

DEMOGRAPHIC VARIABLES AND AWARENESS ON UTERINE FIBROID AMONG FEMALE UNDERGRADUATES IN DELTA CENTRAL SENATORIAL DISTRICT

G. E GARUBA

G. O. AKPOCHAFU (Ph.D)

E. E. EBENUWA-OKOH (Ph.D)

*Department of Guidance and Counselling,
Delta State University, Abraka.*

O. C. ORORORO

*Department of Medical Biochemistry,
Delta State University, Abraka.*

Abstract

Female undergraduates in the Delta Central Senatorial District had their uterine fibroid knowledge and management correlated with demographic factors in this study. The study was framed by six research questions and five hypotheses. A correlational research design was used in the study. 15,660 and 375 female students in tertiary institutions in the Delta Central Senatorial District, respectively, made up the study's population and sample size. Using a proportionate stratified sampling procedure, the students were chosen from tertiary institutions located throughout the Delta Central Senatorial District's eight local government divisions. The 'Awareness of Uterine Fibroid Rating Scale' (AUFRS) questionnaire was the research tool employed in this study. Experts verified the questionnaire for face, content, and construct validity. The dependability index was calculated using the Cronbach alpha predictability coefficient, which yielded a coefficient of 0.802. The data were analyzed using the standard deviations, means, and Pearson's Product Moment Correlation. At a significance level of 0.05, regression statistics were also used in testing the hypotheses. The study's conclusions depicted that undergraduate students in the Senatorial District of the central area of Delta State have a high level of awareness of uterine fibroid; there is no significant relationship between age and this awareness; there is no noteworthy relationship between level of study and this awareness; and the education level of the parents has no noteworthy relationship with this awareness. According to the results, female undergraduate students have a high degree of awareness of uterine fibroid, which is not likely to be influenced by their age, level of study, parents' education level, or religion. The study made several recommendations, including the need to raise awareness among female undergraduate students in additional Delta State senatorial districts and to maintain and improve current levels of knowledge.

KEYWORDS: Uterine fibroid, awareness, undergraduates, delta central senatorial district

INTRODUCTION

Women undergo physical, hormonal, emotional, and mental changes as they age and become adulthood. The prevalence of uterine fibroid may be one of these modifications. The most frequent type of female pelvic tumor is a uterine fibroid. Although there is varying amounts of fibrous connective tissue, it primarily consists of muscle tissue. Uterine fibroids are the most typical small

tumors that form in the muscle wall of the uterus. They might be as small as a speck or as big as a melon (Cambridge & Sealy, 2012). The uterus may occasionally enlarge to the size of a 5-month pregnancy as a result of this. Fibroids can exist in groups of one or more (Emuveyan, Ifenne, and Ohaju-Obodo, 2005).

Age and race both affect the prevalence of uterine fibroid. According to Adegbesan-Omilabu, Okunade, and Gbadegesin (2014), it affects over 80% of Nigerian women over the age of 25. While the exact reason for uterine fibroids is unknown, genetic predispositions and hormones like growth hormone, oestrogen, and epidermal growth factor all contribute to or facilitate their development. Menorrhagia is a typical clinical symptom of uterine fibroids, which may result in anemia. Anaemia during pregnancy could have extra negative effects on the mother and the unborn child if a woman already has uterine fibroids. However, some uterine fibroids might lead to polycythemia due to erythropoietin elaboration. As women get older, uterine leiomyomas are common. In one study, the prevalence of uterine fibroid tumors detected by ultrasound ranged from 4% in women aged 20 to 30 to 11% to 18% in those aged 30 to 40, and from 33% in those aged 40 to 60 (Ogedengbe, 2003). Higher prevalence has been reported in some parts of Nigeria, especially the Eastern part: 13.6% was obtained in Ebony State and 25% was reported in Enugu State (Ukwenya, Maduomezia, Afolyan, Alese & Thomas, 2015). In asymptomatic people, a research done in South-Western Nigeria revealed a frequency of 6.83%.

