

ATTITUDES TOWARDS SEXUALLY TRANSMITTED INFECTIONS AMONG UNDERGRADUATES IN UNIVERSITY OF BENIN

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Abstract

Sexually transmitted infections (STIs) remain a significant health issue globally, particularly among adolescents and young adults. Despite various measures to reduce the prevalence of STIs, incidence rates continue to rise, especially among youths. This study examined attitudes towards STIs among undergraduates at the University of Benin. A descriptive survey design was adopted, with a sample of 287 undergraduates selected through a multistage sampling technique. Data was collected using a validated questionnaire and analysed using descriptive statistics and inferential tests. The results revealed that majority of respondents displayed a positive attitude towards STI prevention and management, with a grand mean of 2.76. There was no significant difference in attitudes towards STIs based on gender ($p=0.78$) or level ($p=0.14$). The findings emphasize the importance of continuous sexual health education and awareness programmes on STIs, reducing stigma, promoting safe sex practices, availability of condoms on campus and regular testing. The positive attitudes exhibited by undergraduates towards STIs at the University of Benin provide a solid foundation for implementing comprehensive STI prevention programmes by fostering an environment of open communication. These strategies are crucial for fostering a supportive environment and reducing the prevalence of STIs among undergraduates.

Introduction

Sexually transmitted infections (STIs) are diseases caused by pathogens and contracted through unprotected sexual activity (sexual intercourse including oral and anal sex). Some of the most common STIs result from bacterial (chlamydia, gonorrhea, and syphilis) and viral (HIV/AIDS, herpes, hepatitis B, human papillomavirus or HPV) exposure. In addition to bacterial and viral culprits, protozoa and fungi also cause STIs, including those that cause trichomonas vaginitis and jock itch, respectively (Wisnieskiet *et al.*, 2015). Despite dramatic reductions in STI rates since World War II, STIs remain a significant health issue in Nigeria and other developing countries (Miyakado, 2013).

Sexually transmitted infections (STIs) are the infections which are mainly transmitted through unprotected sexual intercourse. The common STIs that are more prevalent are gonorrhea, chancroid, syphilis, and chlamydial infections which can be cured and others such as HIV, genital herpes, HPV, and hepatitis B infection which cannot be cured but can be modified with the available treatments. Young individuals in the age group of 16–24 years are considered to be at more risk for STIs compared to older adults (Adegboyega *et al.*, 2019). The World Health Organization estimates that 20% of persons

living with HIV/AIDS are in their 20s and one out of twenty adolescents contract an STI each year.

Many young individuals stay away from families for a long time when they take up higher education. They either stay in hostels or in paying guest accommodations and come in contact with people from different sociocultural background. In addition, they may not have access to the required information and services to avoid STIs. Furthermore, they may feel hesitant to approach the facilities where information is available (Arisukwu, 2013). If the STIs are not treated adequately, it can lead to various complications such as infertility, urethral stricture, abortions, malignancies, perinatal, and neonatal morbidities.

Most excuses parents give for their failure of not giving their wards sex education always border around inappropriateness of sexual talk to young ones, lack of courage, easy access to explicit contents on the internet and peer influence (Miyakado, 2013). Usually, parents are involved in children's life from birth and monitor each stage of their development. This includes parents' involvement in children's school work, but this is not true for sexual health. (Wisniewski, 2015) reported that sexually related activities have increased over the years as a result of poor parental attitude towards sexuality education. STIs occur as a result of risky sexual behaviours such as early sex initiation, having unprotected sex, and having multiple sexual partners. Despite global and national efforts to curb the spread of Sexually Transmitted Infections (STIs), incidence rates continue to rise, particularly among adolescents and young adults. Recent data indicate a 6.1% increase in global STI cases between 2015 and 2020, with young people disproportionately affected. In Nigeria, risky sexual behaviours such as unprotected sex, multiple partners, and low testing rates contribute to this trend. Many youths exhibit complacent attitudes toward STIs, underestimating risks and avoiding preventive measures due to misinformation, stigma, or limited access to healthcare.

