

**Original Article**

Knowledge, Attitude and Perception Towards Human Papillomavirus and Vaccination Among Female Undergraduate Students in Al-Hikmah University, Ilorin, Kwara State, Nigeria

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ABSTRACT

Background: Human Papillomavirus (HPV) is the most common sexually transmitted infection and the leading cause of cervical cancer worldwide. Despite high cervical cancer mortality in Nigeria, knowledge about HPV and vaccination remains inadequate, particularly among university students who are at increased risk due to sexual behaviors and misconceptions.

Objective: To evaluate HPV knowledge, attitudes, and perceptions among female undergraduates at Al-Hikmah University, Ilorin, Nigeria.

Methods: A descriptive cross-sectional study of 395 female undergraduate students using multistage sampling. Data were collected via structured, self-administered questionnaires. Analysis was performed using SPSS version 20, and the Relative Importance Index (RII) was used to assess knowledge, attitudes, and perceptions.

Results: HPV awareness was high (82.8%), with 85.3% linking it to cervical cancer. However, only 14.9% correctly identified HPV as incurable, versus 60.3% believing it was curable. Vaccination acceptance was high (81.0%). Faculty differences were significant ($\chi^2 = 42.18$, $p < 0.001$): Health Sciences students showed the best knowledge (54.4%), Natural Sciences the poorest (23.3% poor knowledge).

Keywords:

Human Papillomavirus

Knowledge

Perception

Attitude

Cervical Cancer

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Conclusion: High vaccination acceptance coexists with critical knowledge deficits regarding curability and male health impacts. Educational interventions must address these gaps.

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Introduction

Human Papillomavirus (HPV) is the most common reproductive tract viral infection and the leading cause of cervical cancer. Globally, 50–80% of sexually active women are exposed to HPV within 5–10 years of sexual debut (Duangmani et al., 2010; Makwe &

Anorlu, 2011; WHO, 2015). Cervical cancer, almost entirely HPV-attributable, remains a major burden in sub-Saharan Africa, where screening and prevention are limited.

In Nigeria, cervical cancer is the second most common cancer among women (~12,000 new cases, 8,000

deaths annually). Low HPV awareness and limited vaccination coverage exacerbate this burden (WHO, 2021). University students are particularly vulnerable due to risky behaviors and knowledge gaps (Yacobi *et al.*, 1999; Gerend & Magloire, 2008; Sandfort & Pleasant, 2009).

Limited research exists on private faith-based universities where religious beliefs and cultural norms may distinctly influence health knowledge and vaccination attitudes. Al-Hikmah University provides a unique setting to examine how curricula across faculties intersect with HPV awareness and vaccine acceptance.

International studies show HPV awareness ranges from 13–78% (Yacobi *et al.*, 1999; Gerend & Magloire, 2008; Sandfort & Pleasant, 2009), vaccine awareness from 10–87% (Hoglund *et al.*, 2009; Wong & Sam, 2009; Wong *et al.*, 2009), and perceived infection risk from 12.7–42% (Moreira *et al.*, 2006; Di Giuseppe *et al.*, 2008).

Thus, this study assessed the level of knowledge, attitudes, and perceptions towards HPV and vaccination among female undergraduate students in Al-Hikmah University, Ilorin. The findings are expected to provide baseline data necessary for developing targeted health education programs to improve HPV awareness and vaccination uptake, ultimately contributing to cervical cancer prevention efforts in Kwara State and Nigeria.

Methodology

Study Design

A descriptive cross-sectional study was conducted among female undergraduate students in Al-Hikmah University, Ilorin, Kwara State, Nigeria.

Study Population

The target population comprised female undergraduate students aged of 16–35 years.

Ethical Consideration

Ethical considerations were observed throughout the study. This study did not involve the collection of personal identifiers. Informed consent was obtained from all participants after explaining the study's scope and objectives. Participation was voluntary, with no coercion or undue influence. All questionnaires were anonymous to ensure confidentiality. Participants

were informed of their right to withdraw at any time without penalty.

Sample Size Determination

Cochran's formula: $n = z^2 \times pq/d^2$, where $z=1.96$ (95% CI), $p=0.312$ (Onowhakpor *et al.*, 2016), $q=0.688$, $d=0.05$, yielding $n=330$. Adjusted for 10% non-response: 367. A total of 395 participants were recruited for this study, exceeding the minimum requirement and strengthening the study's statistical power.

Sampling Technique

Multistage sampling: five faculties purposively selected (Basic Medical Sciences, Natural Sciences, Humanities, Education, Management Sciences); simple random sampling of female students aged 16–35.

Data Collection Tool

Structured, self-administered questionnaire: 32 questions refined to 24 items after expert validation and pilot testing ($n=20$).

Data Analysis

SPSS 20: descriptive statistics, chi-square tests ($p<0.05$ significant). Relative Importance Index ($RII = \sum W / (A \times N)$) identified factors influencing vaccination opinions (Elbarkouky, 2012; Gündüz *et al.*, 2012); W =weight (1–5), A =5, N =respondents. Knowledge scored via 10 items (yes/no/no idea): 1 point per correct answer. Categories: Good (7–10, $\geq 70\%$), Moderate (4–6, 40–69%), Poor (0–3, $<40\%$).