The majority of women do not have access to the information they require on fibroids due to the disease's lack of awareness in both society and the medical community. Only 49% of "at-risk" women (those who reported symptoms suggestive of fibroids but no clinical diagnosis) in a recent study by Marsh, Al-Hendy, Kappus, Galitsky & Stewart (2018) had heard of uterine fibroids. Most of these women attempted self-management of their symptoms after they first appeared (60%) or patiently awaited symptom resolution (50%). Raising awareness about uterine fibroids might encourage more women to communicate to their healthcare providers about menstrual problems and eliminate taboo around these subjects. It can also support the argument for higher funding for research and improved treatments. The awareness of uterine fibroid among female students may be impacted by certain demographic factors. The majority of females, including some mothers, don't even realize that uterine fibroid prevalence is significantly influenced by how and what women eat. Uterine fibroid is quite common and can have fatal consequences, yet many people, mainly female undergraduates, have failed to take appropriate precautions to avoid it. Perhaps they are ignorant of the disease's existence or they firmly believe that it exists. This study's goal was to evaluate female undergraduate students' level of knowledge in the Delta Central Senatorial District on uterine fibroid and its management.

Objectives of the Study

The purpose of this study was to look into the level of uterine fibroid awareness among female undergraduate students and how that level of knowledge is related by those students' demographic characteristics. The study specifically addressed:

1. the degree to which female undergraduate students in the Delta Central Senatorial District are aware of uterine fibroid;
2. the association between uterine fibroid awareness among female undergraduate students in the Delta Central Senatorial District and age;
3. the association between degree of education and knowledge of uterine fibroid among female

- undergraduate students in the Delta Central Senatorial District
4. the association between parents' educational attainment and the degree of uterine fibroid awareness among female undergraduate students in the Delta Central Senatorial District;
5. the association between religion and the degree of uterine fibroid awareness among female undergraduate students in the Delta Central Senatorial District; and
6. the association between age, level of study, and parents' educational attainment and the degree of uterine fibroid awareness among female undergraduate students

Research Questions

1. How much do female undergraduate students in the Delta Central Senatorial District know about uterine fibroid?
2. What is the association between female undergraduate students' age and uterine fibroid awareness level?
3. What is the connection between level of study and level of awareness on uterine fibroid among female undergraduate students in Delta Central Senatorial District?
4. How well-informed are female undergraduate students in the Delta Central Senatorial District about uterine fibroid in connection to their parents' educational levels?
5. How informed are female undergraduate students in the Delta Central Senatorial District of uterine fibroid disease in connection to their religion?
6. What is the link between age, educational attainment of parents, religious affiliation, and uterine fibroid awareness among female undergraduate students in the Delta Central Senatorial District?

Hypotheses

To direct the investigation, the following null hypotheses were developed:

1. Among female undergraduate students in the Senatorial District in Delta Central, there is no correlation between age and knowledge of uterine fibroid.
2. Among female undergraduate students in the study area, no correlation exists between degree of study and awareness of uterine fibroid.
3. In the Delta Central Senatorial District, no correlation exists between female undergraduate students' knowledge of uterine fibroid and their parents' educational level.
4. In the Delta Central Senatorial District, female undergraduate students' awareness of uterine fibroid is not significantly correlated with their religious affiliation.
5. In the study area, no exists correlation between uterine fibroid awareness among female undergraduate students and age, educational level, parents' educational background, or religion.

METHODOLOGY

Research Design

A correlational research approach was used in this investigation. To ascertain the strength of a relationship between a collection of independent factors and a dependent variable, the correlational approach is frequently utilized. The researcher evaluated the association between demographic factors and female students' awareness of uterine fibroid lesions, hence this research design was deemed adequate.

Population of the Study

Fifteen thousand, six hundred and sixty (15,660) female students at higher institutions in the Delta Central Senatorial District made up the study's population. There are 11 tertiary institutions in the senatorial district, according to data that is currently available.

Sample and Sampling Techniques

Three hundred and Seventy five (375) female undergraduate students constituted this investigation's sample size. This number was selected based on Krejcie and Morgan's proposal (1970) that a sample size of 375 is appropriate for a population between 15,000 and 19,999 people. Using a proportionate stratified sampling procedure, the students were chosen from tertiary institutions located throughout the Delta Central Senatorial District's eight local government divisions. From each of the 11 institutions in the senatorial district, 2% of students were chosen.

Research Instrument

The study's primary research technique was a questionnaire, and it has two sections: Section A covers information about the respondents' age, educational background, parents' educational attainment, and religion. The Awareness of Uterine Fibroid Rating Scale (AUFRS) is found in Section B. This scale, which has 25 items, gauges how much knowledge students have of uterine fibroid. It was created by the researcher and was formatted on a 4-point scale, with 4 being the strongest agreement and 1 being the strongest disagreement.

