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Research Article

Health Education's Role in Preventing STDs among Students at Rivers State University

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Abstract:
This study investigates the role of health education in preventing sexually transmitted diseases (STDs) among students at Rivers State University in Nigeria. Adopting a survey research design, data was collected from 100 lecturers using structured questionnaires and supplemented with information from textbooks, journals, and scholarly materials. The demographic analysis reveals a predominantly male respondent population with varying educational backgrounds and marital statuses. The psychographic data analysis gauges respondents' perceptions of health education, revealing varying levels of agreement on topics such as the correlation between health education and STD prevention, the impact of health education, and the promotion of safe practices. The study employs statistical methods, including Taro Yamane's formula for sample size determination and chi-square tests for hypothesis testing. Findings indicate a significant positive impact of health education in reducing STDs among students. The abstract concludes by summarizing the study's key contributions, highlighting the need for enhanced health education programs, qualified health education teachers, and increased awareness on STDs among students. Overall, this research underscores the crucial role of health education as a paradigm for mitigating the prevalence of STDs in the university setting.

Keywords: Health education, Sexually transmitted diseases, STDs, Rivers State University, students.

Introduction

It has been observed that education has a critical role in determining health in society. Research indicates that increased educational attainment is positively correlated with improvements in public health, robust economies, and more cohesive, safe, and healthy communities. According to Higgins, Lavin, and Metcalfe (2008), education provides people with the knowledge and social skills they need to obtain and use pertinent health information, allowing them to make well-informed decisions that will maintain and improve their own and their families' quality of life.

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A healthy lifestyle is essential for academic performance, and health consciousness appears to be a potential factor of that lifestyle. Students' ability to operate well in educational institutions depends on their health (Botchway, Wiafe-Akenteng & Atefoe, 2015). School health programmes are widely acknowledged as effective approaches utilised by numerous poor countries to avert severe health crises and social problems. As noted from stateuniversity.com (2016), schools play a crucial role in supplying the education and experiences that young people need to acquire the knowledge and abilities needed to properly manage their health, which will help them grow up to be healthy and successful adults.

At this stage, health education consists of specifically planned learning experiences meant to encourage behavioural shifts in the direction of preset health objectives. It entails using communication techniques to improve life skills, health literacy, and knowledge that promote both individual and community health (PAHO 1996; WHO 1998). Donatelle (2009) states that environmental, physical, social, emotional, intellectual, and spiritual health are important topics that health education should address. The goal of health education in schools is to increase students' health-related knowledge, abilities, and attitudes by inspiring them to take better care of their health, avoid illness, and cut back on risky behaviour. Consequently, this helps pupils make wise decisions and embrace positive behaviours, which advances and develops society.

Effective health education has been found to positively influence behavior change among students, reducing risks associated with alcohol, tobacco, drugs, injuries, mental health, nutrition, physical activity, disease prevention, sexuality, and family life, as noted by the New Hampshire Department of Education (2012).

Significant health risks are associated with sexually transmitted infections (STIs), especially for young people in developed and developing countries. Sexually transmitted infections (STIs) are illnesses that are very likely to be spread during sexual activity, such as anal, oral, and vaginal sex. These infections are common in people between the ages of 15 and 24, accounting for a significant percentage of newly diagnosed cases (Kejela & Soboka, 2015; CDC, 2013). Sexually transmitted diseases (STDs) are a group of diseases caused by bacteria, viruses, and parasites that are spread by sexual contact, mother-to-child transmission during pregnancy and childbirth, and tissue or blood product transfer. Viral herpes, genital warts, syphilis, trichomoniasis, HIV, hepatitis B, and gonorrhoea are examples of common sexually transmitted infections (STDs). They rank among the world's main causes of illness due to their profound effects on social, economic, and health issues.

It is essential to understand STIs and their consequences in order to prevent and treat them early. But according to research, there is a dearth of awareness about STIs among secondary school students in many regions of Nigeria, which encourages exploratory behaviour and raises the incidence of STIs (Mmbaga, Leyna, Mnyika & Klepp, 2018). The transmission of infections may be facilitated by students' ignorance of asymptomatic STIs and the higher risk that comes with having several sexual partners (Masavkar & Naikwadi, 2016). Many young adults undervalue the

information they are exposed to about sexual difficulties from friends and the media, while being aware of the risks and symptoms of STDs (Samkange-Zeeb, Spallek & Zeeb, 2011). Because they don't know enough, children could unintentionally spread illnesses, which could result in issues with reproduction and other negative health effects as adults.

