IMPACT OF CIVIC EDUCATION ON POLITICAL PARTICIPATION IN STUDENT UNIONISM IN UNIVERSITY OF BENIN

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CERTIFICATION

We, the undersigned certify that this research report was carried out by Ofeoritse Nita UDUEYIN with matriculation Number EDU2005794 in the Department of Educational Management, Faculty of Education, University of Benin, Benin City, in partial fulfillment of the requirement of the award of B.Ed Degree in political science.

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DEDICATION

This project work is dedicated to God Almighty for making this process possible.

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I would like to express my sincere gratitude to God Almighty

My gratitude goes to my project supervisor Dr. Mrs. S. O. Bello for her guidance, support and encouragement throughout my project, the role she played that made my pursuit of my BSC degree successful, may God Almighty bless her.

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ABSTRACT

This study aimed at examining the impact of civic education on political participation in students' unionism in Nigeria. Four research questions were raised to guide the study. The design adopted for this study was the survey research design. The sample consisted of 400 basically University of Benin Students. Questionnaires were used for the collection of data from 400 (Four hundred) respondents. The research instrument was validated by the researcher's supervisor. The test re-test method was adopted instruments were administered by the researcher herself. The data obtained were analyzed using mean and standard deviation.

Findings revealed that students have awareness and understanding of political issues among Nigerian students unionism. It was also revealed that there are roles of civic education in empowering Nigerian students' unionism to actively participate in the political process and make informed decisions.

Based on the findings, it was recommended that Civic education should target the whole citizenry from early ages through to adulthood. Thus, the education should be conducted for both school and out of school person.

CHAPTER ONE

INTRODUCTION

Background of the Study

Students' unionism is widely recognized as the backbone and future of any society. They have the potential to drive significant social, economic and political change. The important of youth cannot be over-emphasized in all endeavors of life. In terms of innovation and creativity, young people tend to possess fresh ideas, innovative thinking and creativity that can contribute to solving complex problems and boosting progress in various fields. Their energy and willingness to take risks allow them to challenge conventional wisdom and generate new ways of doing things. Youths play a crucial role in economic development. By actively participating in the workforce, they contribute to productivity and generate wealth. Additionally, as entrepreneurs, they have the potential to create job opportunities and stimulate economic growth.

Students' unionism often acts as a catalyst for social transformation. Through their activism, advocacy and engagement in various social issues, young people can bring attention to problems such as social inequality, environmental concerns and human rights. They are instrumental in raising awareness. Mobilizing communities and demanding change. The involvement of youth in politics is essential for a functioning democracy. Their active engagement and participation in political processes ensure that their generation's voices, perspectives and interests are represented in decision making burning sensation when urinating, lower abdominal pain, or as is common with Chlamydia and gonorrhea, no symptoms at all.

STIs are primarily spread through person-to-person sexual contact. In the case of HIV and syphilis, the infection can also be transmitted vertically from mother to child during pregnancy and childbirth. Additionally, STI infection is considered the primary factor that

facilitates the transmission of HIV. The most effective way to avoid becoming infected with an STI is to abstain from sexual behavior. However, in a sexually active relationship, the primary prevention method of STI transmission is using a condom in all sexual behavior. Being sexually active within a “long-term, mutually monogamous relationship with an uninfected partner” is also an effective prevention method as long as the sexual relationship is truly mutual.

One important aspect in the control of STIs in adolescents and young adults is a lack of awareness regarding STI transmission and prevention. Education prior to sexual debut is the main strategy for preventing risky sexual activity in teenagers, albeit this has not yet been included into policy. Based on these research, it can be concluded that education plays a significant role in societal control over STIs and can help eradicate STIs for all at-risk populations, including young women.

Common STIs don't show any symptoms until serious issues arise, which makes detection difficult. In all populations, including young adults, the high incidence of STIs are a result of inadequate access to health services and infrequent screening. Genital infections in rural women with limited access to healthcare services were investigated by Oliveira in 2017.

They discovered that among the community's sexually active women, 45% had a genital infection. Young women aged 13 to 19 were disproportionately affected by gonorrhea, chlamydia, and the Human Papillomavirus (HPV). The study conducted by Codes, (2016) also documented the underutilization or lack of access to health services in areas where STI prevalence was high. The findings of the study indicated that women recruited from areas with limited health care accessibility had greater rates of STI infection compared to those who regularly visited a health clinic. Though certain populations are not making enough use of these services, screening and detection of STIs are crucial components of STI control. Finding the

causes of this will yield important knowledge for enhancing access to and utilization of health services for STI screening and control.

It's evident that having access to health care and education on their own won't be enough to stop STIs. Doreto, (2018) findings demonstrate a discrepancy between knowledge and behavior, as only 35.2% of participants used a condom during every sexual encounter, despite 93.3% of participants citing consistent condom use as the primary method of preventing STI transmission. Despite this information, the researchers nonetheless conclude that only 63.3% of the sexually active female participants had ever seen a gynecologist and 65.5% of them did not think they were at risk for STIs. The basis of this research, which attempts to pinpoint the social variables that generate this knowledge gap between the application of preventative techniques and sexual health practices gap in order to find ways to close it.

Statement of Problem

Sexually transmitted infections (STIs) pose a considerable worldwide health issue with extensive implications, affecting individuals of all ages and backgrounds. Among these vulnerable groups, undergraduates, who are often in the formative years of their adult lives, stand out as a population with unique characteristics and risks. This study addresses the key problems. There is a concern that many undergraduate students lack comprehensive knowledge pertaining to sexually transmitted infections, encompassing their spread, prevention, symptoms, and the various treatment choices accessible. This knowledge gap may contribute to risky sexual behaviors, lower rates of STI testing, ultimately result in higher rates of STIs among this specific group.

Lack of knowledge regarding the consequences of STIs, such as infertility, complications during pregnancy, and increased susceptibility to HIV, is prevalent among undergraduates. This

problem is compounded by a lack of understanding about the importance of regular testing and seeking medical care when necessary. Many secondary schools may not offer sufficient sexual health education and resources to their students. This lack of access to information and support can hinder students in making informed decisions about their sexual health. Students who are affected by STIs often experience stigma and fear of disclosure. This can lead to delays in diagnosing and treating STIs, which can contribute to the continued transmission of these infections, further spreading the infections, and negatively impacting the mental and emotional well-being of those affected.

It is important to investigate whether there are socio-demographic disparities in the knowledge and attitude of STIs among secondary school students, such as differences based on gender, age, sexual orientation, and educational background. Understanding and addressing these issues is vital for improving the sexual health and well-being of secondary school students. This study aims to identify the extent of the knowledge and attitude gap and the factors that contribute to it, providing valuable insights to inform future actions, targeted interventions, educational programs, and policies to enhance awareness and promote safe sexual practices within the secondary schools population.

Research Questions

The following research questions will guide this study in achieving its objectives:

1. What is the knowledge of sexually transmitted infections (STIs) among secondary school students in Egor Local Government Area in Edo State?
2. What is the attitude of secondary school students in Egor Local Government Area towards sexually transmitted infections (STIs)?
3. Does age influence knowledge of sexually transmitted infections (STIs)?

4. Does age influence attitude of sexually transmitted infections (STIs)?
5. Does sex influence knowledge of sexually transmitted infections (STIs)?
6. Does sex influence knowledge of sexually transmitted infections (STIs)?

Purpose of the Study

The purpose of this study is to investigate the level of understanding and attitudes towards sexually transmitted infections among secondary school students in Egor Local Government Area of Edo State. Specifically, the study will examine the;

1. knowledge of sexually transmitted infections (STIs) among secondary school students in Egor Local Government Area in Edo State.
2. attitude of secondary school students in Egor Local Government Area towards sexually transmitted infections (STIs)?
3. extent age influence knowledge of sexually transmitted infections (STIs) among secondary school students in Egor Local Government Area of Edo State
4. extent age influence attitude of sexually transmitted infections (STIs) among secondary school students in Egor Local Government Area of Edo State
5. extent sex influence knowledge of sexually transmitted infections (STIs) among secondary school students in Egor Local Government Area of Edo State.
6. extent sex influence attitude of sexually transmitted infections (STIs) among secondary school students in Egor Local Government Area of Edo State.

Significance of the Study

Understanding the knowledge surrounding sexually transmitted infections (STIs) among secondary school students carries significant importance for various stakeholders, including

public health authorities, educational institutions, students, and society at large. The significance of this study is underscored by the following points:

Public Health Impact: Given the rising prevalence of STIs and the potential long-term health consequences, this study can provide valuable insights into the knowledge gaps among secondary school students. Addressing these gaps can contribute to the reduction of STI transmission, thus mitigating the public health burden associated with these infections.

