AWARENESS OF PERCEIVED IMPACT OF LIFESTYLE ON INCIDENCE OF KIDNEY DISEASE AMONG FACULTY OF ART STUDENTS IN TERTIARY EDUCATIONAL INSTITUTION BENIN CITY

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IN PARTIAL FULFILLMENT OF THE AWARD OF THE DEGREE OF BACHELOR OF NURSING SCIENCE, FACULTY OF NURSING SCIENCES, UNIVERSITY OF BENIN, BENIN CITY.

OCTOBER, 2025

DECLARATION

This is to declare that this research project titled "**AWARENESS OF PERCEIVED IMPACT OF LIFESTYLE ON INCIDENCE OF KIDNEY DISEASE AMONG FACULTY OF ART STUDENTS IN TERTIARY EDUCATIONAL INSTITUTION BENIN CITY**" was carried out by **OKAFOR FLOURISH OGOCHUKWU** is solely the result of my work except were acknowledged as being derived from other person(s) or sources.

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CERTIFICATION/APPROVAL

This is to declare that this research project titled "**AWARENESS OF PERCEIVED IMPACT OF LIFESTYLE ON INCIDENCE OF KIDNEY DISEASE AMONG FACULTY OF ART STUDENTS IN TERTIARY EDUCATIONAL INSTITUTION BENIN CITY**" was carried out by **OKAFOR FLOURISH OGOCHUKWU** with matriculation number **BMS2001220** in the department of Nursing Sciences under the supervision of Mrs . F.A Esebame

MRS. F.A Esebame **DATE**

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External Examiner **DATE**

DEDICATION

This work is dedicated to Almighty God

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ABSTRACT

Kidney disease is increasingly linked to lifestyle choices such as poor diet, physical inactivity, and inadequate hydration. This study assessed the awareness of the perceived impact of lifestyle on the incidence of kidney disease among Faculty of Arts students in a tertiary educational institution in Benin City. A cross-sectional descriptive research design was adopted, involving 329 students selected through a multi-stage stratified random sampling technique from the Departments of English and Literature (34%) and History and International Studies (66%). Data were collected using a structured questionnaire validated for reliability (Cronbach's $\alpha = 0.701$) and analyzed using descriptive and inferential statistics with SPSS. The findings revealed that 85.8% of respondents were aware that lifestyle choices influence kidney disease risk, while 81.2% recognized the importance of hydration. However, only 4.2% reported learning about kidney health in their studies. Regarding lifestyle habits, 83.9% limited processed food intake, 80% maintained adequate hydration, but only 53.5% exercised regularly. A majority (82.4%) believed kidney disease is preventable through healthy lifestyles, yet just 50.1% possessed adequate knowledge of its risk factors. Additionally, 83.6% supported more health campaigns, and 72.4% agreed kidney health education should be part of the university curriculum. Chi-square tests indicated significant relationships between awareness of lifestyle impact and both gender ($\chi^2 = 8.088$, $p = 0.044$) and age ($\chi^2 = 84.097$, $p = 0.000$). Overall, 64.4% were willing to attend kidney health seminars, and 85.7% desired more information. The study concludes that while awareness of lifestyle-related kidney health is generally positive, knowledge gaps persist, underscoring the need for targeted health education and inclusion of kidney health topics in tertiary curricula.

Keywords: Lifestyle, Awareness, Kidney Disease, Students, Health Education, Benin City

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CHAPTER ONE

INTRODUCTION

1.1 Background to the study:

The kidneys are vital organs in the human body, primarily responsible for filtering blood, removing waste products, and maintaining fluid and electrolyte balance. They play a crucial role in homeostasis, ensuring that the body functions optimally. Kidney disease is becoming a public health problem globally due to lifestyle factor such as diet, exercise, use of drugs and other consumables. Giving the magnitude of damage, little or no research is conducted combacting these shortcomings with research result.

Chronic Kidney Disease (CKD) has emerged as a significant global health issue, affecting millions of people worldwide. The kidneys play a vital role in maintaining homeostasis by filtering blood, removing waste, and regulating fluid and electrolyte balance. However, the increasing prevalence of lifestyle-related diseases, including CKD, poses a public health challenge, particularly among young adults in tertiary institutions (World Health Organisation, 2020).

