# KNOWLEDGE, ATTITUDE, AND PRACTICES TOWARDS SEXUALLY TRANSMITTED INFECTIONS AMONG UNIVERSITY STUDENTS IN OFFA LOCAL GOVERNMENT AREA, KWARA STATE

**BY**

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## Abstract

Sexually transmitted infections (STIs) is caused by various infectious agents like bacteria, viruses, parasites, and fungi or as an infection or condition of any sexual activity involving your mouth, anus, vagina, or penis. This study investigates the Knowledge, Attitude, and Practices towards Sexually transmitted infections among University Students from Offa Local Government Area Kwara State. The study's objectives are to assess the knowledge, attitude, and practice towards sexually transmitted infections. The questionnaire used was validated and tested for reliability which yielded 0.80r. The data collected was analyzed using descriptive statistics of frequency counts and percentages for the demographic data. In contrast, inferential statistics of chi-square and t-test were used to test the hypotheses at 0.05 alpha level. The findings revealed that; There is significant knowledge of sexually transmitted infections (cal. $x^2$ value = 315.20 > tab. $x^2$ value = 16.92, df = 9); There is a significant attitude towards sexually transmitted infections (cal. $x^2$ value = 903.55 > tab. $x^2$ value = 16.92, df = 9); There is no significant practice towards sexually transmitted infections among respondents (cal. $x^2$ value = 11.71 > tab. $x^2$ value = 16.92, df = 9); There is significant knowledge of sexually transmitted infections based on level of education (cal. t-value = 72.08 > tab. t-value = 1.645, df = 439); There is significant knowledge of sexually transmitted infections among respondents based on religion (cal. t-value = 60.48 > tab. t-value = 1.645, df = 439). The study concludes that; There is a level of knowledge of STIs among respondents and is level of attitude toward sexually transmitted infections among respondents. The study recommends that Interactive sessions and awareness campaigns should be organized for students in the university for more knowledge on STIs; Open discussions on Sexually transmitted infections should be encouraged and avoid multiple sex partners that can predispose them to sexually transmitted infections.

## Introduction

Infections caused by bacteria, viruses, parasites, and fungi are known as sexually transmitted infections (STIs). They can also be defined as any condition or infection that results from any type of sexual activity involving the mouth, anus, vagina, or penis and that directly causes an STD, which can be asymptomatic or symptomatic. One of the main contributors to the worldwide burden of diseases is thought to be sexually transmitted diseases (STDs). Patients' physical, mental, and social health are all severely impacted by sexually transmitted diseases (STDs) (Low & Broutet, 2017). The World Health Organization (WHO, 2016) states that these illnesses are transferred from mother to child during pregnancy and childbirth through intercourse between individuals. as well as through tissue transfer and blood products. Human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AID), hepatitis B, trichomoniasis, gonorrhea, syphilis, gonorrhea, and Chlamydia infection are the most prevalent infections (prof. Nuran Komurcu). One of the biggest hazards to world health is sexually transmitted infections (STIs), which can cause acute illness, infertility, permanent impairment, and death as well as complicated medical and psychological issues for people (WHO, 2016).

Globally, more than a million people contract sexually transmitted infections (STIs) daily. Similarly, there is a yearly estimation of 357 million new cases of sexually transmitted infections, of which the following infections carry different estimates; Chlamydia (131 million), gonorrhea (78 million), syphilis (5.6 million), and lastly

trichomoniasis (143 million) (WHO, 2016). Also, in 2018, Center for Disease Control and Prevention (CDC, 2018), estimated that 20 million new cases of STIs are recorded yearly in the United States, of which the majority of the patients are within 15 and 24 years. More so in 2018, the Nigeria National Demographic Health Survey (NNDHS) reported that 13% of young men and 1% of young women within the age bracket of 15-49 years have multiple sex partners. 27% of unmarried women, divorced or widowed women had sexual intercourse with someone who was neither their husbands or lived with them. According to research, the majority of STI instances occur in young people; this could be because of peer pressure, a lack of sex education, a lack of information about STIs, and the effects of puberty. The frequency of STIs has increased in Nigeria due to a lack of information on sexually transmitted infection understanding. STIs have been linked to a number of severe side effects, including immune disorders, pelvic inflammatory diseases, infertility, low birth weight, prematurity, sepsis, neonatal conjunctivitis, congenital deformities, and in the majority of cases, death (Francis et al.,2023).