The University of Benin, like many higher institutions, hosts a large population of sexually active undergraduates who may engage in high-risk behaviors (Getaye 2020). While existing interventions focus on behavioral change, little attention has been paid to the underlying attitudes that influence students' perceptions and responses to STIs. Negative attitudes may perpetuate unsafe practices, while positive attitudes could enhance prevention. This study sought to examine undergraduate students' attitudes toward STIs at the University of Benin, exploring potential variations based on gender and academic level. Findings will inform targeted interventions to address misconceptions and promote healthier sexual behaviors among students.

Methodology

The study adopted a descriptive survey design. According to Omorogiuwa (2019), a descriptive survey is a research method aimed at systematically collecting data to describe the characteristics of a population. It is particularly useful for examining behaviors, lifestyles, practices, and trends both current and historical that may influence present conditions. This design enables researchers to study variables in their natural settings without manipulating them. The descriptive survey design is appropriate for this study because it allows for the collection of standardized data on the attitudes of undergraduates toward sexually

transmitted infections (STIs). Such a design provides a snapshot of perceptions, awareness, and behavioral tendencies within a large population, making it ideal for assessing general attitudes and identifying patterns or areas of concern. The target population consisted of 39,037 undergraduate students enrolled at the University of Benin in Benin City during the 2021/2022 academic session. Detailed records of student distribution across faculties are presented in the table below.

Table 1: Population Distribution of Students

S/N	Faculty	Male	Female	Total
1	Agriculture	900	1156	2,056
2	Arts	2197	3513	5,710
3	Basic Medical Sciences	773	1175	1,948
4	Dentistry	115	49	164
5	Education	2993	4376	7,369
6	Engineering	3108	503	3,611
7	Environmental Science	462	134	596
8	Law	414	575	989
9	Life Science	2,193	2,895	5,088
10	Management Science	1,561	1,568	3,129
11	Medicine	542	253	795
12	Pharmacy	582	412	994
13	Physical Science	2,206	1,346	3,552
14	Social Science	1,703	1,333	3,036
	Total	19,749	19,288	39,037

Source: Academic Planning Unit, Students Affairs Division, University of Benin (2021).

The sample size for this study was 287 undergraduates from the University of Benin. The multistage sampling technique was used to select respondents for the study. In the first stage, the simple random sampling by balloting was used to select ten faculties out of the fourteen faculties in University of Benin. This was done by writing the names of the faculties in the University on slip of papers. Each slip was folded and 10 slips were randomly picked by replacement one after the other. Thereafter, the names of the ten faculties picked were listed out. At stage two, the stratified sampling was used to select one department from each of the 10 faculties chosen. At stage three, the convenience sampling technique was used to select 1% of the respondents from each of the department at the stage 2, making the total number of respondents needed for the study. Thus, the respondents were the 1% selected from 10 departments in 10 different faculties that were used for sample of the study. Therefore, the sample for this study was 287 undergraduates from the target population of 28,563. Table 2 shows the breakdown.

Table 2: Sample of the Study

S/N	Faculty	Total	Sample
1	Medicine	795	8
2	BMS	1,948	20
3	Education	7,369	74
4	Environmental Science	596	6
5	Life Science	5,088	51
6	Management Science	3,129	31
7	Agriculture	2,056	21
8	Pharmacy	994	10
9	Physical Science	3,552	36
10	Social Science	3,036	30
Total		28,563	287

The data collection instrument used in this study was a questionnaire titled "Attitudes towards Sexually Transmitted Infections among Undergraduates at the University of Benin." To ensure its validity, the questionnaire underwent face and content validation. It was reviewed by the researcher's two supervisors and three experts from the Department of Health, Safety, and Environmental Education in the Faculty of Education at the University of Benin, Benin City. This validation process aimed to confirm that the items in the questionnaire addressed the relevant research questions and fulfilled the study's objectives. Corrections were made based on their feedback before finalizing the instrument for administration.

The reliability of the questionnaire was established using the test-retest method. It was administered to 20 respondents who were not part of the main study population, with an interval of two weeks between the first and second administrations. The data obtained from this process were analyzed using the Pearson Product Moment Correlation Coefficient (PPMCC), resulting in a reliability coefficient of 0.82, indicating that the instrument is reliable.

