



Endometriosis and its Relationship to Marital Status

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Received: March 18, 2023

Accepted: April 12, 2023

Published: April 17, 2023

Abstract:

Endometriosis is a common chronic gynecological disease with an estimated prevalence of 5–10% among women of reproductive age. Amid to detect if the marital status has a relationship with endometriosis. Material and Methods: this was a descriptive cross-sectional study design that involved the use of quantitative methods. The study was conducted from different through personal interviews with butchers in the city of Derna and its suburbs, (Karssa, Martouba) and collecting questionnaires from them was completed from June 2021 to October 2021. Result: Suffer from endometriosis 1390 (75.5%), and suffer from endometriosis 61(3.3 %), and who didn't have any idea about endometriosis 389(21.1 %), the single who Suffer from Endometriosis 40(27.4 %), Marriage suffers from endometriosis 19(5.5 %), Divorced 2(11. 1 %), and Widow 0.0 (100.0 %), that means the single who suffer from endometriosis have high percent, and the widow has less percent. The relationship between marital situation and who suffer from endometriosis that the p-value $0.297 > 0.05$, this means there is no relationship between marital situation and who suffer from endometriosis, $X^2 (1.089)$, $(R) 0.024$. Conclusion: The research revealed that endometriosis is not related to marital status and can afflict single women as well.

Keywords: Endometriosis, Marital Status, Single, Marriage, Widow, Libya

Cite this article as: S. M. Eljamay, J. E. Elhassadi, N. R. Ben Haleim, F. M. Eljamay, "Endometriosis and its Relationship to Marital Status," *North African Journal of Scientific Publishing (NAJSP)*, vol. 1, no. 2, pp. 7–12, April-June 2023.

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Introduction

Endometriosis is a chronic inflammatory disease that has only recently been more thoroughly characterized but affects about 10% of women of childbearing age [1]. Endometriosis is defined as a benign and proliferative chronic disease characterized by endometrial glands and stroma outside the uterus, frequently in the peritoneal spaces [2]. Endometriosis is a chronic, recurrent disease defined as the presence and proliferation of endometrial glands and stroma outside the uterine cavity [3]. Poorer

quality of sleep-in women with endometriosis is associated with poorer quality of life, more depressive symptoms, and bladder pain. Research into interventions that improve sleep is warranted as part of the management of some women with endometriosis. [4].

