



RESEARCH ARTICLE

A Comparative Study of Risk Factors Associated with Uterine Fibroids among Working and Non-Working Women in Jhunjhunu District (Rajasthan)

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Abstract

Uterine fibroids are among the most common benign tumours affecting women of reproductive age and are associated with a variety of reproductive, lifestyle, and occupational factors. The present study aimed to compare risk factors associated with uterine fibroids among working and non-working women in Jhunjhunu district, Rajasthan. Primary data were collected from 50 women diagnosed with uterine fibroids using a structured questionnaire covering socio-demographic characteristics, reproductive and medical history, symptoms, occupational stress, and lifestyle-related factors. The collected data were analysed using descriptive statistics, including frequencies and percentages, while comparative analysis between working and non-working women was performed using the Mann-Whitney U test. The results showed that the majority of respondents belonged to the age groups of 26–35 years and 36–45 years (32% each), with 60% residing in rural areas. Most participants were graduates (40%), married (100%), and belonged to economically adequate households (80%). Non-working women constituted 76% of the study population. A majority of respondents had experienced more than one pregnancy (68%), and oral contraceptive pills were the most commonly used contraceptive method (46%). Intramural fibroids were the predominant type (40%), and allopathic treatment was adopted by 84% of respondents. Occupational stress, anxiety, and sleep deprivation were reported by a proportion of working women, while 8% reported exposure to occupational hazards. Comparative analysis revealed slightly higher symptom scores among working women and higher lifestyle-risk scores among non-working women. However, the differences were not statistically significant for symptom score ($U = 200.00$, $p = 0.521$) or lifestyle score ($U = 188.00$, $p = 0.343$). The study concludes that although variations in symptom burden and lifestyle-related risk factors were observed, occupational status was not significantly associated with uterine fibroids among the respondents.

Keywords: Uterine Fibroids, Working Women, Non-Working Women, Reproductive Health, Occupational Stress, Lifestyle Factors, Risk Factors, Women's Health.

Introduction

Uterine fibroids (myomas or leiomyomas) are benign, monoclonal neoplasms of the smooth muscle cells located

in the human uterus. Although the etiology remains unidentified, substantial evidence indicates that estrogens and progestogens promote tumor growth, as fibroids seldom manifest prior to menarche and diminish during menopause. Uterine fibroids are scientifically referred to as leiomyoma, leiomyomata, myoma, or descriptively as fibroids. They manifest on the muscular wall of the uterus (myometrium layer) as solid spherical growths varying in size from that of apple seeds to basketballs. Occasionally, they might occupy the entire uterine cavity and resemble a pregnancy. Uterine fibroid tissues are supplied by the uterine arteries and influenced by estrogen, which accounts for their reduction in size post-menopause. Fibroids can adversely affect fertility by modifying the uterine anatomy, resulting in irregularities and bleeding (Parker, 2007; Kempson and Hendrickson, 2000; Rein et al., 1995; Andersen, 1996; Fields and Neinstein, 1996; Cramer and Patel, 1990).

Lifestyle factors significantly influence the development and progression of uterine fibroids. Epidemiological

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research indicates that modifiable behaviors, including dietary choices, physical activity, body weight, substance use, and stress levels, might influence hormonal equilibrium and metabolic processes, thereby affecting the risk of fibroid development. Divergences in lifestyle behaviors among women, especially across various employment and residential contexts, may influence the occurrence and severity of uterine fibroids. Comprehending these lifestyle-related factors is crucial for recognizing preventable risk aspects and for formulating effective methods for illness prevention and health promotion. Increasing research indicates that extended periods of sedentary behavior approximately double the probability of uterine fibroid development. Dietary patterns marked by a substantial consumption of processed foods and a deficiency of fresh fruits and vegetables are consistently linked to an increased prevalence of fibroids (Zhang et al., 2021). Additionally, psychosocial stress, inadequate sleep, and specific environmental exposures have been recognized as probable moderators of fibroid growth (Thompson et al., 2022). Additional factors that may elevate the likelihood of developing uterine fibroids include nulliparity, genetic predispositions, early menarche, obesity, and hypertension, while the use of contraceptive pills is seen as having a preventive effect against the formation of uterine fibroids, for reasons that remain ambiguous. In view of this, the present study aims to investigate the socio-demographic, reproductive, occupational, and lifestyle-related factors associated with uterine fibroids among working and non-working women in Jhunjhunu district, Rajasthan, and to compare the symptom burden and potential risk factors between these two groups.