Studies have shown that there is an increase in STIs in Nigeria which might be due unhealthy sexual practices by the youth (Richards *et. al.*,2022). However, the true picture of the factors contributing to increase in STIs is still unknown as there are little or no data to assess individual's knowledge, respective view and practice of sexually transmitted infections. This could help give insights to government, policy makers, health care providers and others on necessary interventions that can be introduced to help reduce the prevalence of STIs in Nigeria. Therefore, this makes this research work on assessment of knowledge, perception and practices of sexually transmitted infections very important.

**Methodology**

This study was a descriptive cross-sectional; School-based study to assess the knowledge, attitudes, and practices towards sexually transmitted infections among the University students in Offa Local Government Area in Kwara State, using a quantitative method of data collection. Offa is a city in Kwara State of Nigeria, with a population of about 120,100 inhabitants. Offa is well known for the cultivation of sweet potatoes. The main religions are Islam, Christianity, and Traditional religions. The book of the history of Offa is on the railway line from Lagos before the line was extended to Kano and Nguru. Offa is the second largest town in Kwara State, located in central Nigeria with geographic coordinates 8'9N and 4'5E. Offa became well known in Nigeria for being home to, one of the most prominent private schools in Nigeria Adeoye College which laid a very strong foundation for academics in the community including the establishment of the University of Offa. The University of Offa was established by Dr (chief) Rasaq Omoniyi Oyewale an academician whose contribution to education in Nigeria is evident through his founding roles at the Polytechnic Ojoku and College of Education Ilemona. The population of the study comprises all the students, across all departments of the University in Offa Local Government Area of Kwara State. The sample comprises of both male and female undergraduate Students of the University in Offa LGA of Kwara State. The total population of the students in this selected University is 452. Random sampling techniques were used in recruiting University students, Offa Local Government Area of Kwara State for this study. All students from the study sites were recruited continuously until the desired sample size was reached. All the students who met the inclusion criteria were recruited to the study.

A researcher-designed questionnaire was used to collect data and data of the students were obtained from the University Registry unit. The student's record files or registers of the students was requested from the Director of Student Affairs office for proper review. Data of all the participating students was obtained. The questionnaire was prepared in English during data collation. Anonymity and confidentiality of the information obtained from the respondent was assured and maintained. The questionnaire was submitted to my supervisor and three other Lecturers in Public Health Department, Faculty of Health Sciences. For review and noted observations, suggestions, and corrections were affected before the final copy of the instrument was produced. A total of fifty-four (54) copies of the questionnaire were pretested by administering it among The Polytechnic Ojoku students in Ilemona campus. Ira, road, Kwara State. The pretest aimed to determine the adequacy and suitability of the instrument, and to ascertain

any difficulty the researchers may come across when carrying out the main study. The pretested questionnaires were analyzed and necessary corrections were made before their use for the main study and the result yielded 0.80r.

Approval for this study was obtained from the Department of Public Health, Al- Hikmah University, Ilorin before the commencement. All the study participants were informed about the purpose of the study and verbal consent of all study subjects was obtained before data collection. Participants were informed that they had full right to discontinue or refuse to participate in the study or to be interviewed. To ensure confidentiality, the name of the interviewee was written on the questionnaire.

**Results**

**Sociodemographic Data of the Study**

**Table 1:** Frequency counts and percentage analysis of the respondents' demographic data

| S/N | VARIABLES | FREQUENCY | PERCENTAGE (%) |
|---|---|---|---|
| 1. | **AGE RANGE** | | |
| | 16-20 years | 90 | 20.5 |
| | 21-25 years | 296 | 67.3 |
| | 26 years and above | 54 | 12.3 |
| | **Total** | **440** | **100.0** |
| 2. | **GENDER** | | |
| | Male | 210 | 47.7 |
| | Female | 230 | 52.3 |
| | **Total** | **440** | **440** |
| 3. | **RELIGION** | | |
| | Islam | 195 | 44.4 |
| | Christianity | 130 | 29.5 |
| | Traditional | 99 | 22.5 |
| | Other | 16 | 3.6 |
| | **Total** | **440** | **100.0** |
| 4. | **Level** | | |
| | 100L | 84 | 19.1 |
| | 200L | 280 | 63.6 |
| | 300L | 43 | 9.8 |
| | 400L | 33 | 7.5 |
| | **Total** | **440** | **100.0** |
| 5 | **Economic Status** | | |
| | Low income | 183 | 41.5 |
| | Middle income | 112 | 25.5 |
| | High income | 145 | 33.0 |
| | **Total** | **440** | **100.0** |