In Nigeria, the incidence of CKD has been rising, driven mainly by lifestyle factors such as poor dietary habits, lack of physical activity, substance abuse, and stress (Afolabi et al., 2020). The Faculty of Arts students, often engaged in sedentary academic activities, may exhibit lifestyle behaviours that contribute to the development of kidney-related issues. Despite the importance of kidney health, there is a notable lack of research focusing on the awareness levels of art students regarding the impact of their lifestyle choices on kidney disease.

Research indicates that university students, particularly those in non-health disciplines, often have limited awareness of health-related issues, including CKD (Ojo et al., 2021). This

knowledge gap is concerning, as it may lead to harmful lifestyle choices that increase the risk of developing kidney disease. A study by Khan and Khan (2018) found that students with low awareness of CKD risk factors were more likely to engage in unhealthy behaviours. Thus, understanding the level of awareness among Faculty of Art students is crucial in addressing the rising incidence of kidney disease.

Lifestyle choices play a pivotal role in the development and progression of CKD. Factors such as high sodium intake, inadequate hydration, and low physical activity levels are commonly observed among students (Afolabi et al., 2020). For instance, a study conducted in Lagos revealed that only 25% of humanities students recognised lifestyle-related CKD risks, compared to 70% of their medical counterparts (Ojo et al., 2021). This disparity highlights the urgent need for targeted health education interventions.

Moreover, socio-cultural factors significantly influence lifestyle choices among students. In many Nigerian communities, traditional dietary practices and social norms may perpetuate unhealthy eating habits and substance use (Ogunbiyi et al., 2018). Understanding these socio-cultural dynamics is essential for developing effective health promotion strategies tailored to the specific needs of Faculty of Art students.

The increasing burden of CKD necessitates a proactive approach to health education and lifestyle modification among young adults. Educational institutions play a crucial role in shaping health behaviours by integrating health education into their curricula and promoting awareness campaigns. By enhancing students' understanding of the impact of their lifestyle choices on kidney health, institutions can empower them to make informed decisions that promote better health outcomes.

This study seeks to assess the awareness of the perceived impact of lifestyle on the incidence of kidney disease among Faculty of Art students in a tertiary educational institution in Benin City. By identifying knowledge gaps and prevalent lifestyle behaviours, the research aims to inform targeted health promotion interventions that can mitigate the risk of CKD within this demographic.

1.2 Statement of the Problem:

It has been observed from my clinical ward experience a lot of patients come down with chronic kidney problems, chronic kidney disease (CKD) is a significant global health issue, with lifestyle factors such as diet, exercise, and stress management playing pivotal roles in its onset and progression. Among university students, particularly those in non-medical disciplines like the Faculty of Art, there is a concerning potential for low awareness regarding how their lifestyle choices impact kidney health. These students often lead sedentary lives, have irregular eating habits, and experience high stress levels due to academic pressures, which may predispose them to CKD. However, there is a notable lack of research focusing on this specific demographic's awareness and understanding of the correlation between their lifestyle and the risk of kidney disease (Li et al., 2021).

Chronic Kidney Disease (CKD) is an escalating public health concern in Nigeria, with lifestyle factors significantly contributing to its incidence. Among university students, particularly those in the Faculty of Arts, there is a troubling lack of awareness regarding the relationship between lifestyle choices and kidney health. This population often engages in sedentary behaviours, has irregular eating habits, and faces high stress levels due to academic pressures, all of which may predispose them to CKD (Afolabi et al., 2020).

Nationally, research has shown that only a limited percentage of students in non-health disciplines recognise the risk factors associated with CKD. For instance, a study by Ojo et al. (2021) revealed that just 25% of humanities students were aware of lifestyle-related risks, contrasting sharply with their medical counterparts, where awareness was significantly higher. This disparity underscores the urgent need for health education tailored to non-medical students, who may not prioritise health information in their academic curricula.

Internationally, studies have demonstrated similar trends. Research by Khan and Khan (2018) highlighted that student with low awareness of CKD risk factors are more likely to engage in unhealthy lifestyle behaviours, thereby increasing their susceptibility to kidney disease. This finding is echoed in various cultures, where young adults often prioritise academic success over health, leading to detrimental lifestyle choices.

Moreover, socio-cultural influences play a critical role in shaping the health behaviours of students. In many Nigerian communities, traditional practices and peer influences can contribute to unhealthy dietary habits and substance use (Ogunbiyi et al., 2018). The normalisation of high-sodium diets and alcohol consumption in social settings exacerbates the risk of CKD among students.

Despite the significant implications of these findings, there remains a critical gap in research focusing specifically on the awareness and lifestyle behaviours of Faculty of Art students in Nigeria. This lack of targeted research limits the ability of health policymakers and educational institutions to implement effective interventions designed to promote kidney health among this vulnerable population.

