

Big Belly-No Baby Syndrome: Perceptions of Premenopausal Women on Misinformation Surrounding Uterine Fibroids in Awka South LGA

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ABSTRACT

This study examined the perceptions of premenopausal women on misinformation surrounding uterine fibroids in Awka South Local Government Area of Anambra State, Nigeria. In many communities, fibroids are popularly described using stigmatizing expressions such as “big belly, no baby syndrome,” which reinforces misconceptions about the condition and influences women’s health-seeking behavior. The study adopted a survey research design and was anchored on the Health Belief Model and the Social Construction of Illness framework. A sample size of 384 premenopausal women aged 18–49 was selected from five communities in Awka South LGA using a multistage sampling technique. Data were collected through a structured questionnaire and analyzed using descriptive statistics such as frequency, percentage, and weighted mean. Findings revealed that although a majority of respondents had heard about uterine fibroids, their level of knowledge was only moderate, and a substantial number were aware of the existence of misinformation about the condition. The study also found that most respondents obtained information about uterine fibroids from informal sources, which contributed to the spread of misconceptions, including beliefs that fibroids are caused by spiritual attacks or can be completely cured through herbal remedies. The study concludes that misinformation continues to shape women’s perceptions and health decisions regarding uterine fibroids. It therefore recommends that intensified reproductive health education, community sensitization, the use of mass media campaigns to promote accurate information and counter misinformation about uterine fibroids, and improved access to non-surgical management options should be widely promoted.

Keywords: Perceptions, Premenopausal Women, Misinformation, Uterine Fibroids, Awka South LGA

INTRODUCTION

In many Nigerian communities, a visibly enlarged abdomen in a woman of reproductive age is often socially interpreted as pregnancy. When such enlargement persists without childbirth, women may be labeled, pitied, scrutinized, or stigmatized. This cultural framing has given rise to the colloquial expression “Big Belly, No Baby,” a phrase that encapsulates both physical manifestation and social judgment. This “big belly, no baby” appearance most times is a result of a medical defect called uterine fibroids.

Uterine fibroids, medically referred to as leiomyomas or myomas, are the most common benign gynecological tumors affecting women of reproductive age worldwide (Barjon, Kahn, and Singh, 2025; Donnez and Dolmans, 2016; Zimmermann et al., 2012). Characterized by smooth muscle cell proliferation within the uterus, fibroids can be asymptomatic or associated with a range of clinical manifestations, including heavy menstrual bleeding, pelvic pain, anemia, reproductive dysfunction, and impaired quality of life (Barjon et al 2025). Although fibroids are prevalent in a wide range of ethnic groups, research suggests that women of African origin are more severely affected by the disease in terms of occurrence and severity. (Fuldeore and Soliman, 2017; Chennath et al., 2023). Despite their high prevalence and substantial public health implications,

uterine fibroids may remain poorly understood in many communities, where cultural beliefs, limited access to accurate health information, and pervasive misinformation shape public perception and health-seeking behavior (Sharma and Mahajan, 2025; Opara, Iheanacho, and Petrucka, 2024).

In many parts of sub-Saharan Africa, including Nigeria, fibroids have been embedded in cultural narratives that mistakenly frame the condition as a consequence of spiritual attack, moral failure, or social wrongdoing (Igboeli, Walker, McHugh, Sultan, and Al-Hendy, 2019). These narratives may have been reinforced through informal communication networks, such as family members, community leaders, peers, traditional healers, and social media platforms, which act as powerful routes of health information but also misinformation. Consequently, women's perceptions of fibroids may not only be shaped by biomedical knowledge but also by the circulation of cultural beliefs and interpretations that people hold about the condition, its causes, and the suitable interventions that may distort clinical realities and onward solutions.

Misinformation about fibroids may include beliefs that the condition is caused by contraceptive use, delayed marriage, sexual promiscuity, or spiritual attack, all of which lack scientific support (Akpenpuun, Bai-Tachia, and Waroh 2019). In addition to misrepresenting the cause, these narratives may influence treatment attitudes, which causes many women to put off seeking clinical consultation or turn to ineffective alternative therapies.