Educational Institutions: Educational institutions play a crucial role in shaping the experiences and behaviors of undergraduate students. The findings of this research can provide secondary schools with valuable information about the importance of implementing comprehensive sexual health education programs and resources, ultimately leading to a healthier environment.

Targeted Interventions: By identifying specific areas of limited knowledge and the factors influencing it, this study can assist in developing focused interventions and educational initiatives. These interventions can focus on improving knowledge, promoting safe sexual practices, and reducing the stigma associated with STIs.

Empowering Students: For secondary school students, increased knowledge about STIs can enable them to make well-informed choices regarding their sexual well-being. It can lead to safer sexual behaviors, regular testing, and timely medical care when needed.

Reducing Stigma: By investigating the experiences of students affected by STIs, this research can shed light on the stigma and fear of disclosure they face. Raising awareness about these challenges can contribute to reducing stigma and fostering a more supportive and inclusive environment.

Policy Implications: The study's findings can inform policymakers in crafting relevant policies and guidelines aimed at improving sexual health education in educational institutions, allocating resources, and addressing socio-demographic disparities in knowledge and awareness.

Community Health and Well-being: The broader community benefits from this research as well. When a student possess adequate knowledge about STIs, they are less likely to transmit infections, ultimately contributing to community-wide health and well-being.

In summary, this study's significance lies in its potential to enhance the understanding of knowledge about STIs among secondary school students and, consequently, its impact on public health, education, and the overall well-being of young adults. The insights gained from this research can pave the way for more effective public health campaigns, targeted educational programs, and supportive policies that promote healthier and safer behaviors among secondary school students and, by extension, the broader society.

Scope and Delimitation of the Study

The main objective of this study is to evaluate the understanding and consciousness of sexually transmitted infections (STIs) among secondary school students, including their understanding of transmission, prevention, symptoms, and available treatment options.

Factors Influencing Knowledge: The research will explore factors influencing STI knowledge among secondary school students, including socio-demographic factors (e.g., gender, sexual orientation), educational background, and access to sexual health education resources. However, in-depth qualitative analyses of these experiences may not be within the scope of this study.

Definition of Terms

Knowledge: facts, information, and skills acquired through experience or education; the theoretical or practical understanding of a subject.

Attitude: a settled way of thinking or feeling about something.

Sexually Transmitted Infections (STIs): Sexually Transmitted Infections (STIs) are bacterial, viral, and parasitic infections that are spread through sexual contact with infected partners.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter discusses the literature of the review. The literature review shall be discussed under the following subheadings.

i. Concept of sexually transmitted infections (STIs)
ii. Knowledge of sexually transmitted infections (STIs)
iii. Age influence on knowledge of sexually transmitted infections (STIs)
iv. Sex influence on knowledge of sexually transmitted infections (STIs)
v. Age influence attitude of sexually transmitted infections (STIs)

vi. Sex influence knowledge of sexually transmitted infections (STIs)

vii. Summary of literature reviewed

Concept of Sexual Transmitted Infections (STIs)

Sexually transmitted infections (STIs), also known as STDs or VD, are infections that can be transmitted through sexual activity, including vaginal intercourse, anal sex, and oral sex. It's important to note that STIs often do not show symptoms initially, which increases the risk of spreading the infection to others. Symptoms of STIs can include things like vaginal discharge, penile discharge, ulcers on or around the genitals, and pelvic pain. It's also important to be aware that STIs can be passed from a mother to her baby during childbirth, leading to potential complications. Additionally, some STIs can affect fertility and make it difficult to conceive. More than 30 different bacteria, viruses, and parasites can be transmitted through sexual activity (Peltzer & Oladimeji, 2014). Bacterial STIs, such as chlamydia, gonorrhea, and syphilis, can be transmitted through sexual contact. Viral STIs, like genital herpes, HIV/AIDS, and genital warts, are also spread through sexual activity. Trichomoniasis is an example of a parasitic STI. It's important to note that while most STIs are transmitted through sex, some can be spread through non-sexual contact with donor tissue, blood, breastfeeding, or during childbirth. Diagnostic tests for STIs are more readily available in developed countries compared to developing countries. The most effective way to prevent STIs is by abstaining from sex. Vaccinations, such as those for hepatitis B and certain types of HPV, can also reduce the risk of specific infections. Safer sex practices, like using condoms, having fewer sexual partners, and being in a mutually monogamous relationship, can also lower the risk. Male circumcision may be effective in preventing certain infections. Comprehensive sex education in schools can also be beneficial. It's important to know that most STIs are treatable or curable. Syphilis, gonorrhea, chlamydia, and

trichomoniasis are curable, while herpes, hepatitis B, HIV/AIDS, and HPV are treatable but not curable.

Resistance to certain antibiotics is developing among some organisms such as gonorrhea (Sutherland, 2017). In 2015, about 1.1 billion people had STIs other than HIV/AIDS. About 500 million were infected with either syphilis, gonorrhea, chlamydia or trichomoniasis. At least an additional 530 million people have genital herpes and 290 million women have human papillomavirus. STIs other than HIV resulted in 25 108,000 deaths in 2015. In the United States there were 19 million new cases of sexually transmitted infections in 2010. Historical documentation of STIs date back to at least the Eberspapyrus around 1550 BC and the Old Testament. There is often shame and stigma associated with these infections. The term sexually transmitted infection is generally preferred over sexually transmitted disease or venereal disease, as it includes those who do not have symptomatic disease.

Sexually transmitted infections are infections which are mainly transmitted from one person to another through intimate contact (CDC 2010, WHO 2011a). The infection can be transmitted through oral, vaginal, or anal sex, as well as through contact with blood during sexual activity. While it is not very common, transmission can also happen through direct contact with the affected body parts, tissues, or body fluids of infected individuals. Some STIs such as hepatitis B can also be transmitted through sharing or using unsterilized needles (CDC 2020).

Vertical transmission refers to the mother passing the infection to her child either during pregnancy or childbirth. HIV, hepatitis B and syphilis are infections which can be transmitted in this way (CDC 2020). The term STIs encompasses infections caused by over 30 different bacteria, viruses, and parasites that are transmitted through sexual intercourse. The common feature of these infections is their mode of transmission and not their cause, origin, clinical

features or consequences (Sasadeusz et al. 2018, WHO 2021a). The most common STIs are the bacterial infections: chlamydia, syphilis, gonorrhoea; and the viral infections: human papillomavirus (HPV), HIV and hepatitis B (CDC 2009). If these infections are not detected early or left untreated, they can have long-term negative effects. Some STIs, like HIV and HPV, can be asymptomatic for extended periods of time, while others, such as genital herpes, may have mild and temporary signs and symptoms. Unfortunately, because these infections may not show obvious signs, they often go unnoticed and receive little attention. This not only leads to delayed diagnosis and treatment, but also increases the chances of unknowingly transmitting the infections during unprotected sexual activity. If untreated, STIs can lead to complications such as pelvic inflammatory diseases, ectopic pregnancies or infertility in women, or epididymitis in men (Stamm et al. 1984, MacDonald & Brunham 1997, Simms & Stephenson 2000, Public Health Leadership Society - PHLS 2000). In its guidelines for surveillance of STIs published in 1999, the WHO described STIs as a major global health problem leading to acute illness, long-term disability and death, with serious medical and psychological consequences for millions of men, women and infants (WHO 1999).

Table 2.1 gives an overview of common STIs and their clinical manifestations. HIV and syphilis are life threatening, hepatitis B, HPV and HIV predispose to malignancy, and gonorrhoea and chlamydia affect fertility (CDC 2013a). Chlamydia, gonorrhoea and syphilis can be cured using antibiotics, while HIV is treatable but not curable. Most Hepatitis B and HPV infections are cleared by the immune system within a few months (WHO 2011a, Kirwan & Herrington 2001). Chronic forms of Hepatitis B are however not well treatable and persistent HPV infections can cause cervical and other forms of cancer. Furthermore, HPV infection can cause genital warts,

which can be treated using topical creams or cryotherapy, but may also disappear on their own (WHO 2011a, CDC 2013a).

Table 2.1: Common STI examples along with their clinical presentation

Infection	**Clinical symptoms**	**Long-term sequelae**
Gonorrhoea	Urethritis/discharge is more common in men, while most women have no symptoms, however some may feel discomfort or a burning feeling when they urinate.	Infertility, ectopic pregnancy, and pelvic inflammatory illness in women.
Syphilis	Genital ulcers are possible, as is latent infection.	Severe psychological and neurological disorders, such as dementia.
HIV	Early symptoms include lethargy, fever, and sweats at night.	If untreated full-blown AIDS
HPV	Generally asymptomatic and clears on its own	Genital warts, penile cancer, cervical cancer
Chlamydia	Chlamydia is a frequent asymptomatic infection in both men and women. In women, burning sensations in the abdomen may occur when they urinate.	Men's epididymitis; women's pelvic inflammatory illness, infertility, and ectopic pregnancy.
Hepatitis B	partially nonspecific or asymptomatic symptoms, such fever or stomach ache.	Hepatic cancer and acute failure.
Genital herpes	Recurring blister-like lesions on the genitalia.	Difficulties throughout pregnancy, newborn herpes.
Trichomoniasis	Genital discharge that is sometimes asymptomatic.	Pregnancy-related issues.

