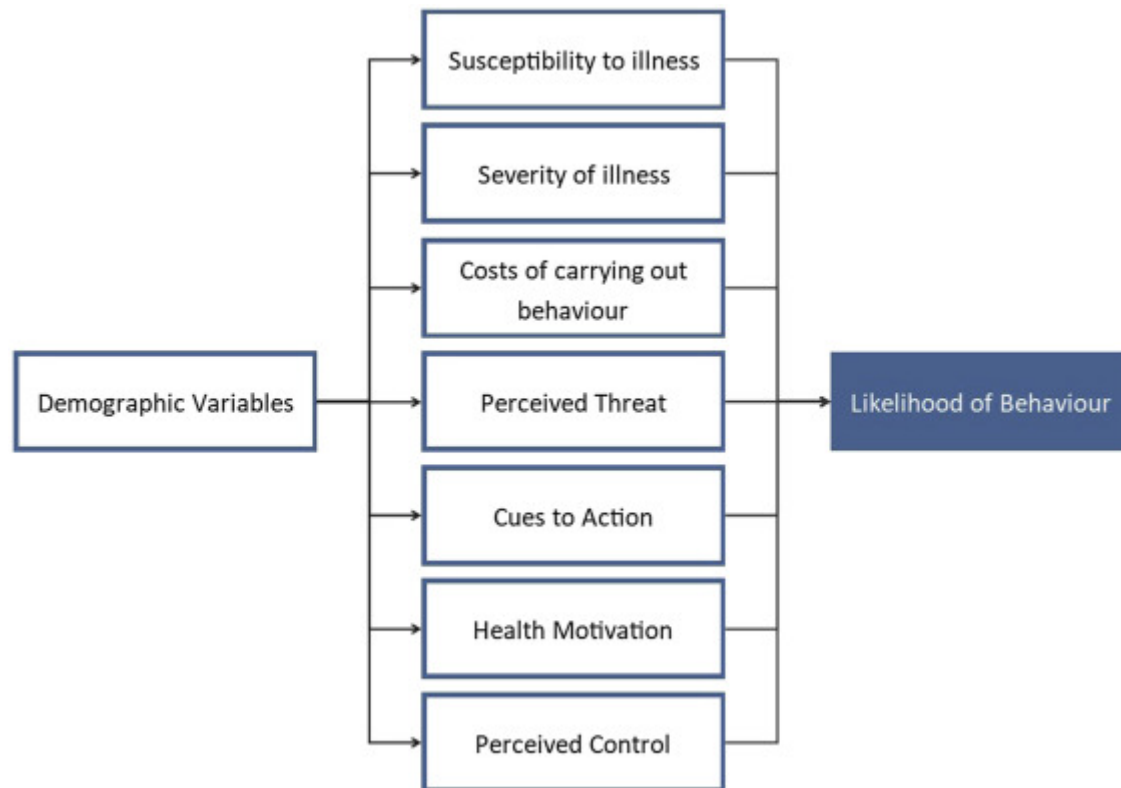


Figure 2. Description of the Study Area

Mckellar, and Sillence, 2020

Lagos, the largest city in Nigeria, is also the most populous city in Africa, with a population of 14.8 million as of 2015 within the city proper. The Lagos metropolitan area has a total population of roughly 23.5 million as of 2018, making it the most populous conurbation in Africa. Lagos is also among the top ten of the world's fastest-growing cities and urban areas. With Ikeja as the State's capital, the city of Lagos is loosely classified into two main geographical areas—the "Island" and "Mainland. Lagos has the tallest skyline in Nigeria. Lagos experiences a tropical savanna climate. The wet season starts in April and ends in October, while the dry season starts in November and ends in March. Lagos is famous throughout Africa for its music scene and is the centre of the Nigerian movie industry. Lagos has eight polytechnics and eight universities government and private owned. Lagos is a major African

