Women Perception regarding Early Detection and Management of Endometriosis

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Abstract

Background: Endometriosis is one of the most common and a complex gynecological disease that causing infertility and sever pain. **Research aim:** Was to assess women's knowledge and attitude regarding early detection and management of endometriosis. **Research design:** A descriptive research design was utilized. **Research setting:** The current research was conducted at Obstetric and Gynecological outpatient Clinic in Benha University Hospital. **Research sampling:** A purposive sample included 130 women. **Tools of data collection:** Two tools were used**. Tool (I):** structured self-administrated questionnaire sheet to assess women's general data, women's knowledge regarding endometriosis and management of endometriosis. **Tool (II):** Modified likert scale for women attitude. **Results:** 60.7% of the studied women had poor knowledge regarding endometriosis, 67.7% of the studied women had negative attitude regarding endometriosis, 59.2% of the studied women had negative attitude regarding early detection and management of endometriosis, there was a highly statistically significant relation between total knowledge scores regarding endometriosis and (age, residence & educational level) of studied women ($p \leq 0.001$). there was a statistically significant relation between total attitude scores regarding endometriosis and (residence & educational level) of studied women ($p \leq 0.05$). **Conclusion:** There was a statistical significant positive correlation between total knowledge and total attitude regarding endometriosis. **Recommendations:** Application of educational program to improve perception of women regarding early detection and management of endometriosis.

Keywords: Early detection, Endometriosis, Management, Women perception.

Introduction:

Endometriosis is chronic gynecological disease affecting women during reproductive years. Endometriosis is a disease in which tissue similar to the lining of the uterus grows outside the uterus. It can cause severe pain in the pelvis and make it harder to get pregnant. Endometriosis can start at a woman's first menstrual period and last until menopause .This leads to inflammation and scar tissue forming in the pelvic region and rarely forming in other part of the body **(Sobstyl et al., 2023).**

Endometriosis is often misdiagnosed or undiagnosed, which leads to delayed diagnosis and treatment. Exact cause of endometriosis is unknown, but it is believed to be a combination of genetic and environmental factors. It is also more common among women who have never had children. Endometriosis can affect various parts of the body, including the ovaries, fallopian tubes, and the tissue lining the pelvis. The most common symptoms of endometriosis include pelvic pain, painful periods, pain during intercourse, and infertility (**Penrod et al., 2023).**

Symptoms of endometriosis can affect a woman's overall health and mental and social well-being. It causes a significant deterioration in the quality of life. In 66% of women with endometriosis, the first symptoms of the disease appear before the age of 20. Infertility is a relatively common symptom in women with endometriosis. Women with endometriosis may be experience infertility Up to 30 to 50%. Endometriosis can influence fertility in several ways: distorted anatomy of the pelvis, adhesions, scarred fallopian tubes, inflammation of the pelvic structures, altered immune system functioning, changes in the hormonal environment of the eggs, impaired implantation of a pregnancy, and altered egg quality. Often, this infertility remains unexplained due to a delay in diagnosis, causing significant levels of stress. The majority cases of endometriosis occur in women between menarche and menopause **(Kfoury et al., 2023).**

Endometriosis in 7% of women is associated with genetic predisposition in the family. This disease was found in 2% of women undergoing tubal ligation and 17% of women after surgery to remove the ovaries. Endometriosis has a significant negative impact on aspects of social life, family, and sexual, educational and professional life. Pain and the associated dysfunction of the body worsen the quality of life and reduce professional productivity. In cases where there is no clear cause or medication, the disease can be chronic and recurrent **(Antonio et al., 2023).**