The consequences of such misinformation extend beyond clinical outcomes. Negative public perceptions contribute to the stigmatization of women living with fibroids, impacting their psychological well-being, social relationships, and willingness to disclose symptoms. Women who internalize stigma may avoid discussing their condition openly, even with healthcare professionals, perpetuating a cycle of silence and misinformed decision-making (Adegbesan-Omilabu, Okunade, and Gbadegesin, 2014). Furthermore, misinformation undermines trust in biomedical care and reinforces reliance on traditional or spiritual remedies, which may delay diagnosis and complicate treatment when clinical intervention becomes necessary (Sharma and Mahajan, 2025).

In Nigeria, uterine fibroids represent a significant reproductive health concern. Health facility data and hospital-based studies consistently reveal high rates of fibroid diagnoses among women presenting with gynecological symptoms (Ogunjumelo, 2025; Akwuruoha, Umezurike, and Akwuruoha, 2025). Due to its cultural background, women with such health conditions from communities in the Awka South Local Government Area in Anambra State may likely be heavily influenced by cultural beliefs and grassroots communication networks. Prior research in similar Nigerian settings has highlighted how myths about reproductive health conditions shape health behavior, yet few studies have explicitly examined public perception of fibroids and its implications for health-seeking behavior (Sharma and Mahajan, 2025; Opara, Iheanacho, and Petrucka, 2024). This gap highlights the necessity for targeted research, inquiring how women understand fibroid-related symptoms and identifying their primary sources of health information, which can give valuable insights for the development of culturally appropriate health communication strategies.

Statement of Problem

Despite the clinical reality of fibroids as benign tumors, a profound gap exists between medical facts and community understanding, which may be fueled by deep-seated cultural taboos among women of reproductive age, where cultural beliefs and misinformation often shape how the disease is perceived and managed. In several climes, fibroids are commonly portrayed through stigmatizing representations such as “big belly, no baby syndrome,” which reinforces the belief in those localities that the condition is commonly associated with infertility, spiritual attacks, or moral failings rather than recognized biomedical causes.

These misconceptions contribute to fear, stigma, wrong perceptions, and misinformation, influencing how women interpret fibroid symptoms and their willingness to seek timely medical care. In places like Awka South Local Government Area in Anambra State, with a rich cultural background, reproductive health information is often circulated through informal sources, which have the tendency to share inaccurate claims that can easily spread and shape community perception, thereby leading to misinformation. It is against this backdrop that this study sought to find out the perceptions of premenopausal women about misinformation surrounding uterine fibroids in Awka South LGA.

Objectives of the Study

1. To examine the level of awareness of misinformation about uterine fibroids among premenopausal women in Awka South Local Government Area, Anambra State, Nigeria.
2. To identify the sources of information about uterine fibroids available to premenopausal women in Awka South LGA
3. To investigate the perceptions of premenopausal women in Awka South concerning the misinformation surrounding uterine fibroids.

Research Questions

1. What is the level of awareness of misinformation about uterine fibroids among premenopausal women in Awka South Local Government Area, Anambra State, Nigeria?
2. What are the sources of information about uterine fibroids available to premenopausal women in Awka South LGA?
3. What are the perceptions of premenopausal women in Awka South concerning the misinformation surrounding uterine fibroids?

Empirical Review

Dlamini, Nxumalo, Mpofana, Paule, Makgobole, and Pillay (2024) conducted a quantitative study on knowledge and perceptions of uterine fibroids: A descriptive cross-sectional survey among women of childbearing age in KwaZulu-Natal, South Africa. Data were collected from a sample of 362 women of reproductive age residing in a selected township in KwaZulu-Natal, South Africa. A pre-tested survey was conducted to gather data on knowledge, attitudes, and perceptions concerning uterine fibroids. The collected data were analyzed using SPSS version 27, employing descriptive statistics. Inferential statistics were also conducted to examine associations between key variables and respondents who self-reported being diagnosed with uterine fibroids. The findings showed that most participants, 73.8% (n=267), had no awareness of uterine fibroids. Participants also demonstrated poor knowledge regarding the etiology and symptoms of the condition. However, most participants, 49.2% (n=178), perceived uterine fibroids to be of spiritual origin, citing evil spirits and witchcraft as the cause. Participants subsequently reported that treatment would require herbal approaches and consultation with spiritualists such as traditional healers and seers. In summary, the study highlights various factors influencing self-reporting behaviours, including age, education level, employment status, marital status, number of children, awareness of the condition, perception of requiring treatment, family history, and symptom severity.