Material and Methods

Study Area

The present study was conducted in Jhunjhunu district of Rajasthan, India. The district comprises both urban and rural populations with diverse socio-economic and occupational backgrounds. Women diagnosed with uterine fibroids residing in different parts of Jhunjhunu district were included in the study. The selection of the study area was based on the availability of respondents and the need to assess factors associated with uterine fibroids among working and non-working women in both urban and rural settings.

Data Collection

The study was based on primary data collected through a structured questionnaire specifically designed to obtain information on socio-demographic characteristics, reproductive and medical history, symptoms associated with uterine fibroids, occupational stress and work-related factors, and lifestyle-related risk factors. A total of 50 women

diagnosed with uterine fibroids participated in the study. Prior informed consent was obtained from all respondents before data collection. The questionnaire was administered through google forms, and confidentiality of the information provided by the respondents was maintained throughout the study.

Data Analysis

The collected data were coded, tabulated, and analysed using the Statistical Package for the Social Sciences (SPSS) ver. 26. Descriptive statistics such as frequencies and percentages were used to summarize socio-demographic characteristics, reproductive history, clinical features, occupational stress factors, and lifestyle-related variables. Composite Symptom Score and Lifestyle Score were computed by summing the respective binary responses (Yes = 1, No = 0). The median and interquartile range (IQR) were calculated to describe the distribution of these scores. To compare symptom burden and lifestyle-related risk burden between working and non-working women, the non-parametric Mann–Whitney U test was employed. Statistical significance was assessed at the 5% level ($p < 0.05$).

Observation

Descriptive Analysis

Socio-Demographic Profile

The age-wise distribution of respondents revealed that the majority of women belonged to the age groups of 26–35 years and 36–45 years, each accounting for 32% of the total sample. Women aged above 45 years constituted 28% of the respondents, while only 8% were in the 18–25 years age group. The findings indicate that uterine fibroids were more commonly reported among women in the middle and late reproductive age groups.

The distribution of respondents according to place of residence showed that 60% of the women belonged to rural areas, whereas 40% resided in urban areas. This suggests a higher representation of rural women among the respondents diagnosed with uterine fibroids in the study area.

The educational profile of the respondents indicated that 40% were graduates, representing the largest educational category. Secondary/Senior Secondary and Postgraduate respondents each accounted for 24%, while 12% had no formal education. The findings suggest that uterine fibroid cases were reported across all educational levels, with a greater proportion among women having higher educational attainment.

All respondents included in the study were married, accounting for 100% of the sample population. Therefore, no variation in marital status was observed among the participants.