Endometriosis can be classified according to the physiopathology and the localization, into three different types: superficial peritoneal endometriosis (SPE), which can be found in 15–50% of all women diagnosed with endometriosis, in which peritoneal lesions can be classified into three different kinds: red, black, and white, Which represent the evolutionary steps of the disease. Red lesions represent the first step of peritoneal endometriosis and are highly vascularized and active lesions. Black lesions represent the second step, advanced endometriosis, and finally, white lesions are latent lesions, then the second type is ovarian endometrioma (OMA) and deep infiltrating endometriosis is the third type (DIE)**(Imperiale et al., 2023).**

Pathogenesis of endometriosis remains unclear but various theories have been proposed to explain it, there is likely no specific cause; biological, genetic and environmental factors may influence the condition. treatments of endometriosis are available, but they aren't always effective. However, early assessment and intervention of endometriosis, can lead to better long-term management including lessening the impact of symptoms and improving quality of life, helping affected women with endometriosis to live normal healthy life **(Oripova et al., 2023).**

Nursing management of endometriosis plays an important rule especially maternity nurses, who should develop effective self-care measure to deal with pain and discomfort by identify the history, location, type and duration of the pain. Heat therapy and recommend analgesics. providing information about relaxation technique and imagery to lessen pain. Explaining causes of endometriosis with woman and her husband and how dealing with them to reduce anxiety. Encourage the woman to discuss the feelings about the effect of the disease on sexuality life, lifestyle and fertility **(Saladrigas et al., 2023).**

Perception is the process by which the brain selects, organizes and interprets these sensations. In other words, the senses are the physiological basis of perception. Perceptions

of the same senses may vary from one person to another. Perception depends not only on the physical stimuli but also on the stimuli's relation to the surrounding field and on conditions within the individual. Perception is the process by which individuals organize and interpret the sensory perceives in order to give meaning to the environment **(Jamalpour et al., 2023).**

Perception of the women for endometriosis is a crucial determinate for early detection. The women's perceptions, knowledge, attitudes, and beliefs regarding endometriosis and screening, together with aspects of the health care system and social milieu, appeared to strongly influence the women's preventive practices **(Drinkell et al., 2023).**

Maternity nurses have an essential role in health promotion about endometriosis through providing support and much needed information for the frequent women into maternity car unit.to increase their perception about endometriosis. In addition, this will facilitate quality of care to improve quality of life, reduce pain. Maternity nurses also can play role of health teaching to help women for coping with endometriosis throughout support women and the family to adopt with this condition and provide source of follow up **(Mishra et al., 2023).**

Significance of the study:

Endometriosis is a disease in which tissue similar to the lining of the uterus grows outside the uterus. It can cause severe pain in the pelvis and make it harder to get pregnant. Endometriosis can start at a person's first menstrual period and last until menopause. Endometriosis affects roughly 190 million of reproductive age women and girls globally. Endometriosis is a common gynecological disease in Poland and in the world . This disease affects from 10–15% of women of reproductive age and 35–50% of women with pelvic pain and/or infertility. However, it should be noted that there are also cases of patients with endometriosis after menopause, and it also happens in adolescent women (**Wilkosz et al., 2023).**

Endometriosis is found in 0.1–53% of women operated on laparoscopically or by laparotomy, of which 12–32% are women after diagnostic laparoscopy due to pelvic pain delays and 10–60% of the women after diagnostic laparoscopy due to disability. The prevalence of endometriosis varies by region and age group. the global prevalence of endometriosis was estimated to be 1.7% among women of reproductive age and the prevalence of endometriosis increased with age, peaking in women in their 40s. It was also found to be more common among women with infertility, chronic pelvic pain, and dysmenorrhea (painful periods) **(Whitaker et al., 2023).**

Endometriosis is a common medical condition that affects women of reproductive age. It is estimated that approximately 10% of women worldwide are affected by endometriosis. The condition occurs when the tissue lining the uterus (endometrium) grows outside.

Aim of the study

The study aimed to assess women perception regarding early detection and management of endometriosis.

Research questions:

- What is the women perception regarding early detection and management of endometriosis?
- Is there a relation between total attitude scores regarding early detection and management of endometriosis and general characteristics of the studied women?