Table 1 revealed that for Age range with 296 (67.3%) 21-25 years old and 54 (12.3%) 26 years and above. This shows that the majority of the respondents who participated in the study were 21-25 years old. Gender with Female 230 (52.3%) and Male 210 (47.7%). This shows that the majority of the respondents who participated in the study were Females. Religion with Islam 195 (44.4%) and other 16 (3.6%). This shows that majority of the respondents were Muslim. Religion with Christianity 175 (43.5%) and Traditional 35 (8.7%). Level with 200L 280 (63.6%) and 400L 33 (7.5%). This shows that the majority of the respondents who participated in the study were in 200L. For economic status with low income 183 (41.5%) and middle income 112 (25.5%). This shows that the majority of the respondents who participated in the study were low-income earners.

**Research Question One:** What is the knowledge of sexually transmitted infections among university students in Offa LGA of Kwara State.

**Table 2**

| S/N | ITEMS | SA | A | PR | D | SD | NR |
|---|---|---|---|---|---|---|---|
| 1. | Chlamydia, Gonorrhea and syphilis are sexually transmitted infections | 211 (48.0%) | 200 (45.5%) | 411 | 6 (1.4%) | 23 (5.2%) | 29 |
| 2. | STIs can be transmitted through sexual intercourse with an infected person | 200 (45.5%) | 223 (50.7%) | 423 | 11 (2.5%) | 6 (1.4%) | 17 |
| 3. | Painful urination, itching or sore genital area are symptoms or STIs | 95 (21.6%) | 241 (54.8%) | 336 | 86 (19.5%) | 18 (4.1%) | 104 |
| 4. | Engaging in anal sex can make you prone to sexually transmitted infections | 157 (35.7%) | 247 (56.1%) | 404 | 30 (6.8%) | 6 (1.4%) | 36 |
| | **MEAN** | | | **1,574 (89.4%)** | | | **186 (10.6 %)** |

**KEY:** PR= Positive Response NR= Negative Response

Table 2 above shows that 1,574 (89.4%) positively responded that there is knowledge of sexually transmitted infections among university students in Offa LGA of Kwara State. While 186 (10.6%) negatively responded to it.

**Research Question Two:** What is the attitude toward sexually transmitted infections among University students in Offa LGA of Kwara State on sexually transmitted infections?

**Table 3**

| S/N | ITEMS | SA | A | PR | D | SD | NR |
|---|---|---|---|---|---|---|---|
| 5. | Students who have | 128 | 290 | 418 | 16 | 6 | 22 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | multiple sex partners are at risk of sexually transmitted infections | (29.1%) | (65.9%) | | (3.6%) | (1.4%) | |
| 6. | Sex workers among students are prone to STIs | 113 (25.7%) | 309 (70.2%) | 422 | 6 (1.4%) | 12 (2.7%) | 18 |
| 7. | Engaging in oral, anal sex can predispose a student to contracting STIs | 135 (30.7%) | 264 (60.0%) | 399 | 23 (5.2%) | 18 (4.1%) | 41 |
| 8. | Having sexual intercourse with more than one partner increases risk of contracting sexually transmitted infection | 141 (32.0%) | 253 (57.5%) | 394 | 23 (5.2%) | 23 (5.2%) | 46 |
| | **MEAN** | | | **1,633 (92.8%)** | | | **127 (7.2%)** |

**KEY:** PR= Positive Response NR= Negative Response

Table 3 shows that 1,633 (92.8%) positively responded that there is attitude toward sexually transmitted infection among University of Offa students in Offa LGA of Kwara State on sexually transmitted infections. While 127 (7.2%) negatively responded to it.

**Research question three:** What is the practice towards sexually transmitted infections among University students of Offa LGA of Kwara State?