Validity of the Research Instrument

For face validation, the questionnaire was shown to professionals in the guidance and counseling department at Delta State University, Abraka. These experts evaluated the instruments to determine whether they were relevant and suitable for the study's goals. Some of the items were adjusted with respect to choice of language, in order to align with the study's aim. Therefore, in the opinion of specialists, the face validity was sufficient.

To measure the instrument's construct and content validity, factor analysis was performed. The content validity was calculated using the principal component analysis. A cumulative value of 63.627% was the result. Utilizing the varimax orthogonal method's rotational component loading matrix, the construct validity was assessed. The results were between 0.544 and 0.708.

Questionnaire's Reliability

The questionnaire was given to fifty undergraduate students in the Delta North Senatorial District in order to gauge the dependability of the research instrument. Upon analysis of the data gathered via the Cronbach alpha reliability tool, the instrument's coefficient was 0.82, suggesting high reliability.

Method of Data Collection

The researchers gave out the questionnaire to the students, assisted by three research assistants. After obtaining their consent, the researchers and the research assistants visited the students in their dorms and classrooms to distribute copies of the questionnaire. To prevent data loss, the completed questionnaire was retrieved right away. A total of 361 questionnaires were retrieved after the exercise, out of the 375 copies that were distributed. It shows a 96% retrieval rate.

Method of Data Analysis

To analyze the data and provide answers to the research objectives, standard deviation, mean and Pearson's product correlation tool were used. A benchmark was established using a mean of 2.5. Any item with a computed mean value of 2.5 or higher was considered required and approved, while those with a calculated mean value of less than 2.5 were rejected as not necessary. Regression statistics were deployed in testing the hypotheses with P set at 0.05.

RESULTS

Research Question One: How much do female undergraduate students in the Delta Central Senatorial District know about uterine fibroid?

Table 1: Mean values of the level of awareness on uterine fibroid among female undergraduate students in Delta Central Senatorial District.

S/N	Statement	\bar{X}	SD	Remark
1	Fibroid affects childbearing	3.62	0.67	High
2	Heavy bleeding may occur in fibroids	3.58	0.72	High
3	Fibroids is a life-threatening disease	3.38	0.84	Significant
4	Heavy or abnormal periods are commonly associated with uterine fibroids	3.28	0.88	High
5	Women around the years of 40 and menopause have the highest prevalence of uterine fibroids.	3.09	0.86	High
6	No drug is required for treatment, fibroids will cure by itself	3.09	1.06	High
7	After menopause, uterine fibroids Usually decrease or go away	2.86	0.93	Significant
8	High blood pressures may have chances of causing fibroids.	2.84	0.94	High
9	Co-morbidity occurs along with fibroids	2.75	0.97	High
10	Obesity is a risk factor of fibroids.	2.72	0.98	High
11	hysterectomy treatment has a 3% chance of major complications	2.65	0.95	Significant
12	Fibroids lead to cancer.	2.57	1.10	High
13	The recommendation for fibroids therapy is just for females with unwelcome symptoms	2.53	1.05	High
Average Mean		3.00	0.92	High
Criterion Mean = 2.50				

Table 1 shows the mean rating of the level of awareness on uterine fibroid among female undergraduate students in the study area. The average mean is 3.00, which is greater than the benchmark of 2.50. This means that the level of awareness on uterine fibroid among female undergraduate students in the study area is high.

Research Question Two: What is the association between female undergraduate students' age and uterine fibroid awareness level in the Delta Central Senatorial District?

Table 2: Analysis of the relationship between age and level of awareness on uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division.

Variable	<i>n</i>	<i>r</i>	<i>r</i> ²	<i>r</i> ² %	Decision
Age Level of Awareness	361	0.06	[0.004	0.4	Positive Relationship

Table 2 showed that $r = 0.06$. This indicated the extent of the relationship between age and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division. The result depicted that a positive connection exists between age and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division. The result further showed that age explained 0.4% of the variance in level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division.

Third Research Question: What is the connection between level of study and level of awareness on uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division?