- Is there a correlation coefficient between studied women's total knowledge and attitude scores regarding endometriosis?

Subjects and Method

Research design

A descriptive study design was utilized to fulfill the aim of the current study.

Research setting

The research was conducted at obstetrics and gynecological outpatient clinic in Benha University hospital. This particular setting was selected because it is the main official hospital at Benha city. The outpatient clinic is specialized in providing maternity care for all women in rural and urban areas and includes one room divided into diagnostic and examination areas. This clinic provides services of obstetrics and gynecological care, family-planning counseling and any outpatient procedures.

Research sampling

Sample type: A purposive sample.

Sample size: 130 women.

Sample was selected according to the following inclusion criteria:

1.Women with low body mass index.
2.one or more relatives(mother, aunt or sister) with endometriosis.
3.Women with menstrual disturbance.
4.Women with delayed child birth.
5.Early menarche (<11 years of age).

Exclusion criteria:

1. Women diagnosed endometriosis.
2. Women with psychological disorders.

Tools of data collection:

Two tools were used for collecting data:

Tool (I): Structured Self administrated questionnaire was structured by researchers after reviewing a related literature and translated into Arabic language to suit the women's level understanding. This tool aimed to assess women's knowledge regarding endometriosis. It was divided into two sections:

Section one:

Women personal characteristics as (age, place of residence, level of education, marital status, and occupation) It consist of 5 items.

Section two:

Assessment of women's knowledge regarding endometriosis through items written in Arabic language in the form of multiple-choice questions. (questions 1-15). It was consisted of meaning of endometriosis, concept, risk factors and causes of endometriosis. Factors determine the stage in which the woman suffers from endometriosis and causes of endometriosis pain. The physical, psychological symptoms, places that affect choosing method of treatment and complications of endometriosis.

Knowledge's scoring system:

All knowledge variables were weighted according to items included in each question. The answers of the questions were classified into 3 categories. The answer would have score (2) for complete correct answer if more than 60% of given answer was selected, would have score (1) for incomplete correct answer if less than 60% of given answer was selected, and the answer would have score (0) if It was (I don't know). The score of total knowledge was classified as the following:

- Good (≥ 60% correct answers).
- Average: (50 - < 60% correct answers).
- Poor: (< 50% correct answers).

Tool (II): Modified likert scale for women attitude: This scale was constructed by the researcher to measure attitude of women regarding early detection and management of endometriosis. It was consisted of (2 sections**)**. Every section was consisted **from** statements from three points Likert scale (agree, uncertain, disagree).

Section one included items to evaluate perception of women who have risk factors of endometriosis it was consisted from5 items

such as (go to the doctor, if the onset of the first menstrual period is less than 11 year**,** Periodic medical examination when a family member suffers from endometriosis, Disclosure to the husband of severe pain during intercourse and the need to go to the doctor, feeling stressed and anxious about irregular menstruation and fear of general weakness as a result of the increased amount of menstrual blood).

Section two included items of evaluation of women perception regarding early detection and management of endometriosis positively effects such as (psychological stability when knowing that endometriosis a nonfatal disease, Family stability and lack of fear of divorce, A sense of reassurance while receiving treatment, Lack of a sense of dread from any surgical intervention

Attitude's scoring system:

To obtain the outcome of attitude scale, each statement scored as following: (2) if the response was "agree", (1) if it was "uncertain", and (Zero) if it was "disagree". The total score is expressed as a percentage.

- Positive attitude: ≥60%
- Negative attitude: < 60%

Tool Validity:

Tools of the study was revised by group of three specialized university professors in the field of obstetrics and gynecological nursing to measure applicability and content.

Tool Reliability:

Testing reliability of proposed tools was done by Cronbach alpha. It was calculated to assess the reliability that indicated that tool consisted of relatively homogenous items as indicated by the moderate to high reliability.