**Table 4**

| S/N | ITEMS | SA | A | PR | D | SD | NR |
|---|---|---|---|---|---|---|---|
| 9. | Using condom is essential to guide against sexually transmitted infections | 42 (9.5%) | 17 (3.9%) | 59 | 235 (53.4%) | 146 (33.2%) | 381 |
| 10. | Disclosure of STI status to one's partner is important to preventing contracting sexually transmitted | 41 (9.3%) | 27 (6.1%) | 68 | 265 (60.2%) | 107 (24.3%) | 372 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | infections | | | | | | |
| 11. | Regular checkup at the hospital will prevent contracting sexually transmitted infection | 41 (9.3%) | 22 (5.0%) | 63 | 138 (31.4%) | 239 (54.3%) | 377 |
| 12. | Indiscriminate sex with a random student exposes one to sexually transmitted infections. | 43 (9.8%) | 39 (8.9%) | 82 | 105 (23.9%) | 253 (57.4%) | 358 |
| | **MEAN** | | | **272 (15.5%)** | | | **1,488 (84.5%)** |

**KEY:** PR= Positive Response NR= Negative Response

Table 4 shows that 1,488 (84.5%) negatively responded to it that there is no practice towards sexually transmitted infection among University students of Offa LGA of Kwara State. While 272 (15.5%) positively responded.

**Hypotheses 1:** There is no significant level of knowledge of sexually transmitted infections among University of Offa students in Offa Local Government Area, Kwara State.

**Table 5: Chi square analysis result of There is no significant level of knowledge of sexually transmitted infections among University students in Offa Local Government Area, Kwara State.**

| Variable | N | Df | Calculated- $x^2$ value | Critical/Table $x^2$ value | Remark |
|---|---|---|---|---|---|
| There is no significant level of knowledge of sexually transmitted infection among University students in Offa Local Government Area, Kwara State. | 440 | 9 | 315.20 | 16.92 | Ho Rejected |

Table 5 revealed the calculated chi-square value of 315.20 and the critical $x^2$ value of 16.92 with the degree of freedom 9 at 0.05 alpha level. Since the calculated $x^2$ value of 315.20 is greater than the critical $x^2$ value of 16.92 at 9 degrees of freedom. Therefore, the null hypothesis was rejected. This implies that there is significant knowledge of sexually transmitted infections among University students in Offa Local Government Area, Kwara State.

**Hypotheses 2:** There is no significant level of attitude towards sexually transmitted infections among University students in Offa Local Government Area, Kwara State.

**Table 6: Chi square analysis result of There is no significant level of attitude towards sexually transmitted infections among University students in Offa Local Government Area, Kwara State**.

| Variable | N | df | Calculated- $x^2$ value | Critical/Table $x^2$ value | Remark |
|---|---|---|---|---|---|
| There is no significant level of attitude towards sexually transmitted infection among University students in Offa Local Government Area, Kwara State. | 440 | 9 | 903.55 | 16.92 | Ho Rejected |

Table 6 revealed the calculated chi-square value of 903.55 and the critical $x^2$ value of 16.92 with the degree of freedom 9 at 0.05 alpha level. Since the calculated $x^2$ value of 903.55 is greater than the critical $x^2$ value of 16.92 at 9 degrees of freedom. Therefore, the null hypothesis was rejected. This implies that There is a significant level of attitude towards sexually transmitted infections among University students in Offa Local Government Area, Kwara State.

**Hypotheses 3:** There is no significant practice towards sexually transmitted infections among University students in Offa Local Government Area, Kwara State.

**Table 7: Chi square analysis result of There is no significant practice towards sexually transmitted infections among University students in Offa Local Government Area, Kwara State.**

| Variable | N | df | Calculated- $x^2$ value | Critical/Table $x^2$ value | Remark |
|---|---|---|---|---|---|
| There is no significant practice towards sexually transmitted infection among University students in Offa Local Government Area, Kwara State | 440 | 9 | 11.71 | 16.92 | Ho Accepted |

Table 7 revealed the calculated chi square value of 11.71 and the critical $x^2$ value of 16.92 with the degree of freedom 9 at 0.05 alpha level. Since the calculated $x^2$ value of 11.71 is less than the critical $x^2$ value of 16.92 at 9 degree of freedom. Therefore, the null hypothesis was accepted. This implies that There is no significant practice towards sexually transmitted infections among University students in Offa Local Government Area, Kwara State.