Survival disparities associated with marital status were attributable to early diagnosis in breast, colorectal, and endometrial cancers as well as melanoma and to treatment-related variables in lung, pancreatic, and prostate cancers. The findings also suggest that marriage may play a greater protective role in the cancer-specific survival of men than of women. [5]. nearly one-third of reproductive-age women with endometriosis underwent a hysterectomy, among whom approximately 16% had not completed childbearing. [6]. Endometriosis has a negative impact on intimate relationships, which is associated with poorer psychological health. For the women with the disease, partner's support is important, and our findings suggest that effort should be made to involve both members of the couple in multidisciplinary treatments. [7]. Diagnosis could not be confirmed through histology data in 33.2% of participants. However, subgroup analyses based on women with confirmed histology only yielded similar results. Data related to the menstrual cycle stage and the use of hormonal and pain medication during questionnaire completion were not collected. [8]. Lifestyle exposures prior to incident endometriosis diagnosis largely found no association between alcohol, caffeine, smoking, and physical activity and risk of endometriosis. [9]. the risk for FSD associated with endometriosis depends on menopause status. Endometriosis increased the odds of FSD only in premenopausal women. [10]. Most of the characteristics of endometriosis patients were in the reproductive age group (15 – 49 years), menarche 12-14 years, endometriosis location in the ovary, indoor worker status, marital status, infertility, the main complaint of dysmenorrhea, stage IV disease, nulliparous, surgical treatment.[11]. DUE and pain are important variables related to psychological aspects of women with endometriosis. Treatment with both DNG and EE/DNG may have positive effects on the QoL, HRQoL and symptoms. Moreover, DNG seems to have a greater effect than EE/DNG on dyspareunia reduction over time. [12]. Sexual and relational difficulties, as well as illness representations, particularly regarding symptom severity, are warranted. [13]. the aspects of QOL most impacted by pelvic pain associated with endometriosis in the women evaluated were sexuality and professional life, leading to biopsychosocial trauma. [14]. Using a life-course approach, we examine how the known effects of endometriosis on life-domain satisfaction may impact health and well-being across the life course of affected individuals. [15]. Endometriosis associated with poor workability at age 46. Women with endometriosis have more disability days. However, their employment rate and risk of early retirement are comparable to those of women without endometriosis at a late fertile age. [16]. Women with endometriosis have a high risk for several chronic diseases compared with women without endometriosis, underlying the need for awareness and targeted resources for these women in the health care system.[17]. The high prevalence of sexual distress identified in this sample, along with the finding that body image disturbance was strongly associated with sexual distress, suggests that psychosocial interventions addressing body image may help ameliorate sexual distress in individuals with endometriosis.[18]. Women with endometriosis, worse SQoL was significantly and independently associated with the presence of dyspareunia, more severe dysmenorrhea, worse HRQoL, and unemployed work status. [19]. the endometriosis-associated dyspareunia experienced by participants was heterogeneous in presentation, severity, and impact. Our findings have implications for the development of valid patient reported outcome measures of this symptom. [20]. the severity of superficial dyspareunia, but not deep dyspareunia, was associated with increased odds of infertility concerns among women with endometriosis. Strengths of the study included the use of a validated measure of infertility concerns and the disaggregation of sexual pain into deep and superficial dyspareunia. Limitations included the setting of a tertiary center for pelvic pain, which affects generalizability to fertility clinics and primary care settings. Women experiencing infraorbital dyspareunia, who can have difficulties with achieving penetrative intercourse, may be concerned about their future fertility and should be counselled appropriately. [21]. Women with endometriosis suffer from sexual dysfunction, especially those aged 31 to 40 years. Our findings suggest that the quality of sexual life in this subpopulation needs to be improved [22]. Exposure to individual benzyl butyl phthalate (BBzP) and DEHP, as well as a mixture of phthalates, is associated with an increased risk of the endometrial polyp. This may inform public health

recommendations and policies to avoid phthalate exposures for improving female reproductive health. [23].

Material and methods

Sample Collection

- Samples were collected during the awareness campaign about endometriosis, through personal interviews, and questionnaires were distributed about the extent of women's knowledge of endometriosis from most Libyan cities, from east to west and south.
- The questionnaire included sociodemographic data such as, age, , marital status, educational level and place of residence.

Sample Size

During the one-year study period [January 1, 2021 to December 31, 2022], 1840 women were answer the questions of questionnaire.

Statistical Analysis

The distribution of categorical variables was compared with the frequency and percent test, and quantitative variables with correlation (R) test. Statistical significance was set at $p < 0.05$. And Qui Squair X2, the statistical analyses were performed with the Statistical Package for the Social Sciences software, release 26.0 for Windows.

Results and discussion

In Table 1, & Figure 1. The Frequency and Percent % of Marital Situation were Single 1467(79.7%), Marriage 343(18.6 %), Divorce 18(1.0%), and Widow 12(0.7 %),

Table: (1) the Frequency and Percent % of Marital Situation

Marital Situation	Frequency	Percent %
Single	1467	79.7
Marriage	343	18.6
Divorced	18	1.0
Widow	12	0.7
Total	1840	100.0