Table 3: Analysis of the relationship between level of study and level of awareness on uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division

Variable	<i>n</i>	<i>r</i>	<i>r</i> ²	<i>r</i> ² %	Decision
Level of Study Level of Awareness	361	0.09	[0.008	0.8	Positive Relationship

Table 3 showed that $r = 0.09$. This indicated the extent of the relationship between level of study and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division. The result revealed that a positive relationship exists between level of study and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division. The result further showed that level of study explained 0.8% of the variance in level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division.

Fourth Research Question: What is the association between parents' rank of education and level of awareness on uterine fibroid among female undergraduate students in Delta Central Senatorial District?

Table 4: How well-informed are female undergraduate students in the Delta Central Senatorial District about uterine fibroid in connection to their parents' educational levels?

Variable	<i>n</i>	<i>R</i>	<i>r</i> ²	<i>r</i> ² %	Decision
Parents' Level of Education Level of Awareness	361	-0.05	[0.003	0.3	Negative Relationship

Table 4 showed that $r = -0.05$. This indicated the extent of the relationship between parents' rank of education and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division. The result depicted that a negative association exists between parents' level of education and level of awareness of uterine fibroid among female undergraduate students in Delta Central Senatorial District. The result further showcased that parents' level of education explained 0.3% of the variance in level of awareness of uterine fibroid among female undergraduate students in Delta Central Senatorial District.

Research Question 5: How informed are female undergraduate students in the Delta Central Senatorial District of uterine fibroid disease in connection to their religion?

Table 5: Analysis of the relationship between religion and level of awareness on uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division

Variable	<i>n</i>	<i>r</i>	<i>r</i> ²	<i>r</i> ² %	Decision
Religion			[
Level of Awareness	361	0.10	0.01	1	Positive Relationship

Table 5 showed that $r = 0.10$. This indicated the extent of the relationship between religion and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division. The result depicted that a positive link exists between religion and level of awareness of uterine fibroid among female undergraduate students in Delta Central Senatorial District. The result further showed that religion explained 1% of the variance in level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division.

Sixth Research Question: What is the connection among age, level of study, parents' rank of education, religion and level of awareness on uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division?

Table 6: Examination of the association among age, level of study, parents' rank of education, religion and level of awareness on uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division

Variable	<i>n</i>	<i>R</i>	<i>R</i> ²	<i>R</i> ² %	Decision
Age					
Level of Study					
Parents' Level of Education	361	0.14	0.02	2	Positive Relationship
Religion					
Level of Awareness					

Table 6 showed that $R = 0.14$ which indicates the extent of the relationship among age, level of study, parents' level of education, religion and level of awareness on uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division. It represented an affirmative relationship among the five variables. From the result, age, level of study, parents' level of education and religion jointly explained 2% of the variance in level of awareness of uterine fibroid among female undergraduate students in Delta Central Senatorial District.

Hypothesis 1: Among female undergraduate students in Delta State's Central Senatorial Division, no correlation exists between age and knowledge of uterine fibroid.

Table 7: Regression examination of the relationship between age and level of awareness on uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division

Model	SS	df	MS	F	Sig
Regression	18.890	1	18.890		
Residual	5123.642	359	14.272	1.324	.251 ^b
Total	5142.532	360			
a. Dependent Variable:		Level of Awareness			
b. Predictors (Constant):		Age			

Table 7 shows a regression analysis of the relationship between age and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division. The result depicted that $F(1, 360) = 1.324$, p value greater than 0.05. Thus, the null hypothesis was accepted. This means that there is no significant relationship between age and level of awareness of uterine fibroid among female undergraduate students in Delta Central Senatorial District.

Hypothesis 2: Among female undergraduate students in the Delta Central Senatorial District, no correlation exists between level of study and awareness of uterine fibroid.

Table 8: Regression examination of the relationship between level of study and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division

Model	SS	df	MS	F	Sig
Regression	44.346	1	44.346	3.123	.078 ^b
Residual	5098.186	359	14.201		
Total	5142.532	360			
a. Dependent Variable:		Level of Awareness			
b. Predictors (Constant):		Level of Study			

Table 8 shows a regression assessment of the link between level of study and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division. The result shows that $F(1, 360) = 3.123$, with p value higher than 0.05 and as such the null hypothesis was accepted. This means that there is no significant relationship between level of study and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division.

Hypothesis 3: In the Delta State's Central Senatorial Division, there is no correlation between female undergraduate students' knowledge of uterine fibroid and their parents' educational level.