**Hypotheses 4:** There is no significant knowledge of sexually transmitted infections among university students in Offa Local Government Area, Kwara State based on level of Education.

**Table 8: One sample t-test analysis showing There is no significant knowledge of sexually transmitted infections among university students in Offa Local Government Area, Kwara State based on level of Education.**

| Variable | N | Df | Calculated-*t*-value | Critical/Table *t*-value | Remark |
|---|---|---|---|---|---|
| There is no significant knowledge of sexually transmitted infection among university students in Offa Local Government Area, Kwara State based on level of Education. | 440 | 439 | 72.08 | 1.645 | Ho Rejected |

Table 8 revealed the calculated one sample t-test value of 72.08 and the critical t-value of 1.645 with the degree of freedom 439 at 0.05 alpha level. Since the calculated $x^2$ value of 72.08 is greater than the critical t-value of 1.645 at 439 degrees of freedom. Therefore, the null hypothesis was rejected. This implies that there is significant knowledge of sexually transmitted infections among university students in Offa Local Government Area, Kwara State based on level of Education.

**Hypotheses 5:** There is no significant practice towards sexually transmitted infections among University students in Offa Local Government Area, Kwara State based on Economic Status.

**Table 9: One sample t-test analysis showing There is no significant practice towards sexually transmitted infections among University students in Offa Local Government Area, Kwara State based on Religion.**

| Variable | N | Df | Calculated-*t*-value | Critical/Table *t*-value | Remark |
|---|---|---|---|---|---|
| There is no significant practice towards sexually transmitted infection among University students in Offa Local Government Area, Kwara State based on Religion. | 440 | 439 | 60.48 | 1.645 | Ho Rejected |

Table 9 revealed the calculated one sample t-test value of 60.48 and the critical t-value of 1.645 with the degree of freedom 439 at 0.05 alpha level. Since the calculated $x^2$ value of 60.48 is greater than the critical t-value of 1.645 at 439 degree of freedom. Therefore, the null hypothesis was rejected. This implies that there is significant knowledge of sexually transmitted infections among university students in Offa Local Government Area, Kwara State based on Religion.

**Hypotheses 6:** There is no significant practice towards sexually transmitted infections among University of Offa students in the Local Government Area, Kwara State based on Economic Status.

**Table 10: One sample t-test analysis showing There is no significant practice towards sexually transmitted infections among University students in Offa Local Government Area, Kwara State based on Economic Status.**

| Variable | N | Df | Calculated-*t*-value | Critical/Table *t*-value | Remark |
|---|---|---|---|---|---|
| There is no significant practice towards sexually transmitted infection among University students in Offa Local Government Area, Kwara State based on Economic Status | 440 | 439 | 62.81 | 1.645 | Ho Rejected |

Table 4.10 revealed the calculated one sample t-test value of 62.81 and the critical t-value of 1.645 with the degree of freedom 439 at 0.05 alpha level. Since the calculated $x^2$ value of 62.81 is greater than the critical t-value of 1.645 at 439 degree of freedom. Therefore, the null hypothesis was rejected. This implies that there is significant practice towards sexually transmitted infections among university students in Local Government Area, Kwara State based on economic status.

**Discussion**

**Hypothesis 1:** There is a significant level of knowledge of sexually transmitted infections among University students in Offa Local Government Area, Kwara State. This finding is in line with the findings of Eze *et. al.,* (2016), Research indicates that while students may be familiar with STIs such as HIV/AIDS, syphilis, and gonorrhea, there is often a lack of knowledge about other common STIs like Chlamydia and Human Papillomavirus (HPV) (Oladeji, 2018). He found that a significant number of Nigerian university students held misconceptions about STI transmission, believing, for example, that STIs could be contracted through casual contact or that they only affect individuals with multiple sexual partners. The primary sources of STI-related information for students include the internet, peers, and social media, rather than health professionals or formal educational settings (Nwankwo & Aniekwu, 2018). This reliance on non-verified sources often leads to misinformation, perpetuating myths and reducing the effectiveness of prevention strategies. University students typically have varied levels of knowledge about STIs. While awareness of HIV/AIDS is relatively high, knowledge about other STIs such as chlamydia, gonorrhea, human papillomavirus (HPV), and herpes simplex virus (HSV) is often limited. For instance, a study conducted at a university in Nigeria found that while 85% of students were aware of HIV/AIDS, only 47% were aware of HPV, and even fewer knew about herpes or syphilis (Ayodele et al., 2019). Another study in the United States reported that only 50% of college students correctly identified the symptoms of chlamydia, and a mere 32% were aware that HPV could lead to cancer (Pitts & Heywood, 2016).