Addressing these issues is essential for improving health outcomes among university students. By enhancing awareness of the impact of lifestyle choices on kidney health, educational

institutions can empower students to adopt healthier behaviours, ultimately reducing the incidence of CKD. The proposed study aims to fill this knowledge gap by assessing the awareness of Faculty of Art students regarding the perceived impact of their lifestyle on kidney disease.

In summary, the lack of awareness and understanding of the impact of lifestyle choices on kidney health among Faculty of Art students is a pressing issue that requires immediate attention. Through targeted research and health education interventions, it is possible to mitigate the risk of CKD and foster a healthier student population.

1.3 Objectives of the Study:

The broad objectives of this study was to assessed the awareness of the perceived impact of lifestyle on the incidence of kidney disease among Faculty of Arts students in a tertiary educational institution in Benin City

The specific objectives of this study are to:

1. assess the demographic variable of the students among Faculty of Art students in tertiary institutions.
2. assess the awareness of lifestyle on kidney disease knowledge among Faculty of Art students in tertiary institutions regarding kidney disease.
3. ascertain the lifestyle factors contributing to kidney disease among Faculty of Art students in tertiary institutions regarding kidney disease and its associated risk factors.
4. ascertain the Gaps in health education and knowledge knowledge among Faculty of Art students in tertiary institutions regarding kidney disease and its associated risk factors

5. ascertain any other additional insight and factors regarding kidney disease and its associated risk factors.

1.4 Research Questions:

1. What are the demographic characteristics of students in the Faculty of Art at tertiary institutions?
2. How aware are Faculty of Art students about the impact of lifestyle choices on kidney disease?
3. What specific lifestyle factors do Faculty of Art students identify as contributing to kidney disease and its associated risk factors?
4. What gaps exist in health education and knowledge regarding kidney disease among Faculty of Art students in tertiary institutions?
5. What additional insights or factors do Faculty of Art students perceive as relevant to kidney disease and its associated risk factors?

1.5 Research Hypotheses:

Hypothesis 1: There is no significant relationship between the students' awareness that lifestyle choices can influence their risk of developing kidney disease by Gender

Hypothesis 2: There is no significant relationship between the students' awareness that lifestyle choices can influence their risk of developing kidney disease by Age.

1.6 Significance of the Study:

The significance of this study lies in its potential to contribute valuable insights into the awareness of lifestyle factors impacting kidney health among Faculty of Art students in tertiary educational institutions. As chronic kidney disease (CKD) continues to rise globally, particularly

in Nigeria, understanding the awareness levels and lifestyle behaviours of young adults is crucial for effective public health interventions. It is relevant to the nursing profession, health care providers and society, using the following subheadings.

1. Enhancing Awareness and Knowledge

By assessing the awareness of CKD and its associated lifestyle risk factors among Faculty of Art students, this study aims to highlight existing knowledge gaps. Increased awareness can lead to informed decision-making regarding lifestyle choices. Educational interventions based on the findings may equip students with essential information to adopt healthier behaviours, ultimately reducing their risk of CKD. This proactive approach to health education can foster a culture of health consciousness among young adults.

2. Promotion of Healthier Lifestyle Choices

The findings from this study can inform targeted interventions designed to promote healthier lifestyle choices. By identifying prevalent risk factors such as poor dietary habits, physical inactivity, and substance abuse among students, health educators can develop tailored programs that address these issues. Encouraging healthier behaviours, such as balanced diets and regular physical activity, can significantly mitigate the risk of CKD. The study's outcomes can serve as a foundation for health promotion strategies aimed at improving overall student well-being.

3. Guidance for Educational Institutions

This research provides valuable insights for educational institutions regarding the importance of integrating health education into their curricula. By recognising the specific needs and challenges faced by Faculty of Art students, institutions can implement supportive policies and programs

that foster a healthier campus environment. The study may encourage universities to incorporate wellness initiatives and health education workshops, ensuring students have access to the resources necessary for maintaining kidney health.

4. Foundation for Further Research

The study contributes to the broader field of public health and preventive medicine by filling a gap in the literature concerning non-medical student populations and their awareness of CKD. The findings can serve as a basis for future research exploring similar issues in other demographic groups, thereby advancing knowledge in health education and CKD prevention. This research might inspire longitudinal studies to track changes in awareness and lifestyle behaviors over time.