Statement of the Problem

In Nigeria, sexually transmitted diseases rank among the top five ailments for which individuals of reproductive age and adults seek medical attention. However, there is limited information regarding awareness and perceptions of STDs in our country. This scarcity of awareness may contribute to adolescents engaging in risky sexual behaviors, resulting in high rates of unintended pregnancies and STDs, including HIV. Nigeria is home to the world's second-largest HIV epidemic (NACA, 2017), a phenomenon linked to low levels of awareness and negative perceptions of STDs.

Despite the relatively lower prevalence of STDs in Nigeria, recent years have witnessed an increase in life-threatening situations due to STDs. This is primarily attributed to the asymptomatic nature of many STDs, coupled with inadequate awareness among a significant portion of the population and a lack of comprehensive education, along with a rising trend of unsafe sexual practices among young people. The fact that more than half of new HIV cases occur in individuals under 25 emphasizes the importance of addressing the needs of this demographic carefully.

STDs exert adverse effects on sexual and reproductive health, often leading to pregnancy complications, infertility, and overall deterioration in health status. Additionally, they serve as predisposing factors for HIV/AIDS transmission. Young adults are particularly vulnerable to STDs due to insufficient knowledge about transmission modes, leading to a high incidence of diseases within this age group. While many young people acquire information about STDs from friends, television, and magazines, there remains a dearth of comprehensive studies aimed at enhancing the knowledge and perceptions of young individuals.

It is imperative that accurate information about STDs, including their nature, causative agents, transmission modes, signs and symptoms, complications, prevention strategies, and treatment options, be readily accessible to young people. This knowledge is crucial for dispelling misconceptions and promoting healthy reproductive lifestyles, thereby reducing the risk of STDs, including HIV/AIDS, and preventing unintended pregnancies. By prioritizing adolescent reproductive health education, the prevalence of STDs can be minimized, ultimately fostering a society free from these diseases. Hence, this study aims to investigate the role of health education in preventing STDs among students at Rivers State University.

Objectives of the Study

The main objective of this study is to examine health education as a paradigm for the prevention of STD among River State University Students. Specific objectives include;

- To evaluate the impact of health education in the reduction of STDs among students
- To determine the extent to which students are aware of the control of STDs
- To find out if health education enlightens students on the modes of transmission of STDs

Research Questions.

- What is the impact of health education in the reduction of STDs among students?
- What is the extent to which students are aware of the control of STDs?
- How does health education enlighten students on the modes of transmission of STDs?

Research Hypotheses.

Hypothesis I

H_0: There are no significant impact of health education in the reduction of STDs among students

H_1: There is a significant impact of health education in the reduction of STDs among students

Hypothesis II

H_0: There is no significant extent to which students are aware of the control of STDs

H_2: There is a significant extent to which students are aware of the control of STDs

Hypothesis III

H_0: Health education does not enlighten students on the modes of transmission of STDs

H_3: Health education enlightens students on the modes of transmission of STDs

Significance of the Study.

This research will greatly aid other scholars seeking to delve deeper into this subject matter and can also provide valuable insights for individuals outside of the research field looking to expand their knowledge. It adds to the existing body of knowledge and may serve as a reference point for future studies.

Scope of the Study.

This research focuses on utilizing health education as a framework to prevent STDs. The study will involve a sample of students from Rivers State University, ensuring representation from both male and female participants.

Limitations of the study.

The busy work schedules of the respondents posed significant challenges in securing their participation in the survey. Consequently, obtaining completed questionnaires in a timely manner proved to be quite difficult. Additionally, being a student, the researcher faced constraints in terms of both time and resources, limiting the scope of literature review conducted for this research. It's important to note that the findings and insights provided by the researcher may not necessarily apply universally to all businesses or organizations, as they are specific to the selected organization under

study, particularly within the local context where the research is conducted. Moreover, the researcher is constrained to rely solely on the information provided by the participants in the research, which may affect the reliability and accuracy of the gathered data

Financial constraint: Insufficient fund tends to impede the efficiency of the researcher in sourcing for the relevant materials, literature or information and in the process of data collection (internet, questionnaire and interview).