**Hypothesis 2**: There is significant level of attitude towards sexually transmitted infections among University students in Offa Local Government Area, Kwara State. This finding is in agreement with the findings of Olowookere *et. al.,* (2017), many Nigerian students express a strong fear of being judged by their peers, health care providers, or even family members, which contributes to secrecy and avoidance of testing or treatment. This stigma is often rooted in cultural beliefs that link STIs with immorality or promiscuity. Many students do not perceive themselves to be at risk of contracting STIs, especially if they are in what they consider to be monogamous relationships (Adebiyi *et. al.,* 2019). This false sense of security can lead to lower rates of condom use and reluctance to undergo regular STI screenings, increasing the risk of undiagnosed and untreated infections. University students' attitudes toward STIs are often shaped by a combination of knowledge, cultural beliefs, and personal

experiences. According to Ajayi *et. al.,* (2019), many students perceive STIs as a significant health threat, yet this perception does not always translate into preventive behaviors, such as consistent condom use or regular testing. The stigma associated with STIs often leads to negative attitudes, including shame, fear of judgment, and reluctance to seek medical help when symptoms occur (Harling *et. al.,* 2020). A study by O'Leary *et. al.,* (2017) found that students who hold negative attitudes toward STIs are less likely to discuss sexual health with their partners, which can hinder open communication and increase the risk of transmission. These attitudes are often rooted in misconceptions about the prevalence and severity of STIs, as well as a lack of comprehensive sexual health education.

**Hypothesis 3:** There is no significant practice towards sexually transmitted infections among University students in Offa Local Government Area, Kwara State. This finding corroborates with the findings of Lewis et. *al.,* (2017), the practices of university students regarding sexually transmitted infections (STIs) are crucial in understanding the spread and prevention of these infections. These practices, which include sexual behaviors, condom use, and seeking treatment, are influenced by several factors, including knowledge, attitudes, access to healthcare, and social norms. This literature review explores the various practices toward STIs among university students and the factors that influence these practices. University students are often at a critical age for engaging in sexual activity, which can increase their risk of contracting STIs if preventive measures are not taken. Many university students engage in risky sexual behaviors, such as having multiple sexual partners, inconsistent condom use, and engaging in sexual activities while under the influence of alcohol or drugs. These behaviors significantly increase the risk of STI transmission. Moreover, the timing of sexual debut has been linked to STI risk. Early sexual debut is associated with a higher likelihood of engaging in risky sexual practices, including having unprotected sex and multiple partners (Odimegwu *et. al.,* 2018). Students who begin sexual activity at an earlier age may have lower levels of sexual health knowledge, which further contributes to their risk of contracting STIs.

**Hypothesis 4:** There is significant knowledge of sexually transmitted infection among university students in Offa Local Government Area, Kwara State based on level of Education. This finding corroborates with the findings of Chen *et. al.,* (2018), indicates that students' knowledge of STIs tends to improve with the level of education. Freshmen, who are typically younger and have recently transitioned from high school, often demonstrate lower levels of STI knowledge compared to their senior counterparts. For instance, a study by found that senior students had significantly higher knowledge scores regarding STIs than freshmen. This was attributed to increased exposure to sexual health information over their academic years, both through formal education and informal channels like peer discussions. Similarly, a study conducted by Rajapaksa-Hewageegana *et. al.,* (2015) in Sri Lanka found that students in their final years of university education had a better understanding of the transmission, prevention, and symptoms of common STIs such as HIV, chlamydia, and gonorrhea, compared to those in their first or second years. The study suggested that students gain more accurate and comprehensive knowledge as they advance in their academic journey, partly due to more opportunities for sexual health education and increased awareness of health services. Students majoring in health-related fields tend to have higher levels of STI knowledge compared to those in non-health-related majors. This disparity is often due to the curriculum differences, with health-related courses providing more detailed and specific education on STIs. A study by van der Snoek *et. al.,* (2018) in the Netherlands revealed that medical and nursing students exhibited higher knowledge about STIs, including less common ones like syphilis and HPV, compared to students in other fields such as engineering or business.