The questionnaire was personally administered by the researcher, with assistance from two research assistants who were briefed on the study's purpose, as well as the procedures for distributing and retrieving the questionnaires. Completed questionnaires were thoroughly checked to ensure completeness. The data collected was analyzed using descriptive statistics, including mean and standard deviation, with a mean decision rule of 2.50 for accepting or rejecting responses.

Result

Research question one: What are the attitudes of undergraduates towards sexually transmitted infections in University of Benin?

Table 3: Attitudes of undergraduates towards sexually transmitted infections in University of Benin

S/N	ITEM	Mean	S.D
Attitude of undergraduates towards sexually transmitted infections in University of Benin			
1	I am concerned about the rising rates of STIs and their impact on our community	2.88	.90
2	I am comfortable talking to my sexual partners about STIs and safe sex	2.75	.91
3	I think that seeking STI testing and treatment is responsible behavior	2.80	.96
4	I feel that STIs can affect anyone, regardless of their background	2.80	.93
5	I believe that using protection (condoms) during sexual activity is essential in preventing STIs	2.81	1.01
6	I think that stigmatizing individuals with STIs is unfair and unhelpful.	2.67	.95
7	I am willing to support and educate my peers about STIs and safe sex practices	2.63	1.01
	Grand mean	2.76	0.95

***benchmark mean=2.50**

Table 3 presents the attitudes of undergraduates towards sexually transmitted infections (STIs) at the University of Benin. It can be observed that the majority of respondents agreed with the following statements: they are concerned about the rising rates of STIs and their impact on the community (*Mean* = 2.88, *SD* = 0.90); they are comfortable talking to their sexual partners about STIs and safe sex (*Mean* = 2.75, *SD* = 0.91); and they consider seeking STI testing and treatment to be responsible behavior (*Mean* = 2.80, *SD* = 0.96).

Respondents also agreed that STIs can affect anyone, regardless of background (*Mean* = 2.80, *SD* = 0.93); that using protection (condoms) during sexual activity is essential in preventing STIs (*Mean* = 2.81, *SD* = 1.01); and that stigmatizing individuals with STIs is unfair and unhelpful (*Mean* = 2.67, *SD* = 0.95). Furthermore, they expressed willingness to support and educate their peers about STIs and safe sex practices (*Mean* = 2.63, *SD* = 1.01).

The grand mean of 2.76 (with a standard deviation of 0.95) exceeds the benchmark mean of 2.50, indicating that the majority of respondents exhibited a positive attitude and concern toward STIs. This suggests a generally responsible and informed outlook among undergraduates at the University of Benin regarding sexual health.

Hypothesis one: There is no significant difference in the attitudes of undergraduates towards sexually transmitted infections in University of Benin based on gender

Table 4: Independent sample t-test on difference in the attitudes of undergraduates towards sexually transmitted infections in University of Benin based on gender

	gender	N	Mean	Std. Deviation	T	Df	Sig
Attitude	Male	124	19.5167	4.03582	0.26	285	0.78
	female	163	19.3304	4.93866			

The table is the independent sample t-test on difference in the attitudes of undergraduates towards sexually transmitted infections in University of Benin based on gender. It can be seen that the t-test value is 0.26, the degree of freedom is 285, the level of significance is 0.78 which is greater than the set alpha level of 0.05. Hence the null hypothesis which stated that there is no significant difference in the attitudes of undergraduates towards sexually transmitted infections in University of Benin based on gender is retained. Hence there is no significant difference in the attitudes of undergraduates towards sexually transmitted infections in University of Benin based on gender.

Hypothesis two: There is no significant difference in the attitudes of undergraduates towards sexually transmitted infections in University of Benin based on level

Table 5: One-way ANOVA on difference in the attitudes of undergraduates towards sexually transmitted infections in University of Benin based on level ANOVA attitude

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	86.538	2	43.269	1.924	.148
Within Groups	6388.312	284	22.494		
Total	6474.850	286			

The table five showed the one-way ANOVA on difference in the attitudes of undergraduates towards sexually transmitted infections in University of Benin based on level. It can be seen that the F-value is 1.92, the degree of freedom is 286 and the level of significance is 0.14 which is greater than the set alpha level of 0.05. Hence the null hypothesis which stated that there is no significant difference in the attitudes of undergraduates towards sexually transmitted infections in University of Benin based on level is retained. Hence there is no significant difference in the attitudes of undergraduates towards sexually transmitted infections in University of Benin based on level.