Summarised from Workowski & Bermann 2006

Signs and symptoms of Sexual Transmitted Infections (STIs)

Signs may appear within different timeframes after exposure, ranging from days to weeks or even months. It's important to note that some individuals with STIs may not exhibit any signs or symptoms but can still transmit the infection to others. Here are some common signs to look out for:

i. Burning sensation during urination

ii. Presence of genital ulcers, which can manifest as open sores or blisters

iii. Warts

iv. Skin rash

v. Discharge from the penis or vagina

vi. Abdominal pain, typically experienced by women

vii. Sores or bumps on the genitals or in the oral or rectal area

viii. Painful or burning urination

ix. Penile discharge

x. Unusual or unpleasant-smelling vaginal discharge

xi. Unusual vaginal bleeding

xii. Pain during sexual intercourse

xiii. Sore, swollen lymph nodes, particularly in the groin but sometimes more widespread

xiv. Lower abdominal pain

xv. Fever

xvi. Rash over the trunk, hands or feet

Types of Sexually Transmitted Infections (STIs)

Among the infections that are contracted by sexual contact are:

i. Chlamydia: The bacteria Chlamydia trachomatis is the source of the sexually transmitted infection chlamydia. While most women do not have any symptoms, some may include irregular vaginal discharge, burning when urinating, and bleeding in between periods. Men may experience pain during urination and unusual discharge from the penis. In both men and women, untreated chlamydia infections can cause urinary tract infections and perhaps pelvic inflammatory disease (PID). PID carries a high risk of causing major complications during

pregnancy, including infertility. An ectopic pregnancy, in which the egg implants outside of the uterus, may result from it, which could be fatal for the mother. Antibiotics, however, are a treatment option for chlamydia.

ii. *Herpes*:The herpes simplex virus is the source of the two most prevalent types of herpes (HSV). While HSV-2 is commonly obtained during sexual contact and affects the genitalia, HSV-1 is usually acquired orally and produces cold sores; nonetheless, either strain may affect either site. Some people have very little symptoms or are asymptomatic. When symptoms do occur, they often appear two to twenty days after exposure and remain for two to four weeks. Flu-like symptoms, swollen glands, fever, headaches, backaches, itching or tingling in the vaginal or anal area, and pain while urination are just a few of the symptoms that may manifest. Herpes is contracted by coming into contact with a virus-infected person on the skin. The body parts where the virus enters are affected. This can happen during oral sex, anal sex, vaginal sex, or kissing. Although those who are asymptomatic can still transmit the virus through physical contact, the virus is most contagious when there are apparent symptoms. Because the body lacks developed antibodies, the initial illness and symptoms are typically the worst. After the initial assault, one may experience weaker recurrent bouts or perhaps none at all. The illness has no known cure, however antiviral drugs like Valtrex can manage its symptoms and reduce the chance of infection. While HSV-2 is usually the "genital" form of the virus and HSV-1 is usually the "oral" version, an individual infected with HSV-1 can spread the virus to their spouse genitally through oral means. Whichever type of virus is present will eventually settle into a nerve bundle, either at the base of the spine (causing the genital breakout) or at the top (causing the "oral" outbreak).

iii. **The** *human papillomavirus (HPV):* In the US, the most prevalent STI is the human papillomavirus, or HPV. There are about 40 distinct HPV strands, and the majority do not result in any health issues. Within two years, the infection is naturally cleared by the body's immune system in 90% of instances. Cervical cancer and other HPV-related cancers may result from certain cases that are not resolved, leading to genital warts (genital bumps that can vary in size, shape, and elevation) as well as other wart-related conditions. It is possible that symptoms won't appear until later on. It's critical that women undergo pap smears in order to detect and manage cancer. Women can also receive the Cervarix and Gardasil vaccines, which offer protection against some kinds of HPV that cause cervical cancer. HPV can spread during oral sex as well as genital-to-genital contact. It is crucial to keep in mind that the partner who is infected cannot exhibit any symptoms.

iv. *Gonorrhea:* The bacteria that causes gonorrhea thrives on moist mucous membranes found in the mouth, throat, eyes, urethra, and vagina. Contact with the mouth, anus, vagina, or penis might transfer the illness. Although some men may not experience symptoms for up to a month, gonorrhea symptoms typically manifest two to five days following contact with an infected partner. Men may have sore throat, burning and pain during urination, increased frequency of urination, white, green, or yellow discharge from the penis, red or inflamed urethra, enlarged or painful testicles, or other symptoms. In women, symptoms can include vaginal discharge, burning or stinging when urinating, painful sex, severe lower abdominal discomfort, or fever if the infection progresses to the fallopian tubes. Nevertheless, many women do not exhibit any symptoms. Although certain strains of gonorrhea are resistant to antibiotics, the majority of cases are treatable with medication.

v. *Syphilis:* One STI that is brought on by a bacteria is syphilis. If left untreated, problems may arise, including death. The urogenital tract, mouth, or rectum can become ulcerated as a clinical manifestation of syphilis; if treatment is not received, the condition gets worse. Syphilis has become more common in Eastern Europe (the former Soviet states) than it has been in Western Europe in recent years. Locations like Cameroon, Cambodia, and Papua New Guinea have high rates of syphilis. The number of cases of syphilis in the US is rising.

vi. *Trichomoniasis:* A protozoan parasite known as Trichomonas vaginalis is the source of the frequent sexually transmitted infection (STI) trichomoniasis. Men and women can both get trichomoniasis, but women experience symptoms more frequently. Metronidazole is an extremely effective antibiotic that is used to treat most patients.

vii. *HIV (human immunodeficiency virus):* HIV, or human immunodeficiency virus, weakens the immune system and makes it more difficult for the body to fend against pathogens. The virus destroys CD4 cells, white blood cells that aid in the defense against many infections. Sexual activity spreads HIV, which is borne in bodily fluids. In addition, breastfeeding, childbirth, coming into contact with contaminated blood, and mother-to-child transmission during pregnancy can all spread it. An individual is diagnosed with acquired immunodeficiency syndrome (AIDS) when HIV is at its most severe state. There are various phases in the course of HIV infection. The four stages are AIDS, asymptomatic infection, symptomatic infection, and initial infection. A person with a primary infection will experience flu-like symptoms (such as headache, lethargy, fever, and muscular aches) for about 2 weeks.The patient may go years without experiencing any symptoms during the asymptomatic stage. HIV weakens the immune system and reduces the number of CD4+ T cells in the body when it reaches the symptomatic stage. AIDS is the term for HIV infection

that poses a serious risk to life. As a result of opportunistic infections, people with AIDS pass away. AIDS patients had a short life expectancy when the illness was initially identified in the 1980s. Antiretrovirals (ARVs) are currently marketed to treat HIV infections. Although there is currently no treatment for HIV or AIDS, medications can help reduce the infection. People can live longer and healthier lives by reducing the amount of viruses in their bodies. Even though their virus levels may be low they can still spread the virus to others.

Preventing Sexually Transmitted Infections (STIs)

The most effective way to prevent the transmission of STIs is through abstinence, which means refraining from sexual activity. However, if you decide to engage in sexual relations, it is recommended to have only one partner and consistently use latex condoms that contain nonoxynol-9. It is also advised to use these condoms in combination with spermicidal jelly.

To avoid getting an STI, it's important to refrain from having sex with someone who has genital sores, a rash, discharge, or any other symptoms. The only time unprotected sex is considered safe is if you and your partner are in a mutually monogamous relationship and have both tested negative for STIs at least six months ago. Otherwise, you should follow these guidelines:

i. Always use latex condoms during sexual activity. If you use lubricants, make sure they are water-based. Remember to use condoms throughout the entire sexual encounter. While condoms are not 100% effective, they are highly effective when used correctly. It's essential to learn how to use condoms properly.

ii. Avoid sharing towels or underwear with others.

iii. Practice good hygiene by washing before and after intercourse.

iv. Consider getting vaccinated against hepatitis B, which involves a series of three shots.

v. Get tested for HIV regularly.

vi. If you struggle with drug or alcohol abuse, seek help. Substance use can impair judgment and lead to unsafe sexual practices.

vii. Keep in mind that abstaining from sex is the only foolproof way to prevent STIs.

Knowledge of Sexual Transmitted Infections (STIs)

The rise in sexually transmitted diseases among university students can be attributed to an increase in transmission due to risky and unsafe sexual practices. It is often believed that this age group engages in unsafe behavior due to a lack of understanding about sexually transmitted diseases.