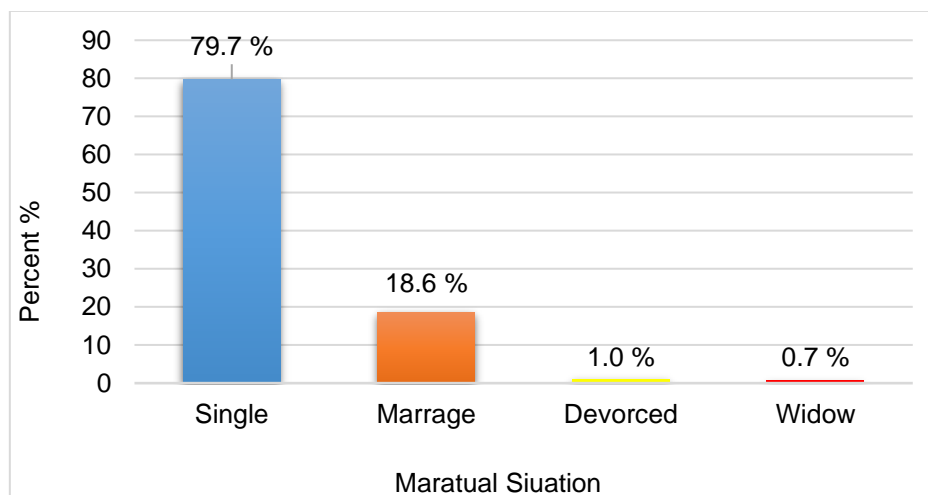


Figure 1 the Frequency and Percent % of Marital Situation

Figure (2) show the Frequency and Percent % of those who suffer from Endometriosis, 389(21.1 %) who don't know if they suffering from Endometriosis, who don't suffer from Endometriosis 1390 (75.5%), and which Suffer from Endometriosis 61(3.3 %)

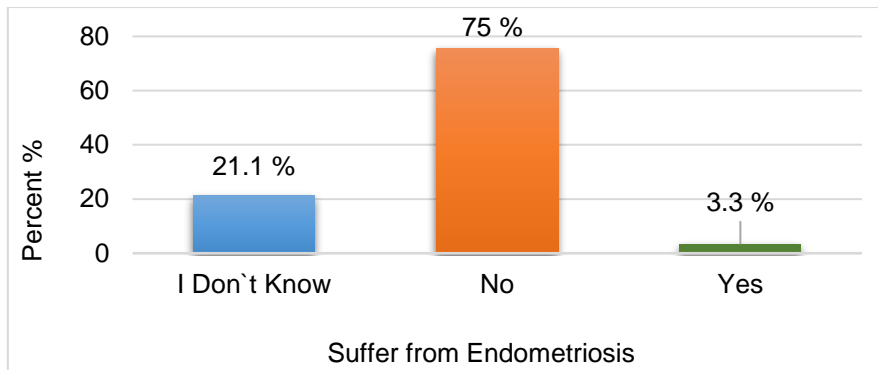


Figure 2 the Frequency and Percentage who suffer from Endometriosis

Table 3 and figure 3: show that the Single who Suffer from Endometriosis 40(27.4 %), Marriage Suffer from Endometriosis 19(5.5 %), Divorced 2(11. 1 %), and Widow 0.0 (100.0 %)

Table (3) the frequency Cross tabulation between Marital Situation and who suffer from Endometriosis

Cross tabulation		Suffer from Endometriosis			Total
		I Don't Know	No	Yes	
Marital Situation	Single	313 _a	1114 _a	40 _b	1467
	Marriage	68 _a	256 _a	19 _b	343
	Divorced	5 _a	11 _a	2 _a	18
	Widow	3 _a	9 _a	0 _a	12
Total		389	1390	61	1840

Each subscript letter denotes a subset of suffer from endometriosis categories whose column proportions do not differ significantly from each other at the .05 level.