Discussion of Results

The findings from this study on undergraduates' attitudes towards sexually transmitted infections (STIs) at the University of Benin reveal a generally positive outlook towards STI prevention and management. This aligns with existing literature that emphasizes the importance of awareness and proactive behaviors in mitigating the spread of STIs. The detailed analysis of the data and comparison with other scholarly work provide a comprehensive understanding of the undergraduates' attitudes towards STIs.

The study found that the majority of respondents expressed concern about the rising rates of STIs and their impact on the community. Additionally, the comfort level in discussing STIs with sexual partners reflects an openness that is crucial for effective communication and prevention strategies.

The belief that seeking STI testing and treatment is responsible behavior underscores the recognition of the importance of regular health check-ups.

The perception that STIs can affect anyone regardless of their background indicates a broad understanding of the risk factors associated with STIs. This is in line with the social learning theories by Walcott, Chenneville, and Tarquini (2011), which suggest that attitudes towards health issues are shaped by observing and modeling the behaviors of others.

The willingness to support and educate peers about STIs and safe sex practices further highlights a community-oriented approach to STI prevention.

Overall, the grand mean of 2.76, which is greater than the threshold of 2.50, indicates that the majority of respondents have a positive attitude towards STIs. This positive attitude is crucial for the effective implementation of STI prevention programmes.

Similarly, the one-way ANOVA test showed no significant difference in attitudes towards STIs based on level. This suggests that students across different academic levels share a common understanding and concern about STIs.

The findings from this study underscore the importance of continuous education and awareness programs on STIs. Given that students have demonstrated a positive attitude towards discussing and preventing STIs, universities can leverage this by implementing peer education programs, workshops, and health campaigns that promote safe sex practices and regular STI testing. Moreover, addressing the stigma associated with STIs is crucial for encouraging students to seek timely treatment and support.

Conclusion

In conclusion, This study revealed a significant gap in knowledge and awareness about STIs among University of Benin undergraduates, leading to negative attitudes and potential risky behaviors. The positive attitudes exhibited by undergraduates towards STIs at the University of Benin provide a solid foundation for implementing comprehensive STI prevention programs. By fostering an environment of open communication, reducing stigma, and promoting regular health check-ups, universities can significantly contribute to the reduction of STI prevalence among students.

This study highlights the need for further investigation into the differences between medical and non-medical students. Future research will aim to explore these differences in more depth, providing valuable insights into the unique characteristics and needs of these

distinct students. Based on the findings of the study on undergraduates' attitudes towards sexually transmitted infections (STIs) at the University of Benin, the following five recommendations are proposed:

1. Integrating comprehensive STIs education into the university curriculum, Develop and implement robust peer education programs where trained students can educate their peers about STIs, safe sex practices, and the importance of regular STI testing. Peer educators can serve as relatable role models, fostering a supportive environment for open discussions about sexual health.
2. Incorporate comprehensive sexual health education into the university curriculum. This education should cover various aspects of sexual health, including STI prevention, symptoms, treatment, and the importance of using protection. This will ensure that all students receive consistent and accurate information.
3. Improve the accessibility and availability of STI testing and treatment services on campus. This could include offering free or subsidized testing, creating mobile testing units, and ensuring that the campus health center is well-equipped and welcoming. Reducing barriers to testing will encourage more students to seek these services.
4. Implement anti-stigma campaigns to address and reduce the stigma associated with STIs. These campaigns should aim to educate students about the realities of STIs, emphasizing that anyone can be affected and that seeking treatment is a responsible and commendable action. Promoting a non-judgmental and supportive campus culture is crucial.
5. Increase the availability and accessibility of condoms on campus by placing free condom dispensers in strategic locations such as dormitories, bathrooms, and the health center. Additionally, conduct educational workshops and seminars to teach students about the correct and consistent use of condoms, highlighting their role in preventing STIs and unwanted pregnancies.

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