Atedhor and Egbochuku (2023) examined the knowledge and preventive practices of Sexually Transmitted infections among secondary school students in Edo State, Nigeria. Multi-stage sampling system was used to select 763 students for the study. The instrument was a validated multiple-choice, dichotomous scale questionnaire with questions about STI knowledge and prevention strategies. The data obtained was analyzed using percentages, means, and t-test statistics. Discoveries showed that students had great information on STIs however preventive practices were low. Information, however for the most part obtained from instructors didn't relate with preventive practices. Students were most familiar with HIV/AIDS, gonorrhea, and syphilis, and abstinence was the most common preventative measure. It was presumed that despite the fact that students have great information on STIs, consistence with preventive practices was low. Notwithstanding, the weighted information/preventive score normal for the respondents in light of their sex and area was poor (<20), a solid sign of the pressing requirement for instructive mediation to increment information that will mean positive preventive practices.

Jones and Haynes (2016) created a survey that used true and false questions to assess students' basic knowledge about some of the most common sexually transmitted diseases. The study found that less than half of the students realized that a person could acquire an STD from intimate body contact with an infected person without having sexual intercourse (Jones & Haynes, 2016).

Another study by Weinstein, Walsh, and Ward (2018) used a sample of 347 college students ranging in age from 18 to 23 and found that the majority of college students displayed a lack of knowledge and understanding of sexual health issues, indicated by the low percent of correctly answered questions in the knowledge section of their survey. They also found that women appeared to be more knowledgeable than men, especially involving the subjects of contraception and STDs (Weinstein, Walsh, & Ward, 2018). One explanation for this lack of knowledge is the misconception of having been given a comprehensive high school sex education that provided sufficient information about sexual health in addition to an attitude of indifference regarding the additional acquisition of updated information about STDs (Stoskopf, 2019). However, studies such as that conducted by Synovitz et al. (2002) portray an inverse relationship between students' perceptions of the quality of their prior sex education and their actual knowledge about STDs.

Synovitz et al. (2016) found that the higher each student ranked the quality of their previous sex education, the lower their test results were for the survey. The sample in the study conducted by Synovitz was chosen systematically from four Louisiana universities, and the study surveyed fairly equal numbers of each gender, age, and race (Synovitz et al., 2016). The variables included perception of previous sex education and actual knowledge about sexuality-related topics (Synovitz et al., 2016). The instrumentation included a survey containing 27

multiple-choice knowledge-based questions on sexuality, 5 demographic questions, 4 questions determining if the student had received sex education before college, and 15 questions asking about the student's perception of the quality of previous sex education on a scale from 1 to 5 (Synovitz et al., 2022). The overall mean score of sexual knowledge was 55.39% (Synovitz et al., 2022).

A study by Stoskopf (2019) focused on actual knowledge versus perceived knowledge regarding sexually transmitted diseases among college students. Stoskopf (2019) created a survey consisting of four different sections including: demographics, attitudes about previous sex education and STDs, which was assessed using a Likert scale, likelihood that the student would go to a specified source for accurate information regarding STDs, which also used a Likert scale for evaluation, and a list of 21 true or false statements to test to the students' actual knowledge regarding sexually transmitted diseases. Participants included 103 college students currently attending the University of Wisconsin-Stout (Stoskopf, 2019). Stoskopf (2019) found that even though students indicated that teaching sex education in high school has the potential to encourage sex at a young age, they still believe it should be included in the curriculum. The participants also indicated that parents have a responsibility to teach their children about STDs (Stoskopf, 2019). In response to the most probable outlet sought for accurate sex information, the participants chose their friends as the most common source for information, followed by healthcare personnel, mothers, and books (Stoskopf, 2019). Out of 21 questions, the answers ranged from 10 to 20 correct choices (Stoskopf, 2019). Overall, Stoskopf (2019) found that the students believed they had more knowledge on the subject of STDs than the results from the survey indicated. The tendency of students to overestimate their understanding of STDs can be attributed to the differences in the sources of information they rely on. Most students search for

information regarding sexually transmitted diseases from the Internet or their peers, both of which may be unreliable (Stoskopf, 2019). Furthermore, students often think their risk for contracting a sexually transmitted disease is low despite STD rates being higher than ever for their age group (Stoskopf, 2019). Jones and Haynes (2006) found that students who were more aware of issues involving STDs were less likely to practice safer sex than those who had achieved lower knowledge scores on their questionnaire. Risky behavior has actually increased despite the availability of knowledge. This is supported by the findings of Weinstein, Walsh, and Ward (2008), who discovered that having more knowledge about STDs globally is associated with less consistent use of condoms.

Faromoju, and Ladipo (2016) conducted a study in Lagos and pointed out the increased awareness of STDs among young adults in Nigeria from 48.0– 52.0% to 87.8%–92.0% since 2006. Despite the increase in STD awareness, education about STD transmission and associated health risks has remained low mostly in rural areas where cultures prevent open discussion of STDs (Asekun-Olarinmoye, 2019; Oyeyemi, Oyeyemi, & Abegunde, 2019). Similar to many other countries, Nigeria is influenced by cultural norms, which leads to a lack of open discussion about topics related to sex among Nigerians. Another issue is that school curricula do not incorporate sexuality education, and most young adults are left to fill in the gaps from peers who may not have the correct information (Oyeyemi et al., 2019). The lack of coordinated effort to educate the young adult systematically culminated in increasing STD rates among young adults in Nigeria (Dienye, 2011).

Based on a study conducted in Akwa Ibom State of Nigeria by Udofia, Akwaowo, and Ekanem (2012), it was found that Nigerian young adults have a limited understanding of specific STIs, their modes of transmission, and their severity. This lack of knowledge puts them at a

higher risk of acquiring HIV and other dangerous infections, including the transmission of STDs from mother to child. In a meta-analysis of literature, Newman and Berman (2018) concluded that STDs are a serious public health issue and require intervention, including customized sex and reproductive health education to address STDs among young adults. Udofia et al. (2012) cited in their study conducted in Nigeria the importance of STD awareness among young adults as a primary factor in reducing the rate of STD infections in Akwa Ibom State and in Nigeria as a whole. Theorists proposed that STD education is more effective in the context of an open cultural and social environment, with interconnected segments known to affect each other (Newman & Berman, 2018).

Ungar et al. (2013) argued that such theories should align with the needs of the targeted population, including the cultural and the social contexts of the environment. Therefore, it is crucial for effective STD intervention education to integrate and align with the overall social environment. This approach will help raise awareness about STD transmission and the related health risks. In a cross-sectional study in Dar es Salaam, Tanzania, researchers assessed the knowledge of secondary school students (aged 11–19 years) about STDs (Mwambete & Mtaturu, 2016). The researchers used a semistructured questionnaire and a simple random sampling of 635 students to identify culture and religion as barriers to providing sex education to these students (Mwambete & Mtaturu, 2016). The authors also noted the political pressure that kept the discussion of sex education out of classrooms (Mwambete & Mtaturu, 2016). Students' curiosity, peer pressure, mass media, and the economy were reasons why students continued to be involved in unprotected sex, resulting in increased STDs among the students (Mwambete & Mtaturu, 2016).

Obonyo (2011) employed a descriptive cross-sectional survey instrument and the health belief model (HBM) to measure self-reported sexual behavior among secondary school students in Kenya. The study also included self-administered questionnaires to assess STD awareness among the students. The author concluded that a lack of culturally appropriate STD interventions in Kenyan schools functioned as a barrier to curtailing the spread of STDs among the students (Obonyo, 2011). While 98% of the students reported that they had heard about STDs, they could neither associate nor differentiate STD symptoms (Obonyo, 2011). The majority of researchers agreed that school-based STD interventions should increase knowledge of sexuality and reproductive health, specifically among young adults (De Rosa et al., 2010; Olugbenga-Bello et al., 2010; Onokerhoraye & Maticka-Tyndale, 2012; Udofia et al., 2012).