Results

A total of 395 female students participated. Results cover socio-demographics, HPV knowledge, attitudes, misconceptions, and faculty-specific variations.

Socio-Demographic Characteristics

Table 1 presents the socio-demographic characteristics of participants. The majority were aged 21–25 years (47.3%), followed by 16–20 years (36.2%). Most participants were single (68.6%), and the largest proportion was in 300 level (30.6%). Over half of the respondents (52.2%) were from Health Sciences departments.

Table 1: Socio-Demographic Characteristics of Participants

| Variable | Category | Frequency | Percent (%) |
|----------------|------------------------------|-----------|-------------|
| Age | 16-20 years | 143 | 36.2 |
| | 21-25 years | 187 | 47.3 |
| | 26-30 years | 51 | 12.9 |
| | 31-35 years | 13 | 3.3 |
| | Total | 395 | 100.0 |
| Marital Status | Single | 271 | 68.6 |
| | Married | 94 | 23.8 |
| | Divorced | 25 | 6.3 |
| | Widowed | 4 | 1.0 |
| | Total | 395 | 100.0 |
| Department | Health Sciences | 206 | 52.2 |
| | Humanities & Social Sciences | 51 | 12.9 |
| | Natural & Applied Sciences | 46 | 11.6 |
| | Education | 38 | 9.6 |
| | Law | 22 | 5.6 |
| | Management Sciences | 14 | 3.5 |
| | Agriculture | 8 | 2.0 |
| | Total | 395 | 100.0 |

HPV Knowledge Assessment

Table 2 presents the assessment of HPV knowledge among participants. While awareness of HPV was

high (82.8%), significant knowledge gaps were identified, particularly regarding curability.

Table 2: HPV Knowledge Assessment

| Knowledge Item | Yes n(%) | No n(%) | No Idea n(%) |
|---|------------|------------|--------------|
| Before this study, have you heard of HPV? | 327 (82.8) | 68 (17.2) | - |
| Is HPV sexually transmitted? | 302 (76.5) | 29 (7.3) | 64 (16.2) |
| Are HPV infections common? | 238 (60.3) | 52 (13.2) | 105 (26.6) |
| Does HPV affect men? | 175 (44.3) | 133 (33.7) | 87 (22.0) |
| Can HPV cause cervical cancer? | 337 (85.3) | 13 (3.3) | 45 (11.4) |
| Is there a cure for HPV? | 59 (14.9) | 238 (60.3) | 98 (24.8) |
| Can HPV cause genital warts? | 282 (71.4) | 35 (8.9) | 78 (19.7) |
| Does HPV cause other cancers? | 195 (49.4) | 67 (17.0) | 133 (33.7) |
| Can HPV affect reproductive health? | 309 (78.2) | 23 (5.8) | 63 (15.9) |

Attitudes Towards HPV and Vaccination

Table 3 shows attitudes toward HPV vaccination. Despite knowledge gaps, attitudes were

overwhelmingly positive, with 81.0% willing to be vaccinated.

Table 3: Attitude Towards HPV and Vaccination

| Attitude Statement | Strongly Agree n(%) | Agree n(%) | Neutral n(%) | Disagree n(%) | Strongly Disagree n(%) |
|---|---------------------|------------|--------------|---------------|------------------------|
| HPV vaccination is important for health | 187 (47.3) | 142 (35.9) | 51 (12.9) | 12 (3.0) | 3 (0.8) |
| I would recommend HPV vaccination | 178 (45.1) | 148 (37.5) | 56 (14.2) | 11 (2.8) | 2 (0.5) |
| HPV vaccination should be mandatory | 89 (22.5) | 134 (33.9) | 118 (29.9) | 42 (10.6) | 12 (3.0) |
| I am willing to get vaccinated | 195 (49.4) | 125 (31.6) | 58 (14.7) | 14 (3.5) | 3 (0.8) |

Common Misconceptions About HPV Vaccination

Table 4 presents common misconceptions about HPV vaccination. Notable misconceptions included beliefs

that the vaccine causes infertility (17.0% agreed) and encourages promiscuity (22.5% agreed).

Table 4: Common Misconceptions About HPV Vaccination

| Misconception | Agree n(%) | Disagree n(%) | Unsure n(%) |
|---|------------|---------------|-------------|
| HPV vaccine causes infertility | 67 (17.0) | 234 (59.2) | 94 (23.8) |
| HPV vaccine encourages promiscuity | 89 (22.5) | 198 (50.1) | 108 (27.3) |
| HPV vaccine is only for sexually active individuals | 112 (28.4) | 201 (50.9) | 82 (20.8) |
| HPV vaccine has dangerous side effects | 98 (24.8) | 156 (39.5) | 141 (35.7) |
| Natural immunity is better than vaccination | 76 (19.2) | 189 (47.8) | 130 (32.9) |

Knowledge Level by Faculty

Table 5 shows significant variations in knowledge levels across faculties ($\chi^2 = 42.18$, df = 8, p < 0.001). Health Sciences students demonstrated the highest

proportion of good knowledge (54.4%), while Natural Sciences students had the highest proportion of poor knowledge (23.3%).