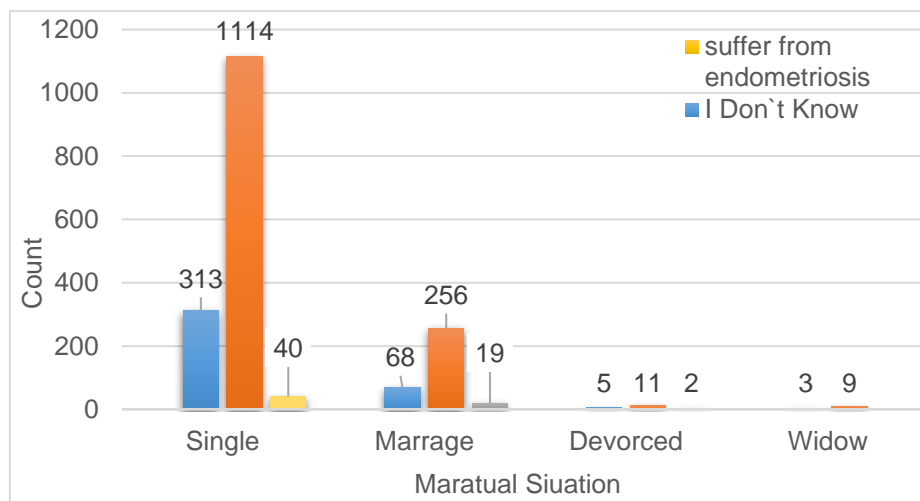


Figure 3 the frequency Cross tabulation between Marital Situation and who suffer from Endometriosis

Table 4 show the relationship between Marital Situation and who Suffer from Endometriosis that the p-value $0.297 > 0.05$, this mean there are no relationship between Marital Situation and who Suffer from Endometriosis, $X^2 (1.089)$, $(R) 0.024$

Table: (4) the relationship between Marital Situation and who suffer from Endometriosis

Correlations		Suffer from Endometriosis
Marital Situation	(R)	0.024
	X^2	1.089
	P - Value	0.297
	N	1840

In Table 1 the Frequency and Percent % of Marital Situation were Single 1467(79.7%), Marriage 343(18.6 %), Divorced 18(1.0%), and Widow 12(0.7 %), In table: (2) the Frequency and Percent % of who Suffer from Endometriosis, 389(21.1 %) which don't Know if they suffering from Endometriosis, who don't Suffer from Endometriosis 1390 (75.5%), and which Suffer from Endometriosis 61(3.3 %), and which whom didn't not have any idea about Endometriosis 389(21.1 %), Table 3 show that the Single who Suffer from Endometriosis 40(27.4 %), Marriage Suffer from Endometriosis 19(5.5 %), Divorced 2(11. 1 %), and Widow 0.0 (100.0 %), that mean the single who Suffer from Endometriosis have high percent, and the widow have less percent. Table 4 show the relationship between Marital Situation and who Suffer from Endometriosis that the p-value $0.297 > 0.05$, this mean there are no relationship between Marital Situation and who Suffer from Endometriosis, $X^2 (1.089)$, $(R) 0.024$. Previous studies indicated that married women are more susceptible to endometriosis, while this study indicated that the marital status has nothing to do with the disease. This study disagree with, that Nearly one-third of reproductive-age women with endometriosis underwent a hysterectomy, among whom approximately 16% had not completed childbearing.[6]. And that the Endometriosis has a negative impact on intimate relationships, which is associated 43 with poorer psychological health. For the women with the disease, partner's support is important, 44 and our findings suggest that effort should be made to involve both members of the couple in 45 multidisciplinary treatment.[7]. And Duration Untreated Endometriosis (DUE) and pain are important variables related to the psychological aspects of women with endometriosis.

Treatment with both Dienogest (DNG) and ethinylestradiol (EE/DNG may have positive effects on the QoL, HRQoL, and symptoms. Moreover, DNG seems to have a greater effect than EE/DNG on dyspareunia reduction over time.[12]. Agree with that marriage may play a greater protective role in the cancer-specific of men than survival of men than of women.[5]. And may lifestyle exposures prior to incident endometriosis diagnosis largely found no association between alcohol, caffeine, smoking, and physical activity and risk of endometriosis.[9]. The risk associated with endometriosis depends on menopause status. Endometriosis increased the odds only in premenopausal women.[10].

Conclusion

Endometriosis is not limited to married women only; even single women, widows, and divorced women are susceptible to this disease.

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