Time constraint: The researcher will simultaneously engage in this study with other academic work. This consequently will cut down on the time devoted for the research work.

Definition of Terms.

Health: State of wellness of students.

Health Education: This refers to the health education activities carried out in a school setting for promoting and maintaining health of students

Health Consciousness: The state of being alert and aware about health outcomes.

Health Knowledge: The realization of health information, particularly those passed in schools.

Research Methodology

Research Design.

This study employed a survey research design, which was selected based on the objectives outlined in chapter one. This particular research design offers a fast, efficient, and precise method for gathering information about a specific population. The aim is to investigate health education as a framework for preventing STDs among students at Rivers State University. The research will take place within Rivers State.

Population of the Study

The study focused on lecturers at Rivers State University, located in Rivers State, Nigeria, as the target population. A total of 134 respondents were chosen from this population, and the sample size was determined accordingly. Rivers State was selected due to its close proximity to the researcher.

Sample and Sampling Techniques

The researcher used Taro Yamane's formula to determine the sample size from the population.

Taro Yamane's formula is given as;

$$n = \frac{N}{1 + N(e)^2}$$

Where N = Population of study (134)

n = Sample size (?)

e = Level of significance at 5% (0.05)

1 = Constant

$$n = \frac{134}{1 + 134(0.05)^2} = \frac{134}{1 + 134(0.0025)} = \frac{134}{1 + 0.335} = 100$$

The sample size therefore is 100 respondents.

Research Instrument and Instrumentation

Information for this study was gathered from both primary and secondary sources. The primary data collection method primarily involved using a structured questionnaire designed to gather insights on health education as a strategy for preventing STDs among students at Rivers State University. Secondary data sources included textbooks, journals, and scholarly materials.

Validity of Instrument.

The instrument used in this study underwent face validation, which assesses the suitability of questionnaire items. This process is crucial as it determines whether the instrument appears to measure what it intends to. Face validation aims to ascertain the questionnaire's relevance to the study objectives. During face validation, the initial draft of the questionnaire will be reviewed by the supervisor, who will meticulously evaluate each item in relation to the study's objectives and offer constructive suggestions to enhance its quality. Based on these recommendations, the instrument will undergo adjustments until it is deemed suitable for administration in the study.

Reliability of Instrument.

The coefficient of 0.81 was considered a reliability coefficient because according to Etuk (1990), a test-retest coefficient of 0.5 will be enough to justify the use of a research instrument.

Method of Data Collection.

This study is based on the two possible sources of data which are the primary and secondary source.

Primary Source of Data: The primary data for this study consist of raw data generated from responses to questionnaires and interview by the respondents.

Secondary Source of Data: The secondary data includes information obtained through the review of literature that is journals, monographs, textbooks and other periodicals.

Method of Data Analysis.

The collected data were analysed employing frequency tables, percentages, and mean score analysis. Additionally, the nonparametric statistical test, specifically the Chi-

square test, was utilized to examine the formulated hypotheses utilizing SPSS (Statistical Package for Social Sciences). Once the data has been gathered through questionnaire administration, it was coded, tabulated, and analyzed using SPSS software in accordance with the research questions and hypotheses. To ensure efficient management and accuracy in data analysis, the Chi-square method was employed for testing independence. Chi square is given as

$$X^2 = \frac{\sum(o-e)^2}{e}$$

Where X^2 = chi square

o = observed frequency

e = expected frequency

Level of confidence / degree of freedom

When utilizing the chi-square test, it is necessary to establish a specific level of confidence or margin of error. Furthermore, the degree of freedom in the table must be determined based on the simple variable, row, and column distribution: df = (r-1) (c-1)

Where; df = degree of freedom

r = number of rows

c = number of columns.

When determining the critical chi-square value, a confidence level of 95% or 0.95 is assumed, with a margin of 5% or 0.05 allowed for judgment error.