Ethical considerations :

- Permission to carry out the study was obtained from responsible authorities in the Faculty of Nursing at Benha University and hospital administration personnel. The research approval was approved by Scientific Ethics Committee in the Faculty of Nursing Benha University
- The aim of the study was explained to each participant women before applying the tools to gain their confidence and cooperation.
- The researcher took oral consent from women to participate in the study and confidentialities were assured.
- The participant women were free to withdraw from study at any time.
- The data was collected and treated confidentially, where personal data were not disclosed and the women were assured that all data was used only research purpose.
- Each participant woman was informed about time throughout the study.

Field work:

Preparatory phase:

During this phase the researcher reviewed the national and international advanced literature, then design tools of data collection.

Implementing phase:

The study was carried out from the beginning march 2023 to the end of August 2023,convering six months. The researcher attended the pre mentioned setting from 9Am to12 Pm, two days per week(Sunday and Wednesday) until the predetermined size of sample was completed. The researcher visited Obstetrics and Gynecological Outpatient clinic at Benha university 2 days/week from (9Am to 12 Pm). This phase encompassed interviewing women to collect baseline data. At the beginning of interview. The researcher introduced herself to the studied sample and greeted with each woman. The purpose of the study was explained to the participants by the researcher and provided information about the study for gain confidence and trust of participants before starting collecting any data. Oral consent was obtained from each woman to participate in this study before starting in collecting the data.

-The researcher used tool (I) self-administered questionnaire to collect women personal data and women's knowledge regarding

endometriosis. The average time required for completion of the questionnaire was around (10-15 minutes). Some women refused the questionnaire, and their request was accepted and their wishes respected with love.

-The researcher used tool one a structured interviewing questionnaire to assess women general characteristics and women knowledge regarding endometriosis.

-Researcher used tool (II) likert attitude scale, to assess women's attitude regarding early detection and management of endometriosis. This tool took (10-20 minutes).-The researcher interviewed two – three women per day according to sequence of attendance in hospital registration book, the duration of each interview(20-30) minutes.

Statistical analysis:

The data were verified prior to computerized entry. The statistical package for social sciences was used followed by data tabulation and analysis. Descriptive statistics were applied (e.g., mean, stander deviation, frequency and percentages). Independent t-test, Chi-square test and Pearson correlation coefficients were used. A significant level value was considered when $p \leq 0.05$, and a highly significant level value was considered when $p<0.001$.

Results:

Table (1): Shows the general characteristics data of the studied women, it was cleared that more than two-fifth (40.8%) of the studied sample was in the age group of 20- years with a mean age of 28.3 4± 6.01 years. Also, less than two-thirds (64.6%) of women lived in rural areas. Regarding educational level, more than half of them (57.6%) had secondary education.

In relation to marital status, the majority of them (94.6%) were married. In addition; regarding occupation, less than three-quarters (73.8%) of them were housewife.

Figure (1): Illustrates that, less than two-thirds of the women (60.7%) had poor knowledge regarding endometriosis, while less than one-third (30.8%) of the them had good knowledge.

Figure (2): Illustrates that, more than half of the studied women (59.2%) had negative attitude regarding early detection and management of endometriosis, while more than two-fifths (40.8%) of the them had positive attitude.

Table (2): Clarifies that, there was a statistically significant relation between total attitude scores regarding early detection and management of endometriosis and residence and educational level of studied women ($p \leq 0.05$).

Table (3): Clarifies that, there was a statistical significant positive correlation between total knowledge and total attitude regarding endometriosis ($p \leq 0.05$).

Table (1): Distribution of the studied women according to the general characteristics (n = 130).