financial centre and is the economic hub of Lagos State and Nigeria at large. Lagos is also among the top ten of the world's fastest-growing cities and urban areas. The megacity has the fourth-highest GDP in Africa and houses one of the largest and busiest seaports on the continent. Most commercial and financial business is carried out in the central business district situated on the island. This is also where most of the country's commercial banks, financial institutions and major corporations are headquartered. Lagos is also the major Information Communications and Telecommunications (ICT) hub of West Africa and potentially, the biggest ICT market in the continent. Ondo State is a State in south-western Nigeria. Created in February, 1976, from the former Western State, Ondo State borders Ekiti State previously part of the State to the North, Kogi State to the Northeast, Edo State to the East, Delta State to the South-west, Osun State to the North-west, and Atlantic Ocean to the South. The State's capital is Akure, the former capital of the ancient Akure Kingdom. The State includes mangrove-swamp forest near the Bights of Benin. The State contains eighteen Local Government Areas (LGAs), with the major ones being; Akoko, Akure, Okitipupa, Ondo, Ilaje, Idanre and Owo. The majority of the state's citizens live in urban centers. There are four government owned universities in Ondo State: the Federal University of Technology, Akure; Ondo State University of Science and Technology, Okitipupa; University of Medical Sciences, Ondo; and, Adekunle Ajasin University, Akungba Akoko. And other higher institutions like Wesley University of Techonology, Ondo, Rufus Giwa Polytechnic Owo, Achievers University, Owo, and Adeyemi College of Education, Ondo. Ondo State is nicknamed the "Sunshine State", Ondo State is the 18th largest state in the country. The state is predominantly Yoruba, and the Yoruba language is commonly spoken. The state economy is dominated by the petroleum industry, with cocoa production, asphalt mining, and activities utilizing the state's extensive coastline also serving as major economic factors. It is the home to Ikogosi warm and cold spring.

Methods of Data Collection

This study employs participant observation, where the senior researcher participated overtly as a "patient" in some gynecological centres at one point, informing some of the respondents/patients about the study and getting their consent to participate. In-depth Interviews (IDIs) were conducted on 60 women, between the ages of 20-56-years that were purposively selected for the study, not only from the gynecological centres, but were also drawn from the churches, among school-mates, and places of work. The justification for the participatory observation is that the subject-matter of the study is based on the senior researcher's personal experience, with that of friends, colleagues, church members, neighbours, close associates and people the senior researcher came across in the course of the research. The research was conducted for over a period of ten years. Data collected were transcribed, coded in content analysis form and reported verbatim.

Findings and Discussion

One of the interviewees narrated her ordeal and 'journey' with fibroid, thus: *"I was married at 24 years and gave birth to my 1st and 2nd children at the ages of 26 and 28 years respectively, though through caesarian operations. I felt good and was full of life after the birth of the two children. Until some few years into my marriage, when my husband started mis-behaving by staying days and weeks, even months, outside of the home. And I was struggling to see the children through school". [Along the line she said she lost her job, as tears began to roll down her face]. Furthermore, when I was 43 years, I noticed certain changes in my body, such as scanty menstrual flow that I thought was a menopausal sign, until I experienced more rigorous pains in my pelvic region. [She, then, paused, as she breathed heavily before continuing]. That was how I started my journey with fibroid and routine examinations with gynecologists. Because I had completed my child-bearing I had my hysterectomy. When probed further about her life style: "during my trying periods I used to take a lot of soft-drinks. In fact, I was craving for soft drinks so as to suppress stress and worries compounded by no job and I needed to pay the house-rent, children's school-fees and many other bills while the landlord was on my neck and the challenge of the children's school fees, there was no thought of eating well. But things are gradually getting better because of significant help from my siblings both home and abroad" (IDI, Mrs. "Ah" 55 years, former public servant, 2021).*

Another interviewee stated thus: *I am single and had two surgeries, at different times, to remove a malignant growth. Some years after the second surgery, I noticed the symptoms of fibroid again' such as my menstrual flow was heavier, with lower pelvic pains that became, unbearable especially during my menstrual flow. Also, I often had spots of a few days after my menses. Due to this problem, I resigned from my banking-job and started my own business". [About stress and anxiety] she said "not having a husband and children is enough worries, coupled with the agony of fibroid" (IDI, "Wu" 35 years old, Banker, 2021)*

Another interviewee narrated her experience: *I was just trying to maintain my family of five with proceeds from my petty trading, when I started noticed my menstrual period had become heavier than in some months back. I merely assumed that it could have been the blood tonic I was taking daily that caused it.*

However, gradually, I found that I was easily fatigued and, without taking much food I usually felt heavy and full. As a result, trading became difficult and I became very worried that something serious was wrong in my body. Consequently, I usually found it hard going out whenever my menstrual period was on because blood would just be gushing out as if a tap was opened. Initially, it really did not bother me; but, when the level of bleeding became unbearable, I had to seek medical help. I did not have fibroid from the onset, because I had her four children without difficulties. But with pain of losing my husband, the stress of taking care of everything including the children, with my petting-trading

could have contributed to the growth of fibroid” (IDI, Mrs “Nj” 45 years old, petty trader and a widow, 2021).