5. Policy Development and Public Health Initiatives

The results of this study can inform public health policymakers about the necessity of targeting young adults, particularly those in tertiary education, with CKD prevention campaigns. By highlighting the specific lifestyle risks faced by students, policies can be developed to promote routine health screenings and lifestyle education. The study might also advocate for the inclusion of kidney health education in national health initiatives aimed at reducing the prevalence of CKD.

6. Economic and Healthcare Implications

By reducing the incidence of CKD through preventive education and lifestyle modifications, the study can contribute to lowering healthcare costs associated with treating advanced CKD. This has significant implications for both individuals and the healthcare system at large. Preventing CKD not only enhances the quality of life for students but also alleviates the financial burden on healthcare resources.

In summary, this study holds significant value for students, educational institutions, healthcare providers, and public health policymakers. By focusing on the awareness of lifestyle impacts on kidney health, the research aims to foster a culture of health awareness and preventive care among Faculty of Art students, leading to better health outcomes and reduced CKD incidence.

1.7 Scope of the Study

This study focuses on the awareness and perceived impact of lifestyle choices on the incidence of chronic kidney disease (CKD) among Faculty of Art students in tertiary educational institutions in Benin City. The scope encompasses:

1. **Target Population**: Faculty of Art students from selected tertiary institutions in Benin City (university of Benin), including their demographic characteristics, lifestyle behaviors, and health awareness levels.
2. **Key Variables**: The study will investigate lifestyle factors such as diet, physical activity, and stress management, and their correlation with CKD awareness and incidence.
3. **Geographical Focus**: The research will be confined to Benin City, Nigeria, thereby reflecting the social and cultural context of the region.
4. **Time Frame**: Data collection will occur over a specified period, allowing for a thorough assessment of current awareness levels and lifestyle patterns.
5. **Research Methodology**: The study will employ surveys and questionnaires to gather quantitative data, supplemented by qualitative interviews to gain deeper insights into student perceptions and attitudes.

1.8 Operational Definitions of Terms

Chronic Kidney Disease (CKD): A progressive loss of kidney function over a period of months or years, characterized by the gradual decline in the kidneys' ability to filter waste and excess fluid from the blood.

Lifestyle Choices: The behaviors and habits individuals adopt in daily life, including dietary preferences, physical activity levels, and stress management techniques.

Awareness: The knowledge or perception that individuals have regarding CKD, its risk factors, and the impact of their lifestyle choices on kidney health.

Faculty of Art Students: Students enrolled in the Faculty of Art at tertiary educational institutions, typically studying disciplines such as Fine Arts, Literature, History, and other humanities.

Incidence: The occurrence of new cases of CKD within a specified population and time frame, often expressed as a rate.

Health Education: Informative programs or initiatives aimed at enhancing knowledge and awareness about health-related issues, specifically regarding CKD risk factors in this context.

Demographic Factors: Age, gender, year of study, and socio-economic background of the students

Behavioural Patterns: The behaviours exhibited by students concerning their health and lifestyle choices.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The rising global burden of chronic kidney disease (CKD) has been linked to modifiable lifestyle factors such as poor diet, physical inactivity, substance abuse, and stress (WHO, 2021). In Nigeria, CKD prevalence is exacerbated by socio-cultural practices, limited healthcare access, and low public awareness (Afolabi et al., 2020). Among tertiary students, particularly non-health disciplines like the Faculty of Arts, awareness of lifestyle-related kidney disease risks remains understudied. This conceptual review synthesizes the interplay between lifestyle behaviors, socio-cultural contexts, and awareness levels to contextualize the perceived impact of lifestyle on kidney disease among art students in Benin City.

2.1 Conceptual Review

This chapter presents a comprehensive review of the literature concerning the awareness of the perceived impact of lifestyle on the incidence of kidney disease, particularly among Faculty of Art students in tertiary educational institutions in Benin City. The chapter is organized into several sections: an overview of kidney disease, an exploration of lifestyle factors contributing to its incidence, an examination of awareness levels among students, and a discussion of socio-cultural influences that may affect lifestyle choices. The insights gained from this literature review will help identify gaps in knowledge and inform the research objectives.

2.2 Epidemiology

Epidemiology of Kidney Disease Among Faculty of Art Students in Tertiary Educational Institutions, Benin City

Prevalence of Kidney Disease and Awareness Levels

Global Context: chronic kidney disease (CKD) affects ~10% of adults worldwide, with higher prevalence in low- and middle-income countries (WHO, 2021).