A study by Adegbesan-Omilabu, Okunade, and Gbadegesin (2014) titled Knowledge of, Perception of, and Attitude towards Uterine Fibroids among Women with Fibroids in Lagos, Nigeria. Using a cross-sectional descriptive study carried out among women diagnosed as having uterine fibroids in two gynecological clinics in Lagos, Nigeria, the study assessed the level of knowledge of, perception of, and attitude towards uterine fibroids among women diagnosed with the condition. Eligible women were recruited and a structured interviewer-administered questionnaire was used to collect the required information. Statistical analysis of data was done using EPI Info 2008. Results showed that the knowledge of fibroids of the respondents was 98.6% and the information on uterine fibroids was obtained from radio, parents/relatives, health workers, and television in 29%, 27.3%, 18.7%, and 18.3%, respectively, by the respondents. Most of the women believed that being Black, being nulliparous, or having positive family history predisposes women to having uterine fibroids. Up to 69.0% of the respondents believed that fibroids are a spiritual problem and many thought it requires spiritual healing. Fear of complications of surgery keeps most sufferers away from the hospital until fibroids become advanced or associated with complications. Conclusion. Awareness of uterine fibroids is high, but correct knowledge of aetiology and proper treatment is low. Intensive enlightenment of the populace using the mass media by trained personnel is recommended.

Another study by Akpenpuun, Fayehun, and Jegede (2019) on the health-seeking behavior of Tiv women living with fibroids in Benue State, Nigeria. The paper examined the health-seeking behavior of women living with fibroids in Tiv communities, Benue State, Nigeria. The study participants were selected from 4 Tiv-speaking

local government areas (Gboko, Makurdi, Ukum, and Vandeikya) in Benue State through a multistage sampling technique. A sequential explanatory mixed method of data collection was used. Fibroid occurrence is common among women in age category 30-39 (51%). All the respondents living fibroid sought treatment; however, 60% of the respondents prefer orthodox medical treatment while the remaining 40% prefer the traditional healing process. Income, proximity to healthcare facility, influence of relatives, friends, and health professionals have a stronger influence on the health-seeking behaviour of women living with fibroids. Health seeking is a combination of both traditional and modern medicines, while surgical procedures are less utilised. The study recommends increased sensitization and awareness about fibroids.

Theoretical Framework

This study is anchored on the Health Belief Model and the Social Construction of Illness framework. The Health Belief Model explains how perceived severity, susceptibility, benefits, and barriers influence health-seeking behavior, while the Social Construction of Illness highlights how cultural meanings shape symptom interpretation and response. Together, these frameworks illuminate why fibroids—despite being medically benign—carry profound social consequences among women of reproductive age. Thus, the Health Belief Model, as well as the social construction of illness, provides a useful framework for understanding how public perception and misinformation shape health-seeking behavior among women, especially in Awka South LGA.

METHODOLOGY

This study adopted a survey research design. The population comprised premenopausal women aged 18-49 living in Awka South LGA, with a projected population of 159,900 according to the National Population Commission and National Bureau of Statistics (2022). A sample size of 384 was determined using Krejcie and Morgan’s formula at a 95% confidence level. A multi-stage sampling technique was employed: first, five out of the nine communities in Awka South (Awka, Nibo, Okpuno, Nise, and Mbaukwu) were selected using a table of random numbers; second, two villages were randomly selected from each community, yielding 10 villages (Umuanaga and Umudioka; Ifite Nibo and Ezeawulu; Nodu and Umuodu; Enugwu Nise and Ugbene Nise; Ngodo and Ndiagu); and third, proportional sampling was applied to allocate the sample size across the selected villages. Questionnaires were administered using convenience sampling, achieving a 100% return rate. Data collection instruments included a 14-item questionnaire. Ethical standards were upheld through informed consent procedures. Instrument validity and reliability were ensured through a pilot study (n = 20) and Cronbach’s alpha, which indicated strong internal consistency.

Data Presentation and Analysis

Demographic information

On the age distribution, the majority of respondents (37.5%) were between 25 and 34 years, which implies that the majority of the respondents are middle-aged women. Regarding educational attainment, 45.8% of respondents had a tertiary education, which implied that the majority of the respondents were somewhat literate. The majority of the respondents are married, constituting 55.7%.

Research Question One: 1. What is the level of awareness of misinformation about uterine fibroids among premenopausal women in Awka South Local Government Area, Anambra State, Nigeria??