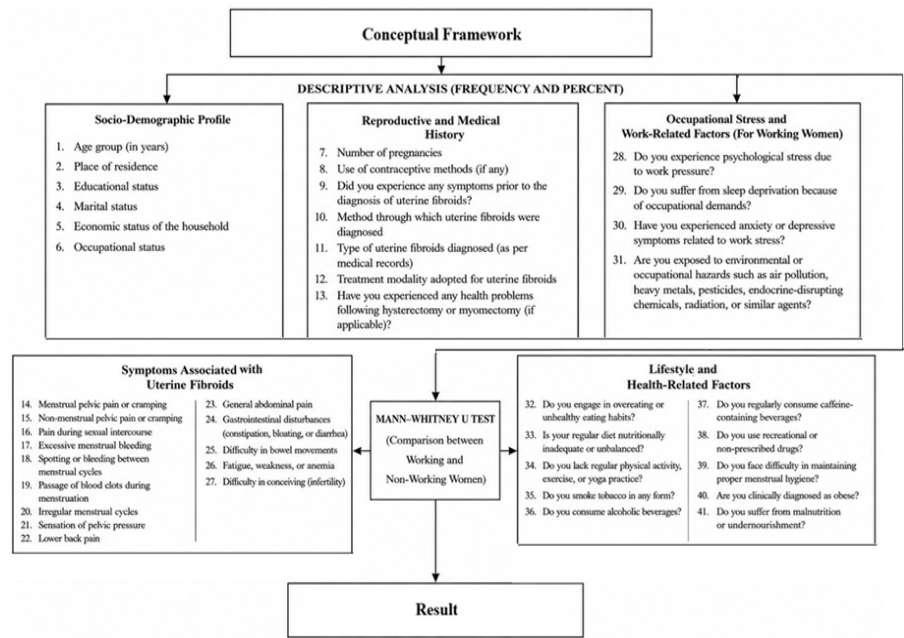


Fig 1: Conceptual Framework for the Study

Table 1: Distribution of Respondents According to Age Group

Age group (in years)	Frequency	Percent
18–25	4	8
26–35	16	32
36–45	16	32
Above 45	14	28
Total	50	100

Table 2: Distribution of Respondents According to Place of Residence

Place of residence	Frequency	Percent
Rural	30	60
Urban	20	40
Total	50	100

The economic status analysis revealed that the majority of respondents (80%) belonged to households with adequate economic conditions. About 14% reported partially adequate economic status, while only 6% belonged to economically inadequate households. This indicates that most participants had relatively stable household economic conditions.

The occupational profile showed that non-working women (housewives) constituted the majority of the study population, accounting for 76% of respondents, whereas working women represented 24%. This distribution highlights the predominance of non-working women among the uterine fibroid cases included in the study.

AGE GROUP (IN YEARS)

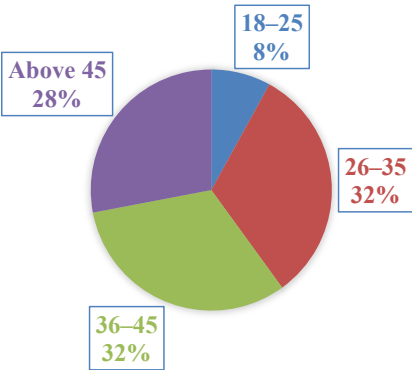


Fig 2: Graph showing Distribution of Respondents According to Age Group

PLACE OF RESIDENCE

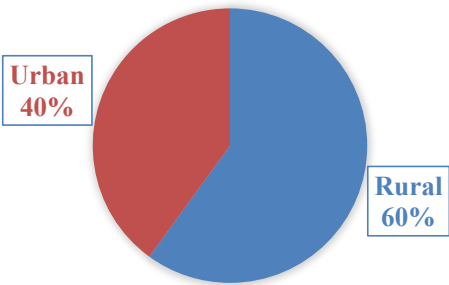
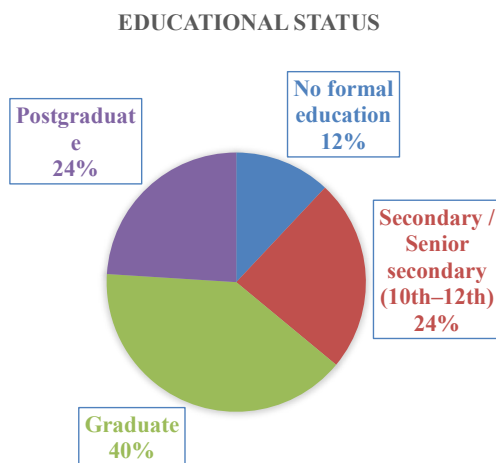


Fig 3: Graph showing Distribution of Respondents According to Place of Residence

Table 3: Distribution of Respondents According to Educational Status

<i>Educational status</i>	<i>Frequency</i>	<i>Percent</i>
No formal education	6	12
Secondary / Senior secondary (10th–12th)	12	24
Graduate	20	40
Postgraduate	12	24
Total	50	100