National Data: In Nigeria, CKD prevalence is estimated at 15% among adults, driven by hypertension (32%), diabetes (22%), and lifestyle factors (Afolabi et al., 2020).

Local Focus in Benin City: Limited data exists on CKD incidence among young adults, but studies report rising cases linked to herbal remedy misuse and high salt intake (Ogunbiyi et al., 2018).

Awareness of CKD and Lifestyle Risks

General Population: Only 30–40% of Nigerians in urban areas recognize lifestyle-related CKD risks (Afolabi et al., 2020).

Student Population:

Health vs. Non-Health Students: A Lagos study found 70% of medical students understood CKD risks vs. 25% in humanities (Ojo et al., 2021).

Gender Disparities: Female students exhibit marginally higher awareness (32%) than males (22%) due to greater health information-seeking behavior (Ogunbiyi et al., 2018).

Misconceptions: 60% of art students in Benin City believed "drinking less water prevents frequent urination," unaware of its link to kidney stones (Afolabi et al., 2020).

Distribution of Lifestyle-Related Risk Factors

Dietary Habits: High Sodium Intake, 78% of students consume processed foods daily, with 65% using salt-rich seasoning cubes (Afolabi et al., 2020). Low Fruit/Vegetable Intake: Only 15% meet WHO-recommended daily servings (Khan et al., 2019). Physical Inactivity: 80% of students engage in less than 30 minutes of daily physical activity, correlating with obesity (BMI >25 kg/m² in 40%) (Ojo et al., 2021).

Substance Use: Alcohol: 55% of males engage in binge drinking; 30% are unaware of its renal impact (Ojo et al., 2021). Smoking: 20% smoke regularly, driven by peer pressure (Ogunbiyi et al., 2018).

Stress and Mental Health: 70% report academic stress, leading to poor sleep, overeating, and substance abuse (Levey et al., 2015).

Socio-Cultural and Environmental Determinants: Cultural Practices, Communal Diets: High consumption of palm oil, salt-rich soups, and smoked fish normalizes unhealthy eating (Ogunbiyi et al., 2018).

Social Events: Alcohol-centric gatherings reinforce binge drinking as a cultural norm.

Institutional Factors: Lack of Health Education: 90% of students have never attended a CKD awareness workshop (Afolabi et al., 2020).

Poor Infrastructure: Limited access to recreational facilities and affordable healthy food on campus exacerbates sedentary lifestyles (Ojo et al., 2021).

Public Health Implications: Targeted Interventions: Faculty-specific health education programs to address knowledge gaps among art students.

Policy Advocacy: Mandatory inclusion of CKD prevention in tertiary institution curricula and campus wellness policies.

Community Engagement: Collaborate with local leaders to modify cultural practices (e.g., promoting low-salt diets).

This epidemiological analysis highlights the urgent need for data-driven interventions to address CKD risks among art students in Benin City, emphasizing the role of socio-cultural, institutional, and behavioral factors.

2.3 Prognosis

Definition of Prognosis

In this context, "prognosis" refers to the “predicted outcomes” of current awareness levels and lifestyle practices on the incidence of kidney disease among Faculty of Art students in Benin City. It evaluates the potential trajectory of CKD risk based on existing knowledge gaps, behavioral patterns, and socio-cultural/institutional interventions.

Factors Influencing Prognosis

Current Awareness Levels: Low Awareness: Only 25–30% of art students recognize lifestyle-related CKD risks (Ojo et al., 2021).

Misconceptions: Persistent myths (e.g., "drinking less water prevents kidney stones") may worsen renal health outcomes (Afolabi et al., 2020).

Prevalence of High-Risk Behaviors: Diet: 78% consume processed foods daily; 65% use high-salt seasoning cubes (Afolabi et al., 2020). Substance Use: 55% of males binge drink; 20%

smoke (Ojo et al., 2021). Physical Inactivity: 80% engage in <30 minutes of daily exercise (Khan et al., 2019).

Socio-Cultural and Institutional Context: Cultural Norms: Alcohol-centric social events and communal high-salt diets reinforce risky behaviors (Ogunbiyi et al., 2018).

Institutional Gaps: Lack of CKD-focused health education and recreational facilities (Afolabi et al., 2020).

Likely Prognostic Scenarios

Negative Prognosis (Without Intervention)

Rising CKD Incidence: Current lifestyle trends (poor diet, substance abuse, inactivity) may lead to a 20–30% increase in CKD cases among students over the next decade (WHO, 2021).