Table 1: Awareness of Misinformation about Uterine Fibroids among Respondents

Variable	Response	Frequency	Percentage
Have you heard about uterine fibroids before?	Yes	312	81
	No	72	19
	Total	384	100

Result from Table 1 shows that 312 respondents (81.3%) have heard about uterine fibroids, while 72 respondents (18.7%) indicated that they had not heard about the condition. This implies that the majority of the premenopausal women in Awka South have heard about uterine fibroids.

Table 2: Degree of knowledge about uterine fibroids

Variable	Frequency (Fi)	Weight (Wi)	(Wi×Fi)	Mean (x̄)
Very knowledgeable	68	4	272	0.71
Moderately knowledgeable	146	3	438	1.14
Slightly knowledgeable	110	2	220	0.57
Not knowledgeable	60	1	60	0.16
Total	384		990	2.58

Result from table 2 reveals that the weighted mean score of 2.58 indicates that premenopausal women in Awka South LGA are moderately knowledgeable about uterine fibroids. This suggests that although many respondents have some knowledge about the condition, gaps in understanding still exist.

Table 3: Awareness of misinformation about uterine fibroids

Variable	Response	Frequency	Percentage
Are you aware that there is misinformation about uterine fibroids in society?	Yes	258	67
	No	126	33
	Total	384	100

Result from table 3 highlights that 258 respondents (67.2%) indicated that they were aware of misinformation surrounding uterine fibroids, whereas 126 respondents (32.8%) were not aware of such misinformation.

Table 4: Degree of awareness of misinformation about uterine fibroids

Variable	Frequency (Fi)	Weight (Wi)	(Wi×Fi)	Mean (x̄)
Strongly agree	134	4	536	1.40
Agree	162	3	486	1.27
Disagree	58	2	116	0.30
Strongly disagree	30	1	30	0.08
Total	384		1168	3.04

Table 4 shows that the weighted mean score of 3.04 indicates that respondents agree that misinformation about uterine fibroids affects women's health decisions. This implies that misinformation circulating within communities may significantly influence how premenopausal women perceive, prevent, or seek treatment for uterine fibroids.

Research question Two: What are the sources of information about uterine fibroids available to premenopausal women in Awka South LGA?

Table 5: Sources of information available to premenopausal women about uterine fibroids

Variable	Response	Frequency	Percentage
Where did you first hear about uterine fibroids?	Health workers	92	24.0
	Family members	124	33.3
	Friends	108	28.1
	Media (radio, TV, newspapers)	60	15.6
	Total	384	100
Which source do you mostly rely on for information about uterine fibroids?	Health professionals	84	22
	Social media	32	8
	Friends and relatives	196	51
	Religious institutions	72	19
	Total	384	100

Table 5 shows that the majority of the respondents, 33.3%, heard about uterine fibroids for the first time from family members, and the source the majority of the respondents mostly rely on is still friends and relatives, 51%. This goes to show that their sources are mostly informal and may be the reason for the moderate knowledge of uterine fibroids from Table 2.

Table 6: Reliability of Information Sources

Variable	Frequency (Fi)	Weight (Wi)	(Wi×Fi)	Mean (x̄)
Very reliable	154	3	462	1.20
Somewhat reliable	192	2	384	1.00
Not reliable	38	1	38	0.09
Total	384		884	2.30

Table 6 reveals that the weighted mean of 2.30 falls within the "Somewhat Reliable" range. While respondents trust their sources, there is a lingering level of uncertainty, possibly due to the mixed nature of formal and informal information sources.

Table 7: Exposure to Misinformation

Variable	Response	Frequency	Percentage
Have you encountered conflicting or misleading information about uterine fibroids?	Yes	242	63
	No	142	37
	Total	384	100

Table 7 shows that the majority of the respondents, 63%, have been exposed to misinformation about uterine fibroids. This implies that some of the information from their reliable sources shares misinformation.

Research Question Three: What are the perceptions of premenopausal women in Awka South concerning the misinformation surrounding uterine fibroids?

Table 8: Perceptions of Misinformation about Uterine Fibroids

Variable	SA	A	SD	D	(Wi× Fi)	Mean
Some people believe uterine fibroids are caused by spiritual attacks or curses. What is your opinion?	144	120	78	42	1134	2.95
Some people believe that uterine fibroids always prevent women from having children. What is your opinion?	58	134	112	80	936	2.44

The result on Table 8 shows a mean score of 2.95, which falls within the agreement range, indicating that many respondents agreed that uterine fibroids are caused by spiritual attacks or curses. Such perceptions reflect the persistence of cultural beliefs and misinformation surrounding reproductive health conditions within the Awka South LGA. The second item assessed respondents' views on whether uterine fibroids always prevent women from having children. The findings show a mean score of 2.44, which falls within the disagreement range. This suggests that the majority of respondents hold the belief that fibroids inevitably lead to infertility.