**Fig 4:** Graph showing Distribution of Respondents According to Educational Status**Table 4:** Distribution of Respondents According to Marital Status

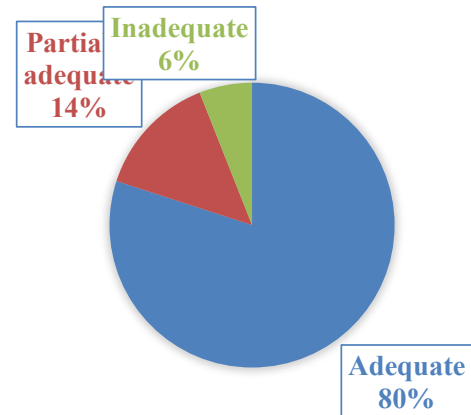
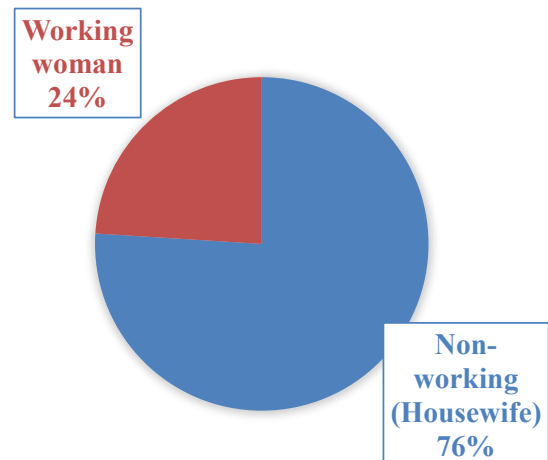
<i>Marital status</i>	<i>Frequency</i>	<i>Percent</i>
Married	50	100

Table 5: Distribution of Respondents According to Economic Status of Household

<i>Economic status of the household</i>	<i>Frequency</i>	<i>Percent</i>
Adequate	40	80
Partially adequate	7	14
Inadequate	3	6
Total	50	100

Table 6: Distribution of Respondents According to Occupational Status

<i>Occupational status</i>	<i>Frequency</i>	<i>Percent</i>
Non-working (Housewife)	38	76
Working woman	12	24
Total	50	100

ECONOMIC STATUS OF THE HOUSEHOLD**Fig 5:** Graph showing Distribution of Respondents According to Economic Status of Household**OCCUPATIONAL STATUS****Fig 6:** Graph showing Distribution of Respondents According to Occupational Status**Reproductive and Medical History**

The reproductive history of respondents indicated that 68% had experienced more than one pregnancy, while 24% had one pregnancy and 8% had never been pregnant. The findings suggest that the majority of women diagnosed with uterine fibroids had a history of multiple pregnancies.

With respect to contraceptive use, oral contraceptive pills were the most commonly reported method, used by 46% of respondents. A considerable proportion (38%) reported not using any contraceptive method. Intrauterine devices and other contraceptive methods were each reported by 8% of the respondents. These findings indicate varying contraceptive practices among women with uterine fibroids.

Table 7: Distribution of Respondents According to Number of Pregnancies

<i>Number of pregnancies</i>	<i>Frequency</i>	<i>Percent</i>
None	4	8
One	12	24
More than one	34	68
Total	50	100

The analysis showed that 62% of respondents did not experience noticeable symptoms before the diagnosis of uterine fibroids, whereas 38% reported experiencing symptoms prior to diagnosis. This suggests that a substantial proportion of uterine fibroid cases may remain asymptomatic or unrecognized until clinical examination.

The majority of uterine fibroid cases (88%) were diagnosed through physician-suspected or clinical examination, while only 12% were identified through surgical diagnosis. This indicates that clinical evaluation served as the primary method for detecting uterine fibroids among the respondents.