General characteristics	No	%
Age in (years)		
< 20	29	22.3
20-	53	40.7
30-	24	18.5
≥40	24	18.5
Mean ± SD = 28.3 4± 6.01		
Marital Status		
Married	123	94.6
Divorced	5	3.8
Widow	2	1.5
Residence		
Rural	84	64.6
Urban	46	35.4
Level of Education		
Not read & write	4	3.1
Basic education	21	16.2
Secondary education	75	57.6
University education	30	23.1
Occupation		
Employer	23	17.7
Free work	11	8.5
Housewife	96	73.8

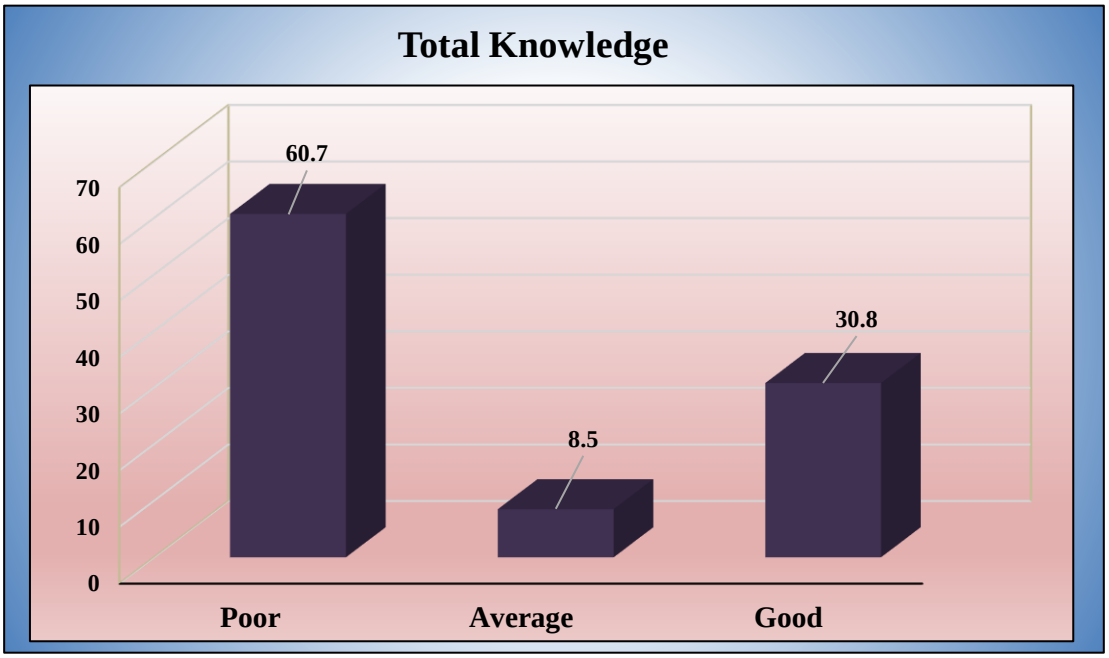

Figure (1): Percentage distribution of studied women according to the total knowledge scores regarding early detection and management of endometriosis (n = 130).