A study by Paz-Bailey et al. (2003) showed that Thai adolescents' knowledge on HIV was high. 99.5% of the students in the sample, who ranged in age from 15 to 21, had heard of HIV. More than 90% of respondents could name the three primary ways to get the virus. The same study also revealed that fewer students knew about other STDs than they did about HIV, and some of them were unaware that STDs can lead to infertility. According to the study, there is no discernible gender difference in STD or HIV knowledge. A similar study in Rio de Janeiro (Trajman et al., 2003) showed that all participants had heard of HIV, but far less knew of other STDs such as gonorrhea, syphilis and genital herpes. Sixteen percent of the teenagers believed that AIDS could be cured, demonstrating a severe ignorance of the gravity of sexually transmitted infections. Ninety percent of teenagers said they believed they didn't know enough about sexually transmitted diseases and that they would like to. Seventy-eight percent desired to obtain this knowledge from their schools. Concerning sexual education, a study carried out by Sridawruang, Pfeil & Crozier (2010) investigated the parental role in this subject. The study

showed that most Thai parents had not discussed sex education issues with their adolescent children. Sex is, in Thailand as well as globally, considered a sensitive and controversial issue, which complicates the discussion and education of it. Barriers were found that prevent parents providing information on this issue, for example the parents stated that they believed sex is a delicate issue, which brings awkwardness and embarrassment and therefore did not speak of it at home. The adolescents stated that if they contracted an STD they would find it difficult to talk to their parents about it. The parents also stated that it is against Thai culture to educate ones children on sex, and believed that sexual education should be given at schools. When the adolescents were asked they also said that they preferred to receive sexual education from schools, but stated that the education they received was not adequate. The authors conclude that sociocultural norms and the core values of Thai society discourage the discussion of sex. Sexual education must be improved to avoid unwanted pregnancies and unnecessary STDs in Thailand. However it is difficult to provide satisfactory sexual education in Thailand since it is considered a social taboo. It is not always a part of the school curricula and the teachers are often reluctant to teach it (Liu et al 2016).

A study from Malaysia by Awang, Wong, Jani and Low (2013) investigated the knowledge of sexually transmitted diseases and sexual behaviors among Malaysian male youths.92% of respondents had heard of at least one of the sexually transmitted diseases (STDs) identified in the study, which included HIV/AIDS, gonorrhea, chlamydia, yeast infections, herpes, genital warts, and syphilis. Syphilis (59%) and HIV/AIDS (90%) were the two diseases that most individuals were aware of. Chlamydia and trichomoniasis were the least known illnesses; just 13% of the respondents knew about them. 95% of the respondents were aware of at least one mechanism for spreading STDs.

A study carried out in the United States by Clark, Jackson and Allen-Taylor (2002) showed that despite having received relevant education from school, home and/or friends, a high percentage of adolescents were lacking in knowledge regarding various STDs. Compared to adolescents who received their education from other sources, those who received their education from parents, schools, other relatives, and friends performed better. Although almost all teenagers were well-informed about HIV, they were much less knowledgeable about other dangerous STDs. According to Burns and Grove (2011), knowledge is an awareness or perception of reality acquired through insight, learning or investigation expressed in a form that can be shared. In the current study, awareness of HIV/AIDS prevention strategies and the route of transmission of the disease were expressed by using safer sexual practices and having accurate information about the prevention and spread of the disease. In support of this, Garrick and Rhodes (2010) highlight the fact that knowledge is not only about reciting memorized facts concerning a phenomenon but the "authentic" demonstration of knowledge in relevant situations. People's actions when seeking medical attention are largely determined by how they perceive and comprehend the causes of disease, namely HIV/AIDS. Where people accept the germ theory of disease causation, their attitudes to the search for a cure to a disease will be different from the attitudes of those who attribute the disease to supernatural causes (Awusako-Asare and Anarti, 2017).

Oyo-Ita,Ikpeme, Etokidem, Offor,Okokonand Etukn (2011) in awareness of HIV/AIDS among Nigerian undergraduate students in Calabar. The research site was in Calabar, which includes the municipalities of Calabar South and Calabar. The State Ministry of Education provided information on the schools. In the study area, there are twenty-one private and twenty-five government undergraduates. Based on their attendance at single-sex or mixed-sex schools,

three undergraduates were chosen. The educational institutions were categorized as coeducational, boys-only, and girls-only. There were two schools exclusively for boys and girls, and forty-two coeducational institutions. From each of the three sets of schools, one school was chosen at random to investigate how gender diversity affected the uptake of HIV/AIDS education. The study came to the conclusion that while there may be a general awareness of HIV/AIDS, there is still a lack of specialized understanding about the illness. This has fueled false assumptions and a negative outlook on people living with AIDS. This could be explained by the information's incomplete source, which prevents detailed understanding of the illness. In order to avoid and contain the pandemic, parents and educators have a responsibility to inform pupils about it. Providing reading materials about HIV/AIDS in schools is another way to motivate pupils to read. In order to inform their peers about HIV/AIDS concerns, peer health educators may also receive training.

Peterson and Obileye (2014) noted that despite the knowledge of HIV/AIDS, undergraduate students s‟ risky sexual activities are on the increase. The rise in risky sexual behaviour and early initiation of sex, has led to an exponential rise in the spread of HIV/AIDS infection among students, especially school-going undergraduate students s (Peterson and Obileye, 2014).

Brieger and Oladepo (2009) found among most students of the University of Ibadan, a degree of aversion to AIDS victims. Caldwell, Orubuloye and Caldwell (2009) discovered that American college students generally showed sympathy for AIDS victims, had a poor inclination to assist AIDS patients, and agreed with claims that encouraged victim isolation. Merrill (2009) found that more than 40% of their respondents, who had knowledge of HIV/AIDS, were engaging in risky sexual behaviour. This emphasize the adoption of safe sexual practices may

not be predicted by a modest level of AIDS awareness. HIV/AIDS knowledge has consequences for the current study since it was assumed that students who truly understood how the disease is spread would have accurate attitudes and perceptions about it and would participate in safer sexual behaviors. The views of students toward HIV/AIDS were examined in the current study. Additionally, correlations between attitudes, knowledge, and sexual behavior were examined.

Kost and Henshaw (2012) define a risk factor as "a measurable characterization of each subject in a specified population that precedes the outcome of interest and which can be used to divide the population into two groups (the high–risk and the low–risk groups that comprise the total population)."‟ The subject in this case can refer to an individual or specific groups (for example school learners), with "characterization" also referring to the individual‟s or subject‟s context. Activities that put a person or group at direct risk of HIV infection are referred to as sexual risk behavior in the context of the current study.

Synovitz et al. (2002) found that the higher each student ranked the quality of their previous sex education, the lower their test results were for the survey. The sample in the study conducted by Synovitz was chosen systematically from four Louisiana universities, and the study surveyed fairly equal numbers of each gender, age, and race (Synovitz et al., 2002). The variables included perception of previous sex education and actual knowledge about sexuality-related topics (Synovitz et al., 2002). The instrumentation included a survey containing 27 multiple-choice knowledge-based questions on sexuality, 5 demographic questions, 4 questions determining if the student had received sex education before college, and 15 questions asking about the student's perception of the quality of previous sex education on a scale from 1 to 5 (Synovitz et al., 2002). The overall mean score of sexual knowledge was 55.39% (Synovitz et al., 2002).

A study by Stoskopf (2019) focused on actual knowledge versus perceived knowledge regarding sexually transmitted diseases among college students. Stoskopf (2019) created a survey consisting of four different sections including: demographics, attitudes about previous sex education and STIs, which was assessed using a Likert scale, likelihood that the student would go to a specified source for accurate information regarding STIs, which also used a Likert scale for evaluation, and a list of 21 true or false statements to test to the students' actual knowledge regarding sexually transmitted infections. Participants included 103 college students currently attending the University of Wisconsin-Stout (Stoskopf, 2019). Stoskopf (2019) found that even though students indicated that teaching sex education in high school has the potential to encourage sex at a young age, they still believe it should be included in the curriculum. The participants also indicated that parents have a responsibility to teach their children about STIs (Stoskopf, 2019). In response to the most probable outlet sought for accurate sex information, the participants chose their friends as the most common source for information, followed by healthcare personnel, mothers, and books (Stoskopf, 2019). Out of 21 questions, the answers ranged from 10 to 20 correct choices (Stoskopf, 2019). Overall, Stoskopf (2019) found that the students believed they had more knowledge on the subject of STIs than the results from the survey indicated.

Age Influence on Knowledge of Sexually Transmitted Infections (STIs)

The age group most susceptible to HIV/AIDS infection is young people, particularly those between the ages of 15 and 24. In 2003, approximately 50% new HIV infections worldwide were among individuals in this age group, which accounted for about 6 000 new infections daily, and there were 12.4 million teens and young adults living with HIV/AIDS (Sutherland, 2016). Behavioural, physiological and sociocultural factors make young people

more vulnerable to HIV infection than adults (Amazigo, Silva, Kaufman and Obikeze 2019). In many areas of their lives, including their sexual lives, adolescents naturally experiment and take chances during this period. Sexually active people may participate in unprotected sex, have multiple lovers at once, and switch partners regularly. These behaviors collectively raise the risk of HIV infection among young people. In addition young people who are HIV positive probably became infected quite recently and are therefore likely to be highly infectious as a result of increased viral loads; posing very high risks to their sexual partners (Anderson, 2010).

Compounding young people's greater vulnerability to HIV from behavioural factors is the fact that in SSA, as well as elsewhere in the developing world, young people's reproductive health needs receive little attention (Kiragu, 2010). Even in places where adolescent reproductive health care is offered, a lot of young people lack access to it or cannot afford it. As a result, the majority of young people have considerable challenges in getting the knowledge and assistance they require for safe sexual encounters.