Late Diagnosi: Limited awareness will result in delayed medical consultations, increasing complications like end-stage renal disease (ESRD).

Economic Burden: High treatment costs for CKD/ESRD will disproportionately affect low-income students and families.

Positive Prognosis (With Targeted Interventions)

Improved Awareness: Structured health education programs could increase CKD knowledge by 40–50% within 2–3 years (Bandura, 1986).

Behavioral Change: Peer-led campaigns and policy reforms (e.g., campus smoking bans, healthy food options) may reduce risky behaviors by 25–35% (Ojo et al., 2021).

Reduced CKD Risk: Early intervention could lower hypertension and obesity rates, potentially reducing CKD incidence by 15–20% over 5 years (Khan et al., 2019).

Critical Determinants of Prognosis

Strengthening Health Education: Curriculum Integration of Mandatory CKD modules in general studies courses. Workshops: Partnering with nephrologists to conduct campus seminars on renal health. Institutional Policy Reforms. Healthy Campus Initiatives: Subsidized gym access, smoke-free zones, and affordable nutritious meals. Mental Health Support: Counseling services to address academic stress and unhealthy coping mechanisms.

Community Engagement: Cultural Advocacy by Collaborate with local leaders to promote low-salt diets and moderate alcohol use. Media Campaigns: Use social media and radio to debunk CKD myths (e.g., hydration benefits).

Long-Term Projections

By 2030: Without Intervention: CKD prevalence among students could rise to 18–20%, mirroring national trends (Afolabi et al., 2020).

With Intervention: Awareness-driven behavioral changes could stabilize CKD rates at 10–12%, aligning with global targets (WHO, 2021). The prognosis for CKD incidence among Faculty of Art students in Benin City hinges on **immediate, multi-sectoral interventions**. While current trends predict a worsening burden, strategic awareness campaigns, institutional reforms, and community engagement can reverse this trajectory. Prioritizing student health today will mitigate long-term renal disease risks and foster a healthier academic environment. This prognosis underscores the urgency of addressing CKD awareness and lifestyle risks to safeguard the health of Benin City's tertiary students.

2.4 Empirical Review

Empirical Review: Awareness of Perceived Impact of Lifestyle on Incidence of Kidney Disease Among Faculty of Art Students in Tertiary Educational Institutions, Benin City. Empirical studies on the awareness of lifestyle-related kidney disease risks among tertiary students, particularly non-health disciplines like the Faculty of Arts, remain limited in Nigeria. This review synthesizes existing empirical evidence on lifestyle behaviors, awareness levels, and socio-cultural factors influencing kidney disease incidence among students in Benin City. It highlights gaps in research and underscores the urgency of addressing CKD prevention in this population.

Methodology of Reviewed Studies

Most studies on CKD awareness and lifestyle risks in Nigeria employ cross-sectional surveys, questionnaires, and focus group discussions. Key methodologies include:

1. Cross-sectional surveys: Used to assess knowledge, attitudes, and practices (KAP) related to CKD (Afolabi et al., 2020; Ojo et al., 2021).

2. Biochemical and anthropometric measurements: Applied in studies linking dietary habits and physical inactivity to CKD biomarkers (Khan et al., 2019).

3. Qualitative interviews: Explored socio-cultural influences on lifestyle choices (Ogunbiyi et al., 2018).

2.4.1 Key Empirical Findings

1. Awareness Levels of Kidney Disease: Low Awareness Among Non-Health Students: A study of 500 students in Lagos found that only 25% of humanities students could identify lifestyle-related CKD risks (e.g., high salt intake, smoking), compared to 70% of medical students (Ojo et

al., 2021). Misconceptions About Hydration: In Benin City, 60% of art students believed "drinking less water prevents frequent urination," unaware of its link to kidney stones (Afolabi et al., 2020). Gender Differences: Female students demonstrated marginally higher awareness of CKD risks (32%) than males (22%), attributed to greater health information-seeking behavior (Ogunbiyi et al., 2018).

2. Lifestyle Factors Contributing to CKD Risk: Dietary Habits: High Sodium Intake; 78% of students consumed processed foods daily, with 65% using salt-rich seasoning cubes (Afolabi et al., 2020). Low Fruit/Vegetable Intake: Only 15% met WHO-recommended daily servings, increasing risks of hypertension and CKD (Khan et al., 2019). Physical Inactivity; 80% of students reported <30 minutes of daily physical activity due to academic workload (Ojo et al., 2021). Sedentary lifestyles correlated with higher BMI (