Among the different types of uterine fibroids, intramural fibroids were the most common, accounting for 40% of cases. Submucosal fibroids constituted 30%, followed by subserous fibroids at 22%. Combined intramural and submucosal fibroids represented 8% of the diagnosed cases. The findings indicate that intramural fibroids were the predominant type among the study participants.

The treatment pattern revealed that the majority of respondents (84%) adopted allopathic treatment for uterine fibroids, whereas 16% reported using Ayurvedic treatment. No respondents reported using other systems of treatment. This indicates a strong preference for allopathic management among the study participants.

Table 8: Distribution of Respondents According to Use of Contraceptive Methods

<i>Use of contraceptive methods (if any)</i>	<i>Frequency</i>	<i>Percent</i>
Oral contraceptive pills	23	46
Intrauterine device (IUD)	4	8
Other methods	4	8
Not used	19	38
Total	50	100

Table 9: Distribution of Respondents According to Presence of Symptoms Prior to Diagnosis

<i>Did you experience any symptoms prior to the diagnosis of uterine fibroids?</i>	<i>Frequency</i>	<i>Percent</i>
No	31	62
Yes	19	38
Total	50	100

Table 10: Distribution of Respondents According to Method of Diagnosis

<i>Method through which uterine fibroids were diagnosed</i>	<i>Frequency</i>	<i>Percent</i>
Surgical diagnosis	6	12
Physician-suspected / clinical examination	44	88
Total	50	100

Table 11: Distribution of Respondents According to Type of Uterine Fibroids Diagnosed

<i>Type of uterine fibroids diagnosed (as per medical records)</i>	<i>Frequency</i>	<i>Percent</i>
Submucosal	15	30
Intramural	20	40
Combined intramural and submucosal	4	8
Subserous	11	22
Total	50	100

Table 12: Distribution of Respondents According to Treatment Modality Adopted for Uterine Fibroids

<i>Treatment modality adopted for uterine fibroids</i>	<i>Frequency</i>	<i>Percent</i>
Ayurvedic	8	16
Allopathic	42	84
Total	50	100

Table 13: Distribution of Respondents According to Health Problems Following Hysterectomy or Myomectomy

<i>Have you experienced any health problems following hysterectomy or myomectomy (if applicable)?</i>	<i>Frequency</i>	<i>Percent</i>
No	20	40
Yes	30	60
Total	50	100

The findings showed that 60% of respondents experienced health problems following hysterectomy or myomectomy, whereas 40% did not report any such complications. This suggests that a considerable proportion of women encountered post-surgical health issues after treatment for uterine fibroids.

Occupational Stress and Work-Related Factors (For Working Women)

The findings revealed that 24% of the respondents reported experiencing psychological stress due to work pressure, whereas 76% did not report such stress. This indicates that occupational stress was present among a notable proportion of the study participants and may influence their overall health and well-being.

Table 14: Distribution of Respondents According to Psychological Stress Due to Work Pressure

<i>Do you experience psychological stress due to work pressure?</i>	<i>Frequency</i>	<i>Percent</i>
No	38	76
Yes	12	24
Total	50	100

Table 15: Distribution of Respondents According to Sleep Deprivation Due to Occupational Demands

<i>Do you suffer from sleep deprivation because of occupational demands?</i>	<i>Frequency</i>	<i>Percent</i>
No	42	84
Yes	8	16
Total	50	100

Table 16: Distribution of Respondents According to Anxiety or Depressive Symptoms Related to Work Stress

<i>Have you experienced anxiety or depressive symptoms related to work stress?</i>	<i>Frequency</i>	<i>Percent</i>
No	38	76
Yes	12	24
Total	50	100

The analysis of sleep deprivation due to occupational demands showed that a proportion of respondents experienced inadequate sleep associated with their work responsibilities, while the remaining respondents did not report such problems. Sleep deprivation may adversely affect physical and mental health and could contribute to the overall burden of health-related issues among women.

The findings regarding anxiety or depressive symptoms related to work stress indicated that some respondents experienced psychological distress associated with occupational pressure, whereas others did not report such symptoms. These results highlight the potential influence of workplace stress on mental health among women.