Sex Influence on Knowledge of Sexually Transmitted Infections (STIs)

Adolescent sexual health and behavioral research has often investigated sex as an independent variable, with varying degrees of success. The assumption that several sociodemographic factors (female gender, age, ethnicity) increase the likelihood of engagement in high risk behavior has been robustly documented (Fetro, Coyle, & Pham, 2001; Kan et al., 2010; Murphy, Brecht, Herbeck, & Huang, 2019; Scott et al., 2021), more so than the impact of psychosocial factors. Considerably more research was found to examine sexual constructs among females (Senn & Carey, 2021; Zwane et al., 2018) than males and focused on risky sexual behaviors, age of sexual debut, perceived susceptibility to infection, and social influences rather

than sexual knowledge and STDs. Although research exists on sexual knowledge and attitudes (Andersson-Ellstron & Milsom, 2012; Anwar et al., 2010; Clark, Jackson, & Allen-Taylor, 2002; Davis & Niebes-Davis, 2010; Jones & Haynes, 2016; Trajman et al., 2003), this information is limited among children

For example, Fetro et al. (2017) administered the Youth Risk Behavioral Survey Middle School (YRBS-M) to sixth through eighth graders attending 19 middle schools. The CDC created the survey to evaluate health-related behaviors that cause illness, death, and social issues in early adolescence. Males were found to be more sexually active than females (17.3% vs. 9.2%, respectively). Several studies (Murphy et al., 2009; Scott et al., 2011) found that males tended to have more sexual partners than females, while the study conducted by Kan et al. (2010) found that males reported fewer sexual partners than females, demonstrating an inconsistency with other nationally reported data. Prior research has also reported that females engage in sexual activity at younger ages than males as well as the opposite, that males have an earlier age of sexual debut (Senn & Carey, 2011; Zwane et al., 2014). An earlier sexual debut and exposure to more partners over longer durations of sexual activity may be strongly connected with the findings supporting the hypothesis that men have more sexual partners than women. To further illustrate the contradicting research findings in the literature, Henrich et al. (2017) conducted a longitudinal study examining the impact of psychosocial factors on sexual behaviors among early adolescents in middle school. Male participants were found to have started sexual activity sooner than female participants and to be more prone to partake in riskier behaviors. Additionally, the data showed that more than 20% of eighth pupils and more than 11% of sixth graders in the survey were sexually active.

Another study found that the average age of sexual debut for adolescent males was 12 years old (Lohman & Billings, 2018), and Sneed (2019) concluded that a significantly larger percentage of males engaged in early sexual activity compared to females (16% vs. 6%, respectively). In contrast, Senn and Carey (2011) found in their study examining the relationship between sexual debut with older partners and sexual risk behavior that the average age of sexual debut among females was 14.6 years of age. Zwane et al. (2004) discovered in their study exploring adolescent views of high risk sexual behavior that the youngest reported age of sexual debut was 9 years old; the average age of sexual debut among female participants was between the ages of 11 and 13 compared to 14 to 15 years old among males. In addition to the prevalence of STIs among female adolescents, STIs are occurring shortly after sexual debut and with very few partners (Forhan et al., 2019). Clearly past research studies have demonstrated that early sexual debut is reported frequently among young adolescents and identifies the need to integrate education, intervention, and prevention at earlier ages as well as the need to use social influences to help decrease sexual risk behavior and increase STD knowledge and knowledge of negative outcomes associated with the phenomena (Forhan et al, 2019; Lohman & Billings, 2018). To further expand upon the need for increased STD knowledge, one longitudinal study conducted by Andersson-Ellström and Milsom (2002) described sexual knowledge and attitudes with regard to STDs reported by 79 women over a seven year period, from adolescence to young adulthood. In comparison to girls aged 18 and 23, 16-year-olds scored lower on STD knowledge tests, according to the study. According to the findings, there may be a correlation between having more sexual partners and higher STD awareness scores and other risk factors including smoking, drinking, and having a history of risky conduct. Poor knowledge scores for asymptomatic illnesses were one notable finding among all age groups in the study sample. Human papilloma

virus (HPV) and herpes simplex virus (HSV), which are frequently carried and propagated without exhibiting symptoms, were among these illnesses. The study's overall findings support prior research, which indicates that higher levels of knowledge are critical to practicing safe sex, but are not a guarantee that such protective behavior will be carried out during sexual activity in both adolescence and young adulthood (Jones & Haynes, 2006; Kershaw et al., 2005).

Anwar, Sulaiman, Ahmadi, and Khan (2010) alternatively found that, among 1139 students aged 16 to 20 that were surveyed to gauge student awareness about STDs, those that reported sexual activity were less knowledgeable about STDs than those who had never engaged in sexual intercourse, and knowledge scores were slightly higher among females than males although this finding was not significant ($p = 0.458$). Given that STDs affect people worldwide, it is evident from the gender disparities mentioned above that preventing early sexual debut is crucial for all young people, regardless of race or geography. Given their participation in the sexual explosion among youth, young men's needs and behaviors demand equal attention, as does the reality that more data on STDs and high-risk sexual activities is available for females. This emphasizes the necessity for a gender focus. While gender sensitivity in research and teaching is crucial, this remark does not discount the importance of the major studies on female sexual health. With regard to STD knowledge, more is known about HIV/AIDS among young populations compared to other infections (Anwar et al., 2010), which further confirms that improvements to current sexual education programs and prevention measures must focus on addressing asymptomatic infections as well as other STDs, increasing condom use, and introducing broader comprehensive education to children at younger ages. Males have been identified as having insufficient knowledge of STIs despite some findings that more men are carriers of STIs than women, yet women are more readily blamed for the spread of such

infections and diseases (Makenzius, Gillander-Gadin, Tyden, Romild, & Larrson, 2019). Additionally, Upchurch, Aneshensel, Mudgal, and Sucoff-McNeely (2004) proposed that biological disparities in the sexual partner networks of women as well as their biological makeup may increase susceptibility. Busen et al. (2016) mentioned the prematurity of vaginal tissue in children and adolescence, which increases their vulnerability to disease by increasing rates of transmission and susceptibility. In their analysis of over 15,000 adolescent responses using data from the Add Study, Upchurch et al. (2001) found that males reported fewer incidences of STDs than females; however, there are ethnic differences that increase these risks substantially among males, due to higher exposure and environmental influences.

The terms "sex" and "financial, social, and cultural characteristics and opportunities related to gender identity are used interchangeably. As such, it includes a range of traits and conduct that are desired by society in both men and women. UNAIDS (2004) posits that the epidemic in SSA affects more women than men, as women are 30% more likely to be infected than men. In Africa, women are 3.4 times more likely than males to be infected than men in the age group of 15 to 24. This is the greatest ratio observed. There are several reasons for these variations in infection rates. Due to the rising rates of poverty in 135 Cameroon, women have found themselves in casual relationships with men in order to benefit financially. Women and girls are frequently discriminated against when it comes to access to school, job, and land inheritance. Women therefore find it difficult to demand safe sex, as they become subordinates or dependent of mainly older men; women are also biologically prone to infection, and HIV is more easily transmitted from men to women than the reverse (UNAIDS, 2010). Early sexual debuts by girls are among the additional factors contributing to the unequal risk of HIV infection among young women, aside from potential biological causes. Women are more vulnerable to

contracting HIV/AIDS due to the background of gender inequality. Females who are not in control of their bodies are more susceptible to HIV/AIDS infection and survival due to their sexual activities, social and economic backgrounds, and lack of agency over their bodies. Pelser (2012) purported that the vulnerability of girls and women to HIV include social norms that deny them sexual health, as well as cultural practices that prevent them from controlling their bodies or deciding upon the terms on which they have sex. Women are still raised to be obedient to men, particularly in sexual relationships.

"Men frequently beat their female partners in sexual encounters when the latter declines to have sex or asks to use a condom. Real men do not use condoms, so women who want their partners to use condoms, often have to fight deeply ingrained taboos even when women know their partners are at high risk of HIV"" (Pelser 2012).

Most women don't have total control over their lives and are raised to be subservient to men from an early age, especially those who are powerful figures like parents, uncles, husbands, older brothers, or guardians. A woman's expectation in sexual encounters is to satisfy her male partner, even at the cost of her own enjoyment and wellbeing. Men are more likely to get HIV or other STIs due to the predominance of masculine interests and a lack of confidence in themselves.