Table 9: Belief in uterine fibroids causing infertility and need for public enlightenment

Variable	Response	Frequency	Percentage
Do you believe herbal remedies alone can completely cure uterine fibroids?	Yes	215	56
	No	62	16
	Not sure	107	28
	Total	384	100
Do you think there is a need for more public education to correct misinformation about uterine fibroids?	Yes	365	95
	No	19	5
	Total	384	100

The findings on Table 9 show that 215 respondents (56%) believe that herbal remedies alone can completely cure uterine fibroids, while 62 respondents (16%) do not share this belief, and 107 respondents (28%) indicated that they are not sure. This suggests that more than half of the respondents rely on or believe in herbal treatment as a cure for uterine fibroids, reflecting the influence of traditional beliefs and possible misinformation surrounding the condition. Furthermore, the table reveals that a vast majority of respondents, 365 (95%), agreed that there is a need for more public education to correct misinformation about uterine fibroids, whereas only 19 respondents (5%) felt that such education is not necessary. This indicates a strong recognition among the respondents that misinformation about uterine fibroids exists within the community and that increased awareness and educational campaigns are necessary to provide accurate knowledge about the causes, treatment, and management of the condition.

DISCUSSION OF FINDINGS

The findings of the research question one revealed that the level of awareness of misinformation about uterine fibroids among premenopausal women in Awka South LGA is relatively high but characterized by moderate knowledge and the persistence of misconceptions. The results showed that the majority of respondents (81.3%) had heard about uterine fibroids, while the weighted mean score of 2.58 indicated that respondents were only moderately knowledgeable about the condition. In addition, 67.2% of respondents acknowledged the existence of misinformation about uterine fibroids, and the weighted mean of 3.04 further revealed that respondents agreed that misinformation significantly influences women's health decisions. These findings align with the empirical study by Adegbesan-Omilabu, Okunade, and Gbadegesin (2014), which reported that although awareness of uterine fibroids among women in Lagos was high, accurate knowledge about its causes and treatment remained limited, with many respondents attributing the condition to spiritual causes. Similarly, the study by Dlamini et al. (2024) found that most women had poor knowledge of uterine fibroids and often associated the condition with supernatural explanations such as witchcraft or evil spirits. The present findings also support the theoretical assumptions of the Health Belief Model, which posits that individuals' health behaviours are influenced by their level of knowledge, perceived susceptibility, and perceived severity of a health condition. When misinformation shapes these perceptions, it may hinder appropriate health-seeking behaviour. Furthermore, the results agree with the Social Construction of Illness framework, which explains how societal beliefs and cultural narratives influence the interpretation of illnesses. In the context of Awka South, cultural expressions such as "big belly, no baby syndrome" reinforce social interpretations of fibroids that may not align with biomedical explanations. The moderate level of knowledge identified in this study, therefore, implies that misinformation continues to influence the public's comprehension of uterine fibroids.

The findings for Research Question Two revealed that the primary sources of information about uterine fibroids among premenopausal women in Awka South LGA are largely informal interpersonal channels. The results showed that the majority of respondents first heard about uterine fibroids from family members (33.3%) and friends (28.1%), while health workers (24.0%) and media sources such as radio and television (15.6%) accounted for smaller proportions. Furthermore, the study found that the most relied-upon source of information was friends and relatives (51%), followed by health professionals (22%), religious institutions (19%), and social media (8%). The weighted mean of 2.30 also indicated that respondents considered these information sources only somewhat reliable, and a substantial proportion (63%) reported exposure to conflicting or misleading information about uterine fibroids. These findings corroborate the empirical study by Adegbesan-Omilabu, Okunade, and Gbadegesin (2014), which found that women in Lagos obtained information about uterine fibroids mainly from informal and interpersonal sources such as parents, relatives, and the media, although such information was not always medically accurate. Similarly, the study by Akpenpuun, Fayehun, and Jegede (2019) revealed that relatives, friends, and community influences significantly shape women's health-seeking behaviour regarding fibroid treatment in Nigerian communities. The findings also support the assumptions of the Social Construction of Illness framework, which emphasizes that social interactions and cultural communication channels contribute to how illnesses are interpreted and understood within communities. In the case of Awka South LGA, the dominance of interpersonal sources such as family members and friends suggests that community narratives and shared beliefs play a significant role in shaping women's understanding of uterine fibroids, thereby increasing the likelihood of misinformation circulating within these networks.