The assessment of exposure to environmental or occupational hazards revealed that a proportion of respondents reported exposure to factors such as air pollution, heavy metals, pesticides, endocrine-disrupting chemicals, radiation, or similar agents, while the remaining respondents reported no such exposure. These exposures may have implications for reproductive and general health.

The comparison of symptom scores between working and non-working women revealed that working women reported a slightly higher symptom burden than non-working women. The mean symptom score among working women was 8.00 ± 3.72 with a median of 10.00, whereas non-working women had a mean symptom score of 7.58 ± 3.85 with a median of 8.00. The interquartile range was wider among working women (IQR = 8.00) compared to non-

Table 17: Distribution of Respondents According to Exposure to Environmental or Occupational Hazards

<i>Are you exposed to environmental or occupational hazards such as air pollution, heavy metals, pesticides, endocrine-disrupting chemicals, radiation, or similar agents?</i>	<i>Frequency</i>	<i>Percent</i>
No	46	92
Yes	4	8
Total	50	100

Table 18. Comparison of Symptom Score and Lifestyle Score Between Working and Non-Working Women

<i>Variable</i>	<i>Occupational Status</i>	<i>n</i>	<i>Median</i>	<i>IQR</i>
Symptom Score	Non-working (Housewife)	38	8	4
	Working woman	12	10	8
Lifestyle Score	Non-working (Housewife)	38	3	4
	Working woman	12	3	2

Table 19: Comparison of Symptom Score and Lifestyle Score Between Working and Non-Working Women

<i>Variable</i>	<i>Occupational Status</i>	<i>n</i>	<i>Mean Rank</i>	<i>Mann-Whitney U</i>	<i>Z-value</i>	<i>p-value</i>
Symptom Score	Non-working (Housewife)	38	24.76	200	-0.641	0.521
	Working woman	12	27.83			
Lifestyle Score	Non-working (Housewife)	38	26.55	188	-0.947	0.343
	Working woman	12	22.17			

working women (IQR = 4.00), indicating greater variability in symptom experience among working women. With regard to lifestyle-related factors, non-working women exhibited a higher lifestyle risk burden than working women. The mean lifestyle score among non-working women was 3.24 ± 1.98 with a median of 3.00, while working women had a mean lifestyle score of 2.33 ± 0.98 with a median of 3.00. The interquartile range was 4.00 among non-working women and 2.00 among working women, suggesting greater variation in lifestyle-related risk factors among non-working women.

The Mann–Whitney U test was performed to compare symptom scores between working and non-working women diagnosed with uterine fibroids. The mean rank of symptom score was slightly higher among working women (27.83) than non-working women (24.76). However, the difference was not statistically significant (Mann–Whitney U = 200.00, Z = -0.641, $p = 0.521$). Therefore, the symptom burden did not differ significantly between working and non-working women in the study population. The Mann–Whitney U test was also conducted to compare lifestyle scores between working and non-working women diagnosed with uterine fibroids. The mean rank of lifestyle score was higher among non-working women (26.55) than working women (22.17), indicating a relatively greater lifestyle-related risk burden among non-working women. However, the observed difference was not statistically significant (Mann–Whitney U = 188.00, Z = -0.947, $p = 0.343$). Thus, lifestyle scores did not differ significantly between working and non-working women in the study population.

Result and Discussion

The present study examined occupational stress, lifestyle-related factors, and symptom burden among working and non-working women diagnosed with uterine fibroids in Jhunjhunu district. The findings revealed that 24% of respondents experienced psychological stress due to work pressure, 16% reported sleep deprivation associated with occupational demands, and 24% experienced anxiety or depressive symptoms related to work stress. Although a direct comparison is difficult because most previous studies focused on fibroid risk rather than occupational stress among diagnosed patients, the findings partially support those of He et al. (2013), who reported that lifestyle and occupational factors influence uterine fibroid occurrence. Their study suggested that greater occupational physical activity was associated with a reduced risk of fibroids, while unhealthy lifestyle factors increased susceptibility. Similarly, the present study identified the presence of occupational stress and lifestyle-related issues among women with fibroids, indicating that work-related and behavioural factors may contribute to disease burden.