Table 9: Regression analysis of the link between parents' level of education and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division.

Model	SS	df	MS	F	Sig
Regression	11.469	1	11.469		
Residual	5131.063	359	14.293	.802	.371 ^b
Total	5142.532	360			

a. Dependent Variable: Level of Awareness

b. Predictors (Constant): Parents' Level of Education

Table 9 shows a regression analysis of the link between parents' level of education and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division. The result showcased that $F(1, 360) = 0.802$, with p value higher than 0.05 leading to the acceptance of the null hypothesis. This means that there is no significant relationship between parents' level of education and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division.

Hypothesis 4: In the Delta State's Central Senatorial Division, female undergraduate students' awareness of uterine fibroid is not significantly correlated with their religious affiliation.

Table 10: Regression evaluation of the link between religion and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division

Model	SS	df	MS	F	Sig
Regression	47.808	1	47.808		
Residual	5094.724	359	14.191	3.369	.067 ^b
Total	5142.532	360			

a. Dependent Variable: Level of Awareness

b. Predictors (Constant): Religion

Table 10 shows a regression evaluation of the link between religion and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division. The result shows that $F(1, 360) = 3.369$, with p value higher than 0.05 and for this reason, the null hypothesis was accepted. This indicted that there is no noteworthy relationship between religion and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division.

Hypothesis5: In the Delta State's Central Senatorial Division, no correlation exists between uterine fibroid awareness among female undergraduate students and age, educational level, parents' educational background, or religion.

Table 11: Regression analysis of the relationship among age, level of study, parents' level of education, religion and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division.

Model	SS	df	MS	F	Sig
Regression	99.497	4	24.874		
Residual	5043.035	356	14.166	1.756	.137 ^b
Total	5142.532	360			

a. Dependent Variable: Level of Awareness

b. Predictors (Constant): Age, Level of Study. Parents' Level of Education, Religion

Table 11 shows a regression analysis of the relationship among age, level of study, parents' level of education, religion and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division. The result showcased that $F(4, 360) = 1.756$, $p > 0.05$. Thus, the null hypothesis was accepted because. This highlights that there is no noteworthy relationship among age, level of study, parents' level of education, religion and level of awareness of uterine fibroid among female undergraduate students in Delta State's Central Senatorial Division.

Discussion of Findings

In this study, female undergraduate students in the Delta Central Senatorial District have a high degree of knowledge of uterine fibroid. This result suggests that the majority of students are well aware of uterine fibroid presence. They appear to be knowledgeable about uterine fibroid, including its causes, symptoms, impact, and available treatments. They are aware that uterine fibroids can affect pregnancy, that they can cause heavy bleeding, that they are a serious medical condition, that they frequently cause heavy or irregular periods, that they are most frequent in women around 40 years of age and menopause, and that there is no drug required for treatment.

The majority of undergraduate students in the study area are aware that uterine fibroids typically decrease or disappear after menopause, that co-morbidity often coexists with fibroids, that obesity is a risk factor for fibroids, and that there is a 3% chance of serious complications from hysterectomy surgery.

According to the aforementioned finding, with sufficient sensitization, they might be able to discover ways to prevent uterine fibroid incidence and ways to lessen its effects in the event that it does arise. The results presented here conflict with those of Adegbeasan-Omilabu (2014), who discovered that patients have very little understanding of uterine fibroids and that the majority of women take an over-the-counter drug to decrease their growth.

The second conclusion indicated that among female undergraduate students in the Delta State's Central Senatorial Division, no correlation exists between age and the degree of knowledge of uterine fibroid. According to this result, female undergraduate students' awareness of uterine fibroid may not be affected by an individual's age. The majority of the participants were students aged between 16 and 25, which may be the cause of this result. The age disparity amongst the students does not indicate a sizable knowledge gap regarding uterine fibroid. Therefore, it appears that there is no variation in students of different ages' awareness of uterine fibroid. Additionally, all of the students are undergraduates. This suggests that they may, in large part, share a cognitive level of reasoning. Their degree of knowledge about uterine fibroid may not greatly differ from one another in this regard. The aforementioned finding conflicts with that of Adegbeasan-Omilabu, et al. (2014),

who found that race and age have a role in the incidence of uterine fibroid.