Another interviewee claimed: *“Though I am single, I realized I normally have much pain, especially on the first day of menstruation, to such extent that I would not be able to eat throughout the day. This later turned to serious problems of vomiting; rolling on the floor, and even sometimes, I had to be admitted at the school’s health centre. It was during an examination that it was discovered that I have fibroid. [When asked about her family-background, she further claimed]: I was staying with my daddy and step mother after the death of my mother. My father married and, ever since my life had never been the same again. Although I was happy for admission into the university, the only worry is the financial challenge”. [When asked about her sexual and social relationships, she also claimed]: my religion does not permit messing around but, I will get marry when God has chosen my partner and spoken to me about it”* (IDI “Mai” 24 a students, 2021).

Another interviewee said, *“I did not have much trouble growing up. But after my Master’s degree programme, I realized I was aging and I became anxious and agitated about marriage. I succeeded in getting married at 35 years and, later discovered that instead of pregnancy I was carrying fibroid”. [Asked about the likely cause, she said]: “I was too rigid when growing up. All I wanted was to be educated and get married thereafter. Despite my well-to do family-background my social life was nothing to write home about. Now, I does not even enjoy the fruitless married life”* (IDI, “Nik” 52 years, Entrepreneur, 2021).

Executive Summary of some interviewees’ responses, generally with a similar story-line, with varying ages 54, 52, 50, 48 years, etc., one a civil servant; another, a top Estate Manager and a business-woman. The three of them have quite a similar story to tell. When growing up they were too zealous and anxious about what the future holds, with the biggest fantasy of the kind of man to marry. One revealed that at 25 years she had already had a Master’s Degree. According to Mrs. “Ay” 54 years, civil servant, she worried over everything, finishing Secondary School at 17 years, and over worried already about not gaining admission into the university immediately. At last when she gained admission at 19, at that age she had started agitating about the kind of man to marry. She started menstruating at the age of 12, which marked the beginning of her perceived problem, because she could not remember what a normal menstrual period is, whenever she was to menstruate, she observed regularly experiencing premenstrual cramps; and, when the menstruation begins proper, she would not be able to eat for the whole day with severe pains and vomiting. The condition invariably affected her social life, compounded by her upbringing of having a boyfriend as a sin. It was not until she had gained admission into the university, to her greatest surprise; she was diagnosed with fibroid at the age of 23 years in her final year.

Mrs. “Dy” 52 years and Estate Manger added that, coupled with her own experience, she was always unlucky with her choice of boyfriends as none was ready to settle down. That discovery chattered her

dreams until she claimed she eventually settled down with the man that was available though not the one she loved. She also complained about her parents' financial difficulties to see her through school.

Mrs "Ak", 49 years, and business executive, was to add a new dimension to the narratives. When she was growing up, she stayed with her uncle, and the kind of food they were eating was not the best because she never had any choice, as she noticed that anytime she ate those kinds of food, before and during her menstruation, it increased her problems, feeling usually heavy and constipated.

The responses of the various interviewees are related to the points raised by Dr Edgar Cayce as reported in Adetutu (1998) who compares the skeleton, of which the spinal column is a part, to the chassis cracks, making the vehicle to be disordered, impaired, the spinal column bearing the vertebrae, with each bone of the spine, is a pathway through which nerves, like telephone lines, leave the spinal cord on their way to the various tissues or organs they are to affect. Where the spine is misaligned, impulses from the nerves, like messages from impaired telephone-lines, do not reach their destinations, or are severely weakened where they do at all and Omoboriowo, (1982) who claimed worries and anxieties give man mental poison; while Llewellyn-Jones, (1989) claims that fibroids tumours are more likely to be found in spinsters, or women who have children late in life, which has led to the saying that "fibroids develop in a disappointed womb". The experiences of interviewees' are not far-fetched as many of them have been through some kind of stress related anxiety, worries, frustrations or unhappiness at one point or the other.

Conclusion and Recommendations

This study concludes that although medical explanations claimed that the cause of fibroid is unknown, advances in both medicine and technology have been made towards the understanding of the hormonal factors, genetic factors, growth factors, and molecular biology of benign tumours. Based on the tested adage in medicine that "good girls have fibrous, bad girls have babies", this paper submits that the poor elimination of congestion and nervous system imbalances, nutritional, emotional imbalances as a result of the impinging factors inherent in the socio-cultural environment and psycho-sociological related problems and poverty are responsible for the prevalence of cases of fibroid among Nigerian women.

The paper then recommends a holistic approach, ranging from wholesome nutrition, family/spousal support, calisthenics emotional 'coolness' in most situations, and provision of proper medical facilities by the Government, as necessary criterion for a removing the 'diseased body (of women) from the politics of exclusion. Further research should also be conducted on the research problem to clear the grey-areas, as well as to generalize.

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