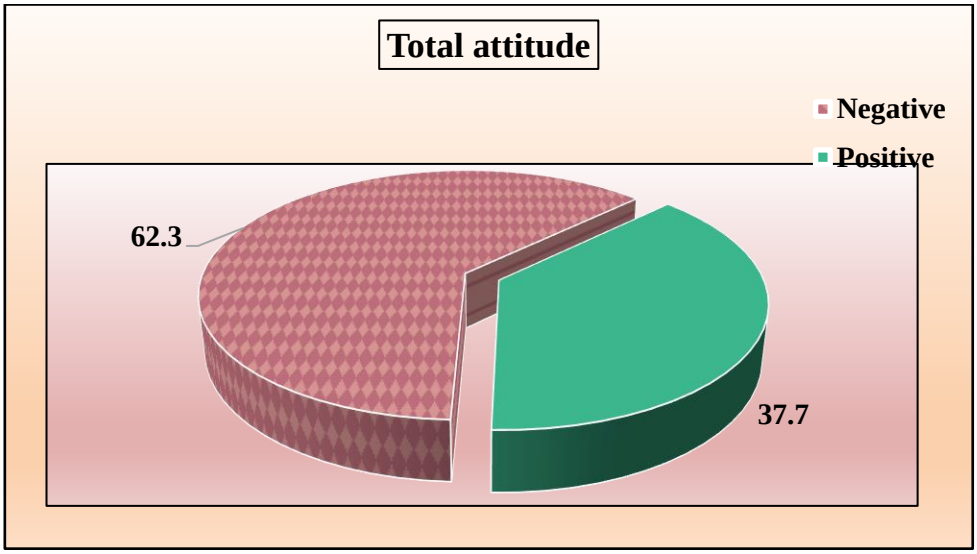

Figure (2): Percentage distribution of the studied women according to the total attitude scores about early detection and management of endometriosis (n = 130).

Table (2): Relation between total attitude scores regarding early detection and management of endometriosis and general characteristics of the studied women (n = 130).

General characteristics	Total attitude					
	Negative (N=81)		Positive (N=49)		Chi - square test	P-value
	No	%	No	%		
Age						
< 20	22	27.2	7	14.3	4.65	>0.05
20-	34	42.0	19	38.8		
30-	12	14.8	12	24.5		
≥40	13	16.0	11	22.4		
Marital Status						
Married	78	96.3	45	91.8	1.25	>0.05
Divorced	2	2.5	3	6.1		
Widow	1	1.2	1	2.0		
Residence						
Rural	58	71.6	26	53.1	**4.59**	**≤ 0.05 ***
Urban	23	28.4	23	46.9		
Educational level						
Not read & write	3	3.7	1	2.0	**14.88**	**≤ 0.05 ***
Basic education	13	16.0	8	16.3		
Secondary education	55	67.9	20	40.8		
University education	10	12.3	20	40.8		
Occupation						
Employer	18	22.2	5	10.2	4.13	>0.05
Free work	7	8.6	4	8.2		
Housewife	56	69.1	40	81.6		
Income						
Enough	15	18.5	5	10.2	1.74	>0.05
Fairly enough	46	56.8	32	65.3		
No enough	20	24.7	12	24.5		

Table (3): Correlation coefficient between studied women's total knowledge and attitude scores regarding endometriosis (n = 130).

Variables	Total knowledge	
	r	P value
Total attitude	.862	≤ 0.05 *

Discussion:

Endometriosis is a common and benign gynecological disease defined by the ectopic presence of tissue with the same morphological and functional characteristics as the endometrium (cylindrical glandular epithelium and stroma). Its main locations are the pelvic peritoneum, uterosacral ligaments, cul-de-sac of Douglas, rectovaginal septum, and ovaries **(Ledermann, 2023).**

Socio-demographic data of the studied women such as age, residence, level of education and occupation mainly affect women's knowledge and reinforcing factors regarding attitude, early detection and management of endometriosis. So, these factors should be determined for the studied women. The finding of the present study revealed that more than two-fifth (40.8%) of the studied sample was in the age group of 20- years with a mean age of 28.3 4± 6.01 years. Also, less than two-thirds (64.6%) of women lived in rural areas. Regarding educational level, more than half of women (57.6%) had secondary education. In relation to marital status, the majority of the women (94.6%) were married. In addition; regarding occupation, less than three-quarters (73.8%) of women were housewife. This result could be explained due to natural of area of residence where the majority of the women live in rural area and more than half of the studied women have middle education, which leads to decrease the work opportunities.

This result was in the same line with **(Ibrahim et al., 2021)** who conducted "Effect of Application of Health Promotion Model on Lifestyle of Women with Endometriosis" showed that less than half (45.2% & 41.1%) of both study and control groups respectively in age group (20 - > 30 years) and (30 - > 40 years) with a mean age of 29.76±6.79 years and 29.75±7.31 years respectively. Majority (90.4% & 83.6%) of the study group and control group lived in rural area respectively. Concerning level of education, it was clear that half of both study group and control group (50.7%) had secondary education. As regards marital status, majority (93.2% & 86.4) of both study and control groups respectively were married. According to occupation more than three quarters of study group (80.8%) and more than two thirds of control group (68.5%) were housewives.