**Hypothesis 5:** There is significant attitude towards sexually transmitted infection among University of students in Offa Local Government Area, Kwara State based on Religion. This finding corroborates with the findings of Yip (2017), Religion plays a significant role in shaping individuals' attitudes and behaviors, including those related to sexual health. Among university students, religious beliefs and values can influence how they perceive sexually transmitted infections (STIs), their willingness to engage in preventive measures, and their attitudes toward those who contract STIs. This literature review explores the relationship between religion and attitudes toward STIs among university students, examining how different religious beliefs and practices impact their views and behaviors. Religious beliefs often shape moral perspectives on sexuality, which can significantly influence attitudes toward

STIs. In many religious traditions, sexual activity outside of marriage is discouraged or considered sinful, leading to negative perceptions of STIs as a consequence of immoral behavior. University students who identify strongly with their religious beliefs are more likely to view STIs through a moral lens, associating these infections with deviance from religious norms. Students from conservative religious backgrounds may exhibit greater stigma toward individuals with STIs, perceiving them as having engaged in morally questionable behavior. This stigma can result in judgmental attitudes, which not only affect how these students view others but also how they approach their own sexual health. For instance, they may be less likely to seek information about STIs, use condoms, or get tested, fearing that such actions could be interpreted as acknowledgment of sinful behavior (Reisner *et. al.*, 2013).

**Hypothesis 6:** There is significant practice towards sexually transmitted infections among University of Offa students in Offa Local Government Area, Kwara State based on Economic Status. This finding corroborates with the findings of Gonsalves and Kaplan (2021), Access to sexual health resources, including STI testing, treatment, and preventive measures like condoms, is often mediated by a student's economic status. University students from lower economic backgrounds are less likely to have consistent access to sexual health services due to financial constraints. This lack of access can lead to lower rates of STIs testing and treatment among these students, increasing the likelihood of untreated infections. Students from higher economic statuses are more likely to afford regular healthcare services, including visits to clinics for STI testing and purchasing condoms or other contraceptives. This disparity in access contributes to differences in STI prevention practices, with wealthier students more likely to engage in safer sex practices. Economic status also influences students' ability to engage in consistent STI prevention practices. For example, a study by McLeod and Chambers (2022) found that students from lower-income backgrounds were less likely to use condoms consistently due to financial barriers, such as the cost of purchasing condoms or accessing free condoms from health services. These students were also more likely to report engaging in sexual activity without discussing STI status with their partners, further increasing their risk of infections. Moreover, students from lower economic backgrounds may experience higher levels of stress and instability, which can negatively impact their ability to prioritize sexual health. According to Anderson and Foster (2021), economic stress can lead to risky sexual behaviors, such as engaging in sex without protection, due to the psychological burden of financial insecurity. This can result in higher rates of STIs among economically disadvantaged students.

## Conclusion

There is a significant level of knowledge, Attitude, and Practices towards sexually transmitted infections among University students in Offa Local Government Area, Kwara State, there is no practice towards sexually transmitted infections among University students in Offa Local Government Area, Kwara State. Also, there is knowledge of sexually transmitted infections among university students in Offa Local Government Area, Kwara State based on level of Education. There is an attitude towards sexually transmitted infections among University students in Offa Local Government Area, Kwara State based on Religion. Finally, there is a practice towards sexually transmitted infections among University students in Offa Local Government Area, Kwara State based on Economic Status. Therefore, Open discussions on Sexually transmitted infections should be encouraged between parents and their children. Students should be encouraged to practice safe sex and avoid multiple sex partners that can predispose them to sexually transmitted infections. Religious leaders should encourage students to have confidential counseling and emphasize on self-care and responsibility. For low-income students, free or low-cost STIs testing and treatment should be done and partnership with local health clinics for reduced-cost services.

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