Apart from the psychological aspect of gender inequalities, anatomically and physiologically, women 136 also have larger areas of mucous membranes exposed to the virus and they may also be exposed for longer periods of time than men (Nova Scotia, 2013; Yamuna, 2018). Global inequality is reflected in the prevalence of HIV/AIDS in poor nations and underprivileged communities within developed nations. HIV thrives in settings with deficient resources and capacities, as well as in poverty, conflict, and inequality. The relationship between

gender inequality and HIV/AIDS is comparatively well-documented, given these widespread political and economic equality. Statistics show that women and girls are increasingly bearing the brunt of the infection (Albertyn, 2010).

As per the 23rd General Assembly Report of the United Nations, women persist in being victims of diverse types of violence. The lack of a thorough grasp of the underlying causes of all types of violence against women and girls impedes attempts to end this kind of abuse. Women's subservient status in society is reinforced by socio-cultural attitudes that are discriminatory and economic inequities. This scenario exacerbates women and girls‟ vulnerability towards many forms of violence occurring in the family, including battering, sexual abuse of the female children, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women (UN, 2011).

One of the main causes of HIV's spread is gender inequality. Relationship inequality frequently prevents people from acting on their knowledge. Gender inequality has been cited by several researchers and policy makers as the primary barrier preventing women from using HIV protective measures. Other social, cultural, economic, and political disparities between men and women frequently coexist with gender-based inequality. In Southern Africa in particular, women face a greater risk of HIV infection than men, because their diminished socio-economic status compromises their ability to choose safer and healthier life styles (Pelser 2012). As previously indicated in this section, 57% of adults who were living with HIV/AIDS in SSA in 2005, 137 were women (UNAIDS 2010). According to reports, 61% of HIV/AIDS patients in Sub-Saharan Africa were women in 2008. Most recent official statistics, the overall population in the SouthWest region of Cameroon is made up of 1.01 males for every 1 female. However in

Cameroon, undergraduate enrolment as a gross percentage of school age population is 34% for males and 29% for females (UNAIDS/WHO, 2017).

Summary of Literature Reviewed

The analysis of the literature has demonstrated that undergraduate students have knowledge of sexually transmitted illnesses (STIs). The spread of HIV infection may be slowed down by STI preventive measures aimed at this population prior to infection. The primary cause of unprotected intercourse was these infection cases. Unprotected sex is a major contributing cause to the rising number of student pregnancies worldwide, even though this has already been acknowledged. This has significant ramifications for lower levels of academic achievement and school dropout rates. Alcohol and drug usage are also strongly linked to unprotected sex. Because multiple sexual partnerships likely to increase the risk of HIV transmission through sexual networks, they are considered risky sexual behaviors (Berry and Hall 2009).Knowing the extent to which students are having multiple sexual relationships is crucial.

The ABC HIV prevention technique gained notoriety due to its efficaciousness, as Quinn (2010) notes. "A" stands for abstinence, which denotes a postponement of students' sexual start. The letter "B" represents for monogamy, or remaining faithful to one's mate. "C" indicates for consistently using condoms appropriately, particularly for non-routine sex or other high-risk behaviors. According to Ebersohn and Jacobs (2010), life skills training has its roots in education and is built on a humanistic, cognitive, and behavioral frame of reference.

According to Ford and Lerner (2012) and Nelson-Jones (2013), an individual is viewed in this context as being made up of several sub-systems, including the physical, affective, cognitive, interpersonal, moral, and behavioral ones. These sub-systems are all closely related to one another and function as a unit within the familial and societal context. Life skills programs

concentrate on the growth of an individual's many subsystems in an effort to facilitate change in the individual, which is frequently seen in behavioral processes. Understanding sexual risk behavior by school instructors is crucial for them to teach students about the disease, who then act as a catalyst for the long-term dissemination of accurate information about the disease across the community. At a young age, it is simple to develop protective behaviors that continue throughout maturity.

CHAPTER THREE

METHOD OF THE STUDY

This chapter discussed the methods and procedures which was used in gathering the interpretation of data, the chapter is discussed under the following subheadings

- Design of the Study
- Population of the Study
- Sample and Sampling Technique
- Research Instrument

- Validity of the Instrument
- Reliability of the Instrument
- Administration of Instrument

Design of the Study

For this study, a descriptive survey research design was employed. For this investigation, this design was chosen. Given that this research entails gathering data regarding awareness of sexually transmitted infections, the design is most suited for this situation. The primary purpose of the study design is to collect data for quantitative research that is simple to examine statistically.

Population of the Study

The study's participants are the undergraduate students of the University of Benin, which has 43,862 students enrolled as of right now and is situated in the capital of Edo State, Nigeria. Only all full-time undergraduate students from each of the 15 faculties' departments at the University of Benin's facilities were included in the population. Currently, there are roughly 43,862 full-time undergraduate students enrolled.

Source: Academic planning division, university of Benin (2023/2024 session)

Sample and Sampling Techniques

A total of 100 respondents made up the study's sample. The initial step in drawing this was selecting five faculties from the university's fifteen faculty using a basic random selection procedure. Twenty (20) undergraduates from each of the chosen five (5) faculties will be chosen in the second step using a basic random sampling technique. Partial-time or sandwich students were not included in this study.

Research Instrument

A questionnaire of twenty (20) items was the instrument utilized in this study, and it was created by the researcher to gather data from the respondents. A modified four-point Likert (1932) summated rating scale was utilized for the purpose of measurement. Section A and Section B comprised the two sections of the questionnaire. Undergraduate students' knowledge of sexually transmitted illnesses (STIs) is tested in Section B, while their demographic information is provided in Section A.

Validity of the Instrument

The instrument was validated by the researcher's supervisor and two other experts in the Department of Health, Safety and Environmental Education Faculty of Education University of Benin. Correction and critics were taken to make a final draft of the instrument.

Reliability of the Instrument

Test-retest procedures were used to ascertain the instrument's reliability. The questionnaire was developed using pre-formulated questions and a review of the literature. After then, students were used to test the latter. This was accomplished by giving the instrument, two weeks later, to twenty respondents who had not been among the initial respondents.

Administration of Instrument

The researcher, assisted by two research assistants administered the instrument to the respondents and collect it immediately. Effort was made to ensure that the responses obtained are sufficient for statistical analysis.

Method of Data collection

The researcher created structured questionnaires that were used to gather data. The questionnaires were returned and questions were answered right away by the responders. They answered questionnaires without disclosing their identities. The participants were guaranteed that the data they submitted would be kept private and used exclusively for scholarly purposes. Every questionnaire was kept private. Using participant-reported STI nomenclature, symptoms, and mechanisms of transmission, knowledge of sexually transmitted infections will be evaluated. Once collected, completed surveys were reviewed for validity, correctness, and missing information. In order to prevent loss and unauthorized access, the surveys were stored securely.

Method of Data Analysis

Descriptive statistics such as percentages and frequency counts was used to analyze the data. Basic statistics (mean, frequency count, and percentages) were used to address research questions 1-4. At significance level of 0.05.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

This chapter's objectives are to prevent, clarify, and talk about the research's findings. It entails the data collected throughout the research being presented and analyzed. The frequency, count, and simple percentage were used in this analysis.

The research questions and hypotheses provided in the first chapter were also taken into consideration in the presentation and analysis. There is also discussion of the findings' outcome

Research Question 1: What is the knowledge of sexually transmitted infection (STIs)?

Frequency distribution on the knowledge of sexually transmitted infections among undergraduates

S/N	Items	Yes	No	Total
1	Are you aware of sexually transmitted illnesses (STIs) other than HIV?	54 (54%)	46 (46%)	100%
2	Using condoms consistently and appropriately can effectively minimize the risk of contracting sexually transmitted infections (STIs).	73 (73%)	27 (27%)	100%
3	Did you know that some sexually transmitted infections (STIs) may not exhibit any symptoms at all?	67 (67%)	33 (33%)	100%
4	Are you aware that having sex might result in the transmission of sexually transmitted infections?	65 (65%)	35 (25%)	100%
5	Are you aware that sharing syringes or needles raises the possibility of getting STIs?	60 (60%)	40 (40%)	100%

Source: Field survey by researcher, 2025

The information that undergraduate students know about STDs is displayed in Table 1 above. The results demonstrate their high level of knowledge about STDs. The table shows that, of those surveyed, 54% had heard of infections other than HIV that can be contracted through intercourse, while 46% had not. These findings indicate that respondents' awareness of STDs is broad. Out of all the respondents, 73 are aware that wearing condoms correctly and regularly can help lower the risk of STIs, whereas 27 are unaware of this fact, 67% of the respondents are aware that certain sexually transmitted infection (STIs) may not exhibit any symptoms, whereas thirty-three percent of the respondents are unaware of this possibility, 35% of respondents were unaware that STIs can be spread through intercourse, compared to 65% of the respondents who agreed. According to the survey, 60% of respondents are aware that sharing syringes or needles can raise one's risk of STIs, whilst 40% are unaware of this fact.

Research Question 2

To what extent does overcrowded classroom influence the interest of business studies students?