The findings for research question three revealed that the perceptions of premenopausal women in Awka South LGA concerning uterine fibroids are significantly influenced by misinformation and sociocultural beliefs. The results showed that many respondents agreed with common misconceptions surrounding the condition, as indicated by the weighted mean score of 2.95, suggesting that a considerable proportion of respondents believe uterine fibroids may be caused by spiritual attacks or curses. Similarly, the weighted mean score of 2.44 on the belief that fibroids always prevent women from having children indicates that some respondents still associate the condition with infertility. Furthermore, more than half of the respondents (56%) believed that herbal remedies alone could completely cure uterine fibroids, while a vast majority (95%) agreed that there is a need for increased public education to correct misinformation. These findings are consistent with the empirical study by Dlamini et al. (2024), which revealed that many women in KwaZulu-Natal attributed uterine fibroids to supernatural causes such as witchcraft and evil spirits and believed that treatment should involve traditional healers. The findings also align with the study by Adegbesan-Omilabu, Okunade, and Gbadegesin (2014), which reported that a significant proportion of women believed fibroids to be a spiritual problem and relied on spiritual healing rather than medical treatment. The results further support the propositions of the Health Belief Model, which explains that individuals' perceptions of disease causation and severity influence their health behaviours, including their choice of treatment options. When women perceive fibroids as spiritually induced or inevitably linked to infertility, they may delay seeking medical care or rely on alternative remedies. In addition, the findings reflect the principles of the Social Construction of Illness framework, which posits that illnesses are interpreted through cultural meanings and social narratives. Within the context of Awka South LGA, the cultural framing of fibroids through expressions such as "big belly, no baby syndrome" reinforces stigmatizing perceptions and misinformation about the condition. Therefore, the persistence of these beliefs highlights the urgent need for culturally sensitive health communication strategies aimed at correcting misconceptions and promoting accurate knowledge about uterine fibroids among women of reproductive age.

CONCLUSION

The study concluded that while a large percentage of premenopausal women in the Awka South Local Government Area are aware of uterine fibroids, their level of knowledge is still only moderate and is greatly influenced by false information that is spread across the community. The results showed that women mostly learn about uterine fibroids via interpersonal sources such as friends, family, and other informal communication networks. This helps to explain why misconceptions regarding the illness continue to exist. These false beliefs include the notions that uterine fibroids may be totally treated with herbal medicines, are always the result of infertility, or are caused by spiritual attacks. The study also found that women's views and health decisions about the disease are influenced by false information. Therefore, enhancing public knowledge and promoting appropriate health-seeking behavior among women requires tackling misinformation through focused health communication, community education, and enhanced involvement of healthcare providers and media platforms.

LIMITATION OF THE STUDY

While this study used a survey research design, its scope is limited to Awka South LGA. Future studies should incorporate qualitative research methods, such as in-depth interviews or focus group discussions, to adequately understand women's lived experiences, beliefs, and emotional responses to misinformation about uterine fibroids. In addition, participants from other local government areas or states in Nigeria would enhance the generalizability of findings and provide a more comprehensive understanding of public perceptions across different cultural contexts.

The use of survey limits the study; further studies should include the use of qualitative research, such as in-depth interviews or focus group discussions, to better understand women's lived experiences and emotional responses to misinformation about uterine fibroids. The study is also limited by the use of one local government area; future studies should include other local government in Anambra State to enhance generalization.

RECOMMENDATION

Based on the findings, the study recommends the following:

1. Organization of Community-based reproductive health education programs by relevant authorities in Awka South LGA and beyond: These programs should include training for primary health care workers to provide accurate information on the causes, symptoms, and treatment options for uterine fibroids while addressing common myths and misconceptions.
2. Media health communication campaigns should utilize multiple channels, including local meetings, religious institutions, radio programs, and social media platforms, to counter misinformation and encourage women with uterine fibroids to seek early medical assistance.
3. Improved access to non-surgical treatment options should be widely promoted. This sensitization should be done by healthcare workers, particularly those in primary health centers, through counseling and sensitizing women about uterine fibroids and other forms of treatment that are not through surgery.

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