Table 5: Knowledge Level by Faculty

| Faculty | Good Knowledge n(%) | Moderate Knowledge n(%) | Poor Knowledge n(%) | Total n(%) |
|---------------------|---------------------|-------------------------|---------------------|-------------|
| Education | 12 (52.2) | 8 (34.8) | 3 (13.0) | 23 (100.0) |
| Health Sciences | 118 (54.4) | 89 (41.0) | 10 (4.6) | 217 (100.0) |
| Humanities | 15 (31.9) | 24 (51.1) | 8 (17.0) | 47 (100.0) |
| Management Sciences | 6 (33.3) | 9 (50.0) | 3 (16.7) | 18 (100.0) |
| Natural Sciences | 17 (18.9) | 52 (57.8) | 21 (23.3) | 90 (100.0) |
| Total | 168 (42.5) | 182 (46.1) | 45 (11.4) | 395 (100.0) |

$\chi^2 = 42.18$, df = 8, p < 0.001

Summary of Key Findings

1. General Awareness: 82.8% of participants had heard of HPV, and 85.3% linked it to cervical cancer.
2. Knowledge Gaps: Critical curability misconception—60.3% believed curable; only 14.9% correct. Low awareness of non-cervical cancers (49.4%).
3. Attitudes: 81.0% willing to vaccinate.
4. Faculty Variation: Health Sciences best (54.4% good); Natural Sciences poorest (23.3% poor).
5. Misconceptions: 17.0% of respondents believed the vaccine causes infertility.

Discussion

This study highlights a 'Knowledge-Attitude Paradox': high vaccine acceptance (81.0%) alongside critical knowledge deficits, with implications for HPV vaccination programs and cervical cancer prevention in Nigeria.

Knowledge-Attitude Paradox

High HPV-cervical cancer awareness (85.3%) suggests basic messages reach students. However, the

curability misconception (60.3%) is dangerous, potentially reducing perceived risk and promoting unsafe practices. Positive attitudes may not stem from complete information, risking unstable health behaviors.

Gender-Related Knowledge Gaps

Only 44.3% awareness of male HPV impact reinforces the 'women-only' narrative, hindering herd immunity and male vaccination. Education must address that HPV affects both sexes equally.

Faculty-Specific Variations

The poor performance of Natural Sciences students (23.3% poor knowledge) is particularly concerning and suggests that scientific curricula in non-medical fields do not adequately cover essential public health topics. This finding challenges the assumption that students in science-related fields automatically possess better health literacy. It highlights the need for faculty-specific educational interventions tailored to the unique characteristics and curricula of different academic disciplines.

Implications for Stakeholders

1. Policymakers: National campaigns targeting university students with evidence-based information addressing misconceptions. Integrate HPV/sexual health into national curricula. Develop faculty-specific strategies.
2. University Administrators: Implement mandatory sexual health modules. Establish campus HPV information centers. Develop faculty-specific programs, especially for Natural Sciences.
3. Public Health Educators: Target curability misconception (60.3%). Emphasize male HPV infection. Conduct myth-busting campaigns addressing infertility and promiscuity concerns.

Study Limitations

Limitations: reliance on 1999–2015 literature with limited recent sub-Saharan African references; single private Islamic university limiting generalizability; cross-sectional design precluding causality. Future longitudinal studies could assess intervention impacts.

Conclusion

This comprehensive study of university students' knowledge, attitudes, and perceptions regarding HPV reveals a complex picture of public health potential and challenges. While students demonstrated positive vaccination attitudes and basic HPV understanding, critical knowledge gaps persist that could jeopardize prevention efforts.

The key discrepancy between high vaccination acceptance (81.0%) and information gaps regarding curability (14.9% correct), male health (44.3% correct), and broader cancer links requires significant educational initiatives for long-term informed decision-making.

The knowledge-attitude paradox suggests current positive attitudes may be unsustainable without addressing foundational gaps. Interventions must simultaneously leverage attitudes while correcting misconceptions.

Recommendations

1. Educational Initiatives: Develop specialized, faculty-specific curricula, particularly for the Faculty of Natural Sciences where knowledge deficits were most pronounced.
2. Curriculum Integration: Include comprehensive HPV and sexual health education in the core curriculum

requirements for all students, regardless of faculty or discipline.

3. Combat Misinformation: Target campaigns to debunk myths and emphasize HPV affects both genders.

Public Health Impact

Positive attitudes provide a foundation for interventions, but programs must address gaps regarding curability and male health impacts. Faculty knowledge variations suggest universal programs are insufficient; faculty-specific interventions are needed for equitable health literacy.

Conflict of Interest

The authors declare no conflict of interest

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