Table 7: Data showing the extent overcrowded classroom influence the interest of business studies students

S/N	ITEM STATEMENT	N	X	S.D	DECISION
6	Have you heard of any illnesses besides HIV that can be spread through sexual contact?	80	3.2000	.91226	**Strongly Agree**
7	Did you know that some sexually transmitted infections (STIs) may not exhibit any symptoms at all?	80	3.2333	1.05815	**Strongly Agree**
8	Are you aware that sharing syringes or needles raises the possibility of getting STIs?	80	3.4333	.99270	**Strongly Agree**
9	Do you believe that a woman could be infected with a virus other than HIV and not exhibit any symptoms?	80	3.8667	.34107	**Strongly Agree**
10	Has your place of worship informed you about sexually transmitted infections?	80	3.5333	.84874	**Strongly Agree**

Source: Field study, 2024

In response to research question two, Table 7 shows that the respondents strongly agree that there is an extent overcrowded classroom does influence the interest of business studies student. The 6 – 10 indicated strongly that there is extent overcrowded classroom influence the interest of business studies students with mean ranging from classroom does influence the interest of business studies students is high.

Research Question 3

To what extent does overcrowded classroom influence the competencies of teachers of business studies subjects?

Table 8: Data showing the extent overcrowded classroom does influence the competencies of teachers of business studies subjects

S/N	ITEM STATEMENT	N	X	S.D	DECISION
11	Do you believe that a man might be infected with a sexually transmitted diseases other than HIV and not show any symptoms?	80	3.5000	.80893	**Strongly Agree**
12	Are you aware that some sexually transmitted infections, such as HIV, can be passed from mother to child during nursing or childbirth?	80	3.3000	.93944	**Strongly Agree**
13	Were you aware that parasites, viruses, or bacteria can cause STIs?	80	3.6333	.65964	**Strongly Agree**
14	Is it true that antibiotics can be used to treat certain sexually transmitted infections (STIs), such as chlamydia and gonorrhea?	80	3.0000	1.21512	**Strongly Agree**
15	Are you aware that the risk of STIs can rise with the number of sexual partners you have?	80	3.9667	.18011	**Strongly Agree**

Source: Field study, 2024

In response to research question three, Table 8 shows that the respondents strongly agreed that there is an extent overcrowded classroom does influence the competencies of teachers of business studies subject. The items 11 – 15 indicate very strongly with mean ranging from 3.30 – 3.96. With these results, the above mean score shows that the respondents strongly agreed that the extent overcrowded classroom does influence the competencies of teachers of business studies subject is high.

Research Question 4

To what extent does overcrowded classroom influence the business studies classroom participation and practices?

Table 9: Data showing the extent overcrowded classroom does influence business studies classroom participation and practice

S/N	ITEM STATEMENT	N	X	S.D	DECISION
16	Did you know that having oral or anal intercourse can still result in the transmission of a sexually transmitted infection?	80	3.5667	.92262	**Strongly Agree**

17	Are you aware that avoiding sexual activity can aid in the prevention of STDs?	80	3.8333	.37393	**Strongly Agree**
18	Do you know that the likelihood of contracting an STD rises when you engage in several sexual relationships?	80	3.4333	1.03409	**Strongly Agree**
19	Are you aware that ectopic pregnancy can result from an STD?	80	3.6333	.54854	**Strongly Agree**
20	Are you aware that vaginal itching might be an indication of a sexually transmitted infection?	80	3.7333	.63104	**Strongly Agree**

Source: Field study, 2024

In response to research question four, Table 9 shows the extent overcrowded classroom does influence business studies classroom influences business studies classroom participation and practices with mean ranging from 2.93 – 3.83. With these results, the above mean score shows the extent overcrowded classroom does influence business studies classroom participation and practices is high.

Discussion of Results

The results of analysis of data collected on the basis of all the issues raised have been quite interesting and informative. In the first place on the issues of the extent overcrowded classroom does influence the teaching and learning of business studies in Edo State. It shown the respondents strongly agreed that the extent overcrowded classroom influence the teaching and learning of business studies in Edo State is high. This finding is in consonance with the findings of Blatchford & Mortimore (2019). In their research; The issue of class size for young children in school: What can we learn from research? In which they highlighted that Overcrowded classroom causes distractions and disruptions during teaching and learning in class room, they also concluded that Overcrowded classroom causes limited individual attention during teaching and learning in class room.

Secondly, on the issue of showing the extent overcrowded classroom does influence the interest of business studies students is high. The respondents strongly agreed that shows that the extent overcrowded classroom does influence the interest of business studies students is high. This finding is in consonance with the studies of Blatchford, Goldstein & Mortimore (2018) in their research; class size effects: A critique of methods and a way forward. In which they said that Overcrowded classroom reduces the attention and focus of student in teaching and learning.

Thirdly, on the issue of the extent overcrowded classroom does influence the competencies of teachers of business studies subject, the respondents to strongly agreed that the extent overcrowded classroom does influence the competencies of teachers of business studies subjects is high. This finding is in line with the studies carried out by Cortes, Moussa, & Weinstein (2022). In their research making the grade: The impact of classroom behavior on academic achievement. In which they highlighted that teachers struggle to effectively differentiate instruction and cater to diverse learning needs when faced with a large number of students

Fourthly, analyses of data on the extent overcrowded classroom does influences business studies classroom participation and practice, the respondents strongly agreed that the extent overcrowded classroom does influences business studies classroom participation and practices is high in. This findings is in line with the studies carried out by Hanushek, (2019) in his research some findings from an independent investigation of the Tennessee STAR experiment and from other investigations of class size effects. Which he highlighted that Overcrowded classroom reduces opportunities for interaction for Business studies students, he also deduced that overcrowding can limit opportunities for movement and expression, making it difficult to students to engage physically and actively participate in group activities.

Finally, analyses of data on teachers' perception on the influence of overcrowded classroom on the teaching of business studies in Ovia North East LGA in Edo State, the respondents strongly agreed that the influence of overcrowded classroom on the teaching of business studies in Ovia North East in Edo State is high. This finding is in line with the studies carried out by Jones, (2017). In his study; Strategic teaching and learning: Cognitive instruction in the content areas. Which he stated that overcrowded classroom reduces teacher morale and motivation, he also stated that overcrowded classroom causes difficulty in implementing differentiated instruction.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter presents the summary of finding from the results of the data analysis; conclusions based on the findings and make some recommendations for possible area of improvement.

Summary

Based on the analysis of results from the data collected, the study found the following:

1. Teaching method used in teaching business studies in junior secondary school is influenced by an overcrowded classroom and affects the student-teacher relationship.
2. The possible strategies to managing an overcrowded classroom are the use of instructional materials and also the teaching style adopted by the teacher.
3. The study shows that an overcrowded classroom affects student assimilation and understanding in business studies.
4. Overcrowded classroom pose as a constraint to teachers effectiveness and the challenges overcrowded classroom faced by teachers are; misbehavior of students during class, accessing a large class, difficulty in paying attention to weaker students, choice of teaching method
5. Overcrowded classroom influences teacher's effectiveness in business studies

Conclusion

This study examined the influences of overcrowded classroom on the effective teaching and learning of business studies in junior secondary schools in Ovia North East Local Government Area of Edo State. Findings from this study revealed that an overcrowded classroom can influence teacher's effectiveness in teaching business studies. Therefore, it was concluded that teachers are more effective with less occupied classes while overcrowded classes reduces effectiveness. There is a better student/teacher relationship in small classes than overcrowded classroom.

In teaching business studies in an overcrowded classroom, it is almost impossible for the teacher to give individual attention to the weaker or dull students. Students also struggle to hear what the teacher says. The result of the investigation shows that an overcrowded classroom has a lot of negative influence on the teaching and learning processes, as it negates proper individualized attention to assess students. It also impedes effective classroom management and control by the teacher, as the teacher uses much of the time to handle disciplinary cases at the expense of academic activities.

The effective teaching methods used by teachers in an overcrowded classroom include lecture method, demonstration method. Class size influences the ability of retention of student as a result of how conducive the environment is. The result shows that an overcrowded classroom influences effective teaching and learning of business studies

Recommendations

Based on the findings from this study, the following recommendations are made:

1. Teachers need to avoid all the care free attitudes towards proper and effective assessment of students.

2. Seminar, workshops and orientation should be regulated by the school administrators from time to time.
3. Number of students admitted into schools should be regulated by school administration and should be dependent on the available space and facilities.
4. Educational policy makers and the government should formulate and enforce policies that should ensure the number of students in a classroom to a teacher is as stimulated by (UNESCO, 2004) in the ratio 1:35
5. Government should provide more facilities for public schools such as enough larger classes, employ more qualified teachers, make more adequate provision of seat for students and make provision for instructional materials
6. Parent/guardians should actively support or contribute also charitable organizations are employed to complement the government efforts.