The present study found that working women had a slightly higher symptom burden (median symptom score

= 10) than non-working women (median symptom score = 8). However, the difference was not statistically significant ($p = 0.521$). These findings are consistent with those reported by Akhtar et al. (2025), who observed that factors such as education, diet, physical activity, contraceptive use, and stress were not significantly associated with fibroid symptom severity. Regarding lifestyle-related factors, non-working women in the present study demonstrated a slightly higher lifestyle risk burden than working women; however, this difference was also statistically non-significant ($p = 0.343$). This observation partly agrees with the findings of He et al. (2013), who emphasized the protective role of healthy lifestyle practices such as increased physical activity and consumption of fruits and vegetables. Although the present study did not identify significant differences between occupational groups, the higher lifestyle risk scores among non-working women may indicate relatively lower physical activity levels and less healthy lifestyle patterns.

The reproductive and clinical characteristics observed in the present study were comparable to those reported in previous investigations. Most respondents belonged to the age groups of 26–35 and 36–45 years, supporting the observations of Shravani et al. (2025), who reported that uterine fibroids are predominantly diagnosed during the fourth and fifth decades of life. Furthermore, intramural fibroids were the most common type in the present study (40%), which is in agreement with Shravani et al. (2025), who also identified intramural fibroids as the predominant fibroid type among affected women. The majority of respondents in the present study had experienced more than one pregnancy (68%). This finding is consistent with the observations of Muawad et al. (2022), who reported that parity may exert a protective influence against uterine fibroid development. Although the present study included only women already diagnosed with fibroids and therefore could not evaluate protective effects directly, the high proportion of multiparous women highlights the complex relationship between pregnancy history and fibroid occurrence.

With regard to treatment practices, 84% of respondents reported using allopathic treatment, while 16% used Ayurvedic treatment. Previous studies by Mehere and Naik (2019) and Singh et al. (2025) demonstrated favourable outcomes following Ayurvedic interventions, including symptom improvement and reduction in fibroid size. Similarly, Deepa et al. (2021) reported symptomatic improvement and reduction in fibroid size following yoga and naturopathy therapy. However, despite the promising findings of these studies, the present investigation observed a clear preference for allopathic treatment among respondents, suggesting that conventional medical management remains the dominant therapeutic approach in the study area. These results support previous evidence

suggesting that uterine fibroids are influenced by a complex interaction of demographic, reproductive, lifestyle, and environmental factors rather than occupational status alone.

Conclusion

The present study investigated the socio-demographic characteristics, reproductive and medical history, occupational stress factors, lifestyle-related factors, and symptom burden among women diagnosed with uterine fibroids in Jhunjhunu district, Rajasthan. The findings indicated that uterine fibroids were predominantly observed among women in the age groups of 26–35 and 36–45 years, with a higher representation of rural residents and non-working women. Intramural fibroids emerged as the most common type, and allopathic treatment was the preferred mode of management among the majority of respondents. Occupational stress, sleep deprivation, anxiety, and exposure to workplace hazards were reported by a proportion of working women, suggesting that occupational factors may contribute to the overall health burden experienced by women with uterine fibroids. Although working women exhibited slightly higher symptom scores and non-working women showed marginally higher lifestyle risk scores, these differences were not significant according to the Mann–Whitney U test. The study highlights that uterine fibroids are associated with a complex interplay of demographic, reproductive, lifestyle, and occupational factors rather than occupational status alone. The findings emphasize the importance of early diagnosis, awareness regarding reproductive health, promotion of healthy lifestyle practices, and appropriate medical management to decrease the burden of uterine fibroids. Further studies involving larger sample sizes and inclusion of women without fibroids are recommended to better understand the role of occupational and lifestyle factors in the development and progression of uterine fibroids.

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