Generally, regarding the total knowledge score, the present study finding clarified that less than two-thirds of the studied women (60.7%) had poor knowledge regarding endometriosis, while less than one-third (30.8%) of the them had good knowledge. The low educational levels of the women might be a factor that contributed to the poor knowledge. This result was in the same context with **(Busque and Mellish, 2023)** who conducted "Awareness Month on Social Media: A Content Analysis of Images and Captions on Instagram, Women" found that there is necessary need for many women to be aware of endometriosis, as there is "a lack of

knowledge of endometriosis". As well as, the result of current study was in accordance with **(Margatho et al., 2022)** who conducted "Experiences of male partners of women with endometriosis-associated pelvic pain: a qualitative study" stated that the interviewed women and men reported that they did not have information about endometriosis before.

These findings were similar to results of (**Farshi et al., 2020)** who studied "Effect of self-care counselling on depression and anxiety in women with endometriosis: a randomized controlled trial" who concluded that women with endometriosis have a low level of information regarding the disease. Hence, healthcare providers can use health teaching and method of counselling along with other therapies and routine care for women with endometriosis to improve the knowledge, attitude, outcomes of the illness, enhance mental health, and promote the quality of life.

The study results came in the same harmony with **(Zhuang et al., 2023)** who studied "" revealed that the mean age of the studied women was 35.50±3.44 and 33.70±2.24 years. Concerning level of education, it was clear that (58.50%) and (51.50%) of both intervention and control groups had diploma education respectively. Also, (61.10%) and (65.70%) of both intervention and control groups were housewives respectively.

On the other side, the current study results weren't similar to **(Abd Elrahim al., 2022)** who studied "Educational Intervention and Referral for Early Detection of Endometriosis among Technical Secondary Schools Students Egyptian" revealed that Regarding the studied students' sources of information about endometriosis, 39.8% of studied sample got the information from a health care provider (physician or nurse), followed by family and/or relatives (28.4%), mass media (TV, radio, or internet) (18.3%), then friends (9.3%), and only 4.2% from school/medical symposium. From the researcher's point of view, the role of health workers as the main source of information on endometriosis can be attributed to the responsibility of educating caregivers on health matters. So, training and empowering of health care providers is essential for delivering adequate health message. Media and nongovernmental organizations should play a role in raising the awareness the problem in a simplified way.

Generally, regarding the total attitude score, the present study found that less than two-thirds of the studied women (62.3%) had negative attitude about endometriosis, while more than one-third (37.7.3%) of the them had positive attitude. This might be explained by the majority of the women belonged to the middle socioeconomic class, inadequate health education toward endometriosis and low educational level of the study participants. This result was in consistence with **(Nicole et al., 2020)** who conducted "Endometriosis and Negative Perception of the Medical Profession. Journal of obstetrics and gynecology Canada" revealed that negative attitude and perception of the medical profession in women with endometriosis was associated with surgical treatment failure, emergency room use, and accessing complementary health care. Each identified factor offers an opportunity for intervention to improve the perception of the medical profession among women with endometriosis.

As regards relation between total attitude scores regarding early detection and management of endometriosis with general characteristics, the findings of the present study revealed that, there were a statistically significant relation between total attitude scores regarding endometriosis and (residence

& educational level) of studied women (P≤ 0.05). The finding of present study matches with **(Ibrahim et al., 2021),** there was a highly statistically significant relation between total attitude , place of residence and level of education among study group after program implementation (P<0.001).