The third conclusion showed that among female undergraduate students in the Delta State's Central Senatorial Division, there is no correlation between degree of study and level of awareness of uterine fibroid. This result implies that the students' awareness of uterine fibroid may not be affected by their study level in any way. The fact that uterine fibroid may be covered in secondary school curricula may be the cause of this discovery. For instance, it might have been covered in sex education classes or other health-related subjects like health education. Since all of the students have completed secondary education, their familiarity with uterine fibroid may not be influenced by their current level of study because they had learned about it in secondary schools. The widespread use of social media and internet connectivity may also be a factor in this conclusion. Nowadays, practically every undergraduate student owns a smartphone, making information conveniently accessible. Therefore, regardless of their level of education, as long as they have access to the internet, people can learn about uterine fibroid, its symptoms, causes, effects, and potential treatment options.

The fourth study revealed that among female undergraduate students in the Delta State's Central Senatorial Division, there is no correlation between parents' educational level and their level of awareness of uterine fibroid. This result suggests that parental education levels have little bearing on their children's awareness of uterine fibroid. This conclusion may have occurred because parents are not frequently the source of knowledge regarding uterine fibroid. The material is easily accessible online, during health talks on radio and television, in newspapers, and during health education programs in schools. Therefore, it is irrelevant whether the parents of the students are educated or not. If the children have access to the internet, radio, newspaper, or have had the opportunity to attend health talks, they can learn about uterine fibroids even if their parents are not sufficiently educated to give their kids regular sex education. The results conflict with those of Dennill et al. (2009), who found that people's levels of education can influence their knowledge of uterine fibroid due to misinformation and ill-informed decisions forced upon these women by conditions of inadequate access to information/knowledge and proper expert counseling, which would give them the freedom to ask pertinent questions about their reproductive health, and hysterectomy in particular, if they had access to such information.

The fifth finding revealed that among female undergraduate students in the Delta State's Central Senatorial Division, no correlation exists between religion and the degree of awareness of uterine fibroid. This result implies that students' awareness of uterine fibroid may not be influenced by religion. The majority of the students that took part in the study were Christians, which may be the cause of this result. A negligible proportion of African Traditional Religion practitioners and very few Muslims took part in the study. Consequently, it's possible that the spread wasn't large enough to establish a meaningful connection between the two variables.

In addition to the problem that not enough religious groups were represented, it's also feasible that religion has nothing to do with learning. No matter what religion the students practice, their knowledge of uterine fibroid won't matter as long as information is easily accessible online, in the newspaper, on health forums, and in sex education classes at the secondary level of education. The aforementioned finding appears to be at odds with those of Doenges et al. (2010) and William & Clark (2010), whose findings contend that religion influences how well-informed people are about

uterine fibroid. They claim that misconceptions, a lack of knowledge, myths, falsehoods, taboos ingrained in belief and value systems, as well as a lack of exposure to informed topics on the subject of hysterectomy among women of various cultures associated with particular regions are to blame.

The sixth finding showed that among female undergraduate students in Delta State's Central Senatorial Division, there is no correlation between age, study level, parents' educational attainment, religion, and level of uterine fibroid awareness. This result suggests that the students' level of uterine fibroid awareness may not be influenced by the presence or absence of age, study level, parents' educational background, or religion. This result has a plausible explanation. It was impossible to detect a significant correlation between all the independent factors since they did not individually correlate with undergraduate students' level of uterine fibroid awareness.

Conclusion and Recommendations

According to the study's findings, female undergraduate students have knowledge about uterine fibroid at a high level, knowing the condition's definition, symptoms, causes, and treatment options. Their age, level of education, parents' education, and religion may not have a significant impact on their level of awareness.

The following suggestions were offered in light of the study's findings:

- i. Other Delta State senatorial districts' female undergraduate students need to be made more aware of this issue.
- ii. Additional research should be done to determine why female undergraduate students' awareness of uterine fibroid may not be affected by their age.
- iii. Additional research should be done on the impact of educational attainment on female undergraduate students' knowledge of uterine fibroid.
- iv. More research should be done to determine potential causes of the lack of significance between parents' educational levels and undergraduate female students' awareness of uterine fibroid.
- v. Research on the connection between religion and uterine fibroid awareness should be conducted, and such studies should involve a sufficient representative sample of the many religions practiced in Nigeria.

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