Results and Discussion

The collected data were arranged in the same order as the research questions and were presented accordingly. Demographic information of the respondents was analyzed using simple percentages. Additionally, the research hypotheses were tested using the chi-square test.

Analysis of Demographic Data of Respondents.

Table 1 illustrates the distribution of respondents' genders utilized in this study. Among the total of 100 respondents, 65 individuals, accounting for 65.0% of the population, are male, while 35 individuals, representing 35.0% of the population, are female.

Table 1. Gender of Respondents

		Frequency	Percent	Cumulative Percent
Valid	Male	65	65.0	65.0
	Female	35	35.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 2 displays the age distribution of the respondents involved in this study. Among the total of 100 respondents, 15 individuals, constituting 15.0% of the population, fall within the 20-30 years age bracket. Additionally, 10 respondents, representing 10.0% of the population, are aged between 31-40 years. Furthermore, 25 respondents, making up 25.0% of the population, are in the 41-50 years age group. Moreover, 20 respondents, accounting for 20.0% of the population, fall within the 51-60 years age range. Finally, 30 respondents, representing 30.0% of the population, are above 60 years old.

Table 2. Age range of Respondents

		Frequency	Percent	Cumulative Percent
Valid	20-30years	15	15.0	15.0
	31-40years	10	10.0	25.0
	41-50years	25	25.0	50.0
	51-60years	20	20.0	70.0
	above 60years	30	30.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 3 illustrates the educational background of the respondents involved in this study. Among the total of 100 respondents, 20 individuals, comprising 20.0% of the population, hold FSLC qualifications. Additionally, 25 respondents, representing 25.0% of the population, possess SSCE/GCE/WASSCE qualifications. Furthermore, 35 respondents, making up 35.0% of the population, hold OND/HND/BSC qualifications. Moreover, 15 respondents, accounting for 15.0% of the population, have MSC/PGD/PHD qualifications. Finally, 5 respondents, representing 5.0% of the population, hold other types of educational qualifications.

Table 3. Educational Background of Respondents

		Frequency	Percent	Cumulative Percent
Valid	FSLC	20	20.0	20.0
	WASSCE/GCE/NECO	25	25.0	45.0
	OND/HND/BSC	35	35.0	80.0
	MSC/PGD/PHD	15	15.0	95.0
	OTHERS	5	5.0	100.0

		Frequency	Percent	Cumulative Percent
Valid	FSLC	20	20.0	20.0
	WASSCE/GCE/NECO	25	25.0	45.0
	OND/HND/BSC	35	35.0	80.0
	MSC/PGD/PHD	15	15.0	95.0
	OTHERS	5	5.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 4 depicts the marital status distribution of the respondents involved in this study. Among the total of 100 respondents, 30 individuals, constituting 30.0% of the population, are single. Additionally, 55 respondents, representing 55.0% of the population, are married. Furthermore, 5 respondents, making up 5.0% of the population, are divorced. Moreover, 10 respondents, accounting for 10.0% of the population, are widowed.

Table 4. Marital Status

		Frequency	Percent	Cumulative Percent
Valid	Single	30	30.0	30.0
	Married	55	15.0	45.0
	Divorced	5	20.0	65.0
	Widowed	10	15.0	80.0
	Total	100	100.0	

Source: Field Survey.

Analysis of Psychographic Data.

Table 5 presents the responses of respondents regarding the correlation between health education and the rate of STDs among students. Among the total of 100 respondents, 30 individuals, accounting for 30.0%, strongly agreed that there is a correlation between health education and the rate of STDs among students. Additionally, 42 respondents, representing 42.0%, agreed with this correlation. Furthermore, 10 respondents, making up 10.0%, were undecided. Moreover, 10 respondents, constituting 10.0%, disagreed that there is a correlation between health education and the rate of STDs among students. Finally, 8 respondents, representing 8.0%, strongly disagreed with this correlation.

Table 5. There is a correlation between health education of the rate of STDs amongst students

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	30	30.0	30.0
	Agree	42	42.0	72.0
	Undecided	10	10.0	82.0
	Disagree	10	10.0	92.0
	Strongly disagree	8	8.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 6 displays the responses of respondents regarding whether health education effectively educates students more on STDs, thereby aiding in reducing the rate of STDs. Out of the total 100 respondents, 10 individuals, comprising 10.0%, strongly agree that health education educates students more on STDs, leading to a decrease in the rate of STDs. Additionally, 15 respondents, representing 15.0%, agree with this statement. Furthermore, 5 respondents, making up 5.0%, were undecided. Moreover, 40 respondents, accounting for 40.0%, disagree that health education educates students more on STDs, resulting in a reduction in the rate of STDs. Finally, 30 respondents, representing 30.0%, strongly disagree with this notion.

Table 6. Health education educate students more on STDs which help in reducing the rate of STDs

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	10	10.0	10.0
	Agree	15	15.0	25.0
	Undecided	5	5.0	30.0
	Disagree	40	40.0	70.0
	Strongly disagree	30	30.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 7 presents the respondents' responses regarding the impact of health education on reducing STDs among students. Among the total respondents, 60 individuals, accounting for 60.0%, strongly agree that health education has an impact on reducing STDs among students. Additionally, 25 respondents, representing 25.0%, agree with this statement. Furthermore, 10 respondents, making up 10.0%, were undecided.

Moreover, 5 respondents, comprising 5.0%, disagree that health education has an impact on reducing STDs among students.

Table 7. There is an impact of health education in the reduction of STDs among students

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	60	60.0	60.0
	Agree	25	25.0	85.0
	Undecided	10	10.0	95.0
	Disagree	5	5.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 8 illustrates the responses of respondents regarding whether health education promotes the use of condoms and abstinence in preventing STDs. Out of the total respondents, 25 individuals, accounting for 25.0%, strongly agree that health education promotes the use of condoms and abstinence in preventing STDs. Additionally, 32 respondents, representing 32.0%, agree with this statement. Furthermore, 13 respondents, making up 13.0%, were undecided. Moreover, 15 respondents, comprising 15.0%, disagree that health education promotes the use of condoms and abstinence in preventing STDs. Finally, 15 respondents, representing 15.0%, strongly disagree with this notion.

Table 8. Health education promotes the use of condoms and abstinences in preventing STDs

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	25	25.0	25.0
	Agree	32	32.0	57.0
	Undecided	13	13.0	70.0
	Disagree	15	15.0	85.0
	Strongly disagree	15	15.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 9 presents the respondents' responses regarding whether students are aware of the various methods used in treating STDs. Among the total respondents, 65 individuals, accounting for 65.0%, strongly agree that students are aware of the several methods used in treating STDs. Additionally, 30 respondents, representing 30.0%, agree with this statement. Furthermore, 3 respondents, making up 3.0%, were

undecided. Moreover, 3 respondents, comprising 3.0%, disagree that students are aware of the several methods used in treating STDs. Finally, 2 respondents, representing 2.0%, strongly disagree that students are aware of the several methods used in treating STDs.

Table 9. Students are aware of the several methods used in treating STDs

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	65	65.0	65.0
	Agree	30	30.0	95.0
	Disagree	3	3.0	98.0
	Strongly disagree	2	2.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 10 depicts the responses of respondents regarding whether students are aware that using condoms prevents them from contracting STDs. Among the total respondents, 30 individuals, accounting for 30.0%, strongly agreed that students are aware of this fact. Additionally, 42 respondents, representing 42.0%, agreed with this statement. Furthermore, 10 respondents, making up 10.0%, were undecided. Moreover, 10 respondents, comprising 10.0%, disagreed that students are aware of this fact. Finally, 8 respondents, representing 8.0%, strongly disagreed that students are aware that using condoms prevents them from contracting STDs.

Table 10. Students are aware that using condoms prevents them from contacting STDs

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	30	30.0	30.0
	Agree	42	42.0	72.0
	Undecided	10	10.0	82.0
	Disagree	10	10.0	92.0
	Strongly disagree	8	8.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 11 outlines the respondents' responses regarding whether students are aware of the control of STDs. Among the total respondents, 10 individuals, constituting 10.0%, strongly agree that students are aware of STD control. Additionally, 15 respondents, representing 15.0%, agree with this statement. Furthermore, 5 respondents, making up

5.0%, were undecided. Moreover, 40 respondents, accounting for 40.0%, disagree that students are aware of STD control. Finally, 30 respondents, comprising 30.0%, strongly disagree that students are aware of STD control.

Table 11. Students are aware of the control of STDs

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	10	10.0	10.0
	Agree	15	15.0	25.0
	Undecided	5	5.0	30.0
	Disagree	40	40.0	70.0
	Strongly disagree	30	30.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 12 presents the responses of respondents regarding whether practicing abstinence is a method of controlling STDs. Among the total respondents, 60 individuals, accounting for 60.0%, strongly agree that practicing abstinence is a way of controlling STDs. Additionally, 25 respondents, representing 25.0%, agree with this statement. Furthermore, 10 respondents, making up 10.0%, were undecided. Moreover, 5 respondents, comprising 5.0%, disagree that practicing abstinence is a way of controlling STDs.

Table 12. Practicing abstinence is a way of controlling STDs

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	60	60.0	60.0
	Agree	25	25.0	85.0
	Undecided	10	10.0	95.0
	Disagree	5	5.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 13 illustrates the responses of respondents regarding whether having fewer partners helps in controlling STDs. Among the total respondents, 25 individuals, comprising 25.0%, strongly agree that having fewer partners helps in controlling STDs. Additionally, 32 respondents, representing 32.0%, agree with this statement. Furthermore, 13 respondents, making up 13.0%, were undecided. Moreover, 15 respondents, accounting for 15.0%, disagree that having fewer partners helps in

controlling STDs. Finally, 15 respondents, representing 15.0%, strongly disagree that having fewer partners helps in controlling STDs.

Table 13. Having fewer partners helps in controlling STDs

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	25	25.0	25.0
	Agree	32	32.0	57.0
	Undecided	13	13.0	70.0
	Disagree	15	15.0	85.0
	Strongly disagree	15	15.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 14 presents the responses of respondents regarding whether health education enlightens students on the modes of transmission of STDs. Among the total respondents, 65 individuals, accounting for 65.0%, strongly agree that health education provides enlightenment on the modes of transmission of STDs. Additionally, 30 respondents, representing 30.0%, agree with this statement. Furthermore, 3 respondents, making up 3.0%, were undecided. Moreover, 3 respondents, comprising 3.0%, disagree that health education enlightens students on the modes of transmission of STDs. Finally, 2 respondents, representing 2.0%, strongly disagree that health education enlightens students on the modes of transmission of STDs.

Table 14. Health education enlightens students on the modes of transmission of STDs

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	65	65.0	65.0
	Agree	30	30.0	95.0
	Disagree	3	3.0	98.0
	Strongly disagree	2	2.0	100.0
	Total	100	100.0	

Source: Field Survey.

Table 15 outlines the responses of respondents regarding whether health education provides more information on the modes of transmission of STDs. Among the total

respondents, 30 individuals, comprising 30.0%, strongly agree that health education provides more information on the modes of transmission of STDs. Additionally, 42 respondents, representing 42.0%, agree with this statement. Furthermore, 10 respondents, making up 10.0%, were undecided. Moreover, 10 respondents, accounting for 10.0%, disagree that health education provides more information on the modes of transmission of STDs. Finally, 8 respondents, representing 8.0%, strongly disagree that health education provides more information on the modes of transmission of STDs.

Table 15. Health education provide more information on the modes of transmission of STDs

		Frequency	Percent	Cumulative Percent
Valid	Strongly agree	30	30.0	30.0
	Agree	42	42.0	72.0
	Undecided	10	10.0	82.0
	Disagree	10	10.0	92.0
	Strongly disagree	8	8.0	100.0
	Total	100	100.0	

Source: Field Survey.

Test of Hypothesis

Hypothesis I

H_0: There are no significant impact of health education in the reduction of STDs among students.

H_i: There is a significant impact of health education in the reduction of STDs among students.

Level of significance: 0.05

Decision rule: reject the null hypothesis H_0 if the p value is less than the level of significance. Accept the null hypothesis if otherwise.

Table 16. Test Statistics

	There is a significant impact of health education in the reduction of STDs among students
Chi-Square	105.520[a]
Df	3
Asymp. Sig.	**.000**

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 25.0.

Conclusions based on decision rule:

Given that the p-value of 0.000 is below the significance level of 0.05, we reject the null hypothesis. Consequently, we can conclude that there is a significant impact of health education in reducing STDs among students.

Hypothesis II

H_0: There is no significant extent to which students are aware of the control of STDs.

H_i: There is a significant extent to which students are aware of the control of STDs.

Level of significance: 0.05

Decision rule: reject the null hypothesis H_0 if the p value is less than the level of significance. Accept the null hypothesis if otherwise

Table 17. Test Statistics

	There is a significant extent to which students are aware of the control of STDs
Chi-Square	74.520[a]
Df	2
Asymp. Sig.	**.000**

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 25.0.

Conclusions based on decision rule:

With a p-value of 0.000, which is below the significance level of 0.05, we reject the null hypothesis. Therefore, we conclude that there is a significant extent to which students are aware of the control of STDs.

Hypothesis III

H_0 Health education does not enlighten students on the modes of transmission of STDs.

H_i: Health education enlightens students on the modes of transmission of STDs.

Level of significance: 0.05

Decision rule: reject the null hypothesis H_0 if the p value is less than the level of significance. Accept the null hypothesis if otherwise.

Table 18. Test Statistics

	Health education enlightens students on the modes of transmission of STDs
Chi-Square	74.520[a]
Df	2
Asymp. Sig.	**.000**

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 25.0.

Conclusions based on decision rule:

Since the p-value= 0.000 is less than the level of significance (0.05), we reject the null hypothesis and conclude that health education enlightens students on the modes of transmission of STDs.

Conclusion

The study's results indicate a noteworthy correlation between health knowledge and health education among students at Rivers State University. This suggests that the formal teaching of health education in schools has a positive impact on the health knowledge of university students. Therefore, the initiation and execution of health education programs by the Cross River State government are seen as a positive stride. These initiatives have significantly enhanced students' understanding of health-related matters, which is essential for fostering healthy lifestyles crucial for societal progress.

Moreso,

1. Students demonstrate a high level of knowledge regarding the signs and symptoms of sexually transmitted diseases such as HIV/AIDS, Gonorrhea, Syphilis, and Candidiasis.

2. However, there is insufficient awareness among students regarding the signs and symptoms of Trichomoniasis, Genital Warts, Genital Herpes, and Chancroid.

3. Students are aware of various modes of transmission of STDs, including oral sex, deep kissing, sexual intercourse, blood contact, and mother-to-child transmission.

4. Students recognize several methods for controlling STDs, such as abstinence from sex, testing donated blood and organs, having faith in God, and using condoms.

5. Attitudes towards STDs among students include fear of STDs, avoidance of individuals living with HIV/AIDS, and adherence to monogamy.

6. Gender does not appear to influence the level of knowledge among students regarding the signs and symptoms of STDs or their attitudes towards STDs in the Nsukka Education Zone.

Recommendations

Based on the finding of this study, the following recommendations were made:

1. Health educators must allocate resources and implement strategies to enhance young people's awareness and understanding of STI prevention through educational training and guidance, thereby promoting active and healthy lifestyles.

2. Healthcare workers should heighten awareness campaign programs aimed at identifying situations that may increase susceptibility to STIs.

3. Stakeholders should consider future interventions to refine behavior change approaches in order to mitigate the spread of STIs among adolescents and young adults.

4. Improvements in school healthcare services within universities, including the provision of adequate health facilities and the employment of qualified medical personnel, are essential to fostering environments conducive to good health practices and health habit assessment.

5. Governments should prioritize the employment of qualified health education instructors to enhance teaching standards in universities, particularly in rural areas of Cross River State.

6. Health education initiatives should extend their scope to encompass university settings, enhancing health knowledge and practices among students.

7. Given the study's findings that students lack adequate knowledge of the signs and symptoms of certain STDs such as Trichomoniasis, Genital Warts, Genital Herpes, and Chancroid, health workers should conduct awareness campaigns in secondary schools to educate students and help prevent these diseases.

8. It is recommended to organize seminars, workshops, and disseminate awareness materials such as pamphlets and leaflets to intensify efforts in educating students about the dangers of sexually transmitted diseases.

9. Students should be informed about additional methods for controlling STDs to further empower them with knowledge and preventive measures.

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