Concerning correlation between total knowledge and total attitude scores of the studies women, the present study finding revealed that there was a statistically significant positive correlation between total knowledge and total attitude regarding endometriosis (P≤0.05). These results might be attributed to that the improvement of women 's knowledge is accompanied by an improvement in attitudes towards endometriosis. This finding was in agreement with **(Ibrahim et al., 2021*)*** who indicated that there was no significant correlation between total knowledge and total attitude of both study and control groups before program implementation. On the other hand, there was a positive significant correlation between total knowledge and total attitude in study group and control group after program implementation.

Conclusion:

Less than two-thirds of the studied women had poor knowledge regarding endometriosis and had negative attitude regarding endometriosis. There was highly statistically significant relation between total knowledge scores regarding endometriosis and (age, residence & educational level) of studied women. There was a statistically significant relation between total attitude scores regarding endometriosis and (residence & educational level) of studied women and there was a statistical significant positive correlation between total knowledge and total attitude regarding endometriosis. The study results findings answered the research questions and achieved the aim of the study.

Recommendations:

- The role of health workers as the main source of information on endometriosis can be attributed to their responsibility of educating caregivers on health matters. So, training and empowering of health care providers is essential for delivering adequate health message. Media and nongovernmental organizations should play a role in raising the awareness the problem in a simplified way.
- Calling for a collaboration of the authorities to augment the women' health education and conducting surveys to monitor the improvement of women's knowledge regarding endometriosis.
- Health care providers can use health teaching and method of counselling along with other therapies and routine care for women with endometriosis to improve the knowledge, attitude, outcomes of their illness, enhance mental health, and promote the quality of life.
- A collaborative effort by primary care providers, gynecologists, and educational systems is required to incorporate comprehensive screening and diagnostic strategies for women with endometriosis.
- There is necessary need for improvement through implementation of instructional package and sessions affect the knowledge of the women positively as all women in the sample become more equipped by the important knowledge about endometriosis as well as the instructional booklets written in simple, concise and clear language which can clearly be understood by the women. In addition, using of various teaching media make the women very interested and gratified during the sessions.

For further research in this field :-

Replicate the present study in the another university and another sample.

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إدراك السيدات تجاه الإكتشاف المبكر وعلاج بطانة الرحم المهاجرة

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بطانة الرحم المهاجرة هي حالة طبية شائعة تصيب السيدات مما يؤدي إلى الشعور بالألم وعدم الانجاب. تهدف هذة الدراسة إلى تقييم إدراك السيدات تجاه الإكتشاف المبكر وعلاج بطانة الرحم المهاجره. وقد تم دعم الهدف بشكل كبير من خلال تقييم معرفة السيدات وموقفها فيما يتعلق ببطانة الرحم المهاجره. وتم إستخدام تصميم وصفي لتنفيذ الدراسة وقد أجريت الدراسة في العيادة الخارجية لأمراض النساء والتوليد بمستشفيات جامعة بنها حيث تم إستخدام عينة هادفة في الدراسة. وقد إشتملت الدراسة على 130 سيدة .وقد أسفرت الدراسة عن النتائج التالية: أكثر من نصف السيدات (60.7 %) تحت الدراسة لديهن معرفة ضعيفة فيما يتعلق ببطانة الرحم المهاجرة و أكثر من ثلثي السيدات (67.7 %) كان لديهن موقف سلبي تجاه الاكتشاف المبكر وعلاج بطانة الرحم المهاجرة وكان هناك علاقة ذات دلالة احصائية عالية بين مجموع الدرجات المعرفية فيما يتعلق ببطانة الرحم المهاجرة لدي السيدات تحت الدراسة. و وقد اثبتت الدراسة ان هناك علاقة ايجابية ذات دلالة احصائية بين المعرفة والاتجاهات الكلية تجاه بطانه الرحم واوصت الدراسة بتطبيق برنامج تعليمي لتحسين إدراك السيدات تجاه الإكتشاف المبكر وعلاج بطانة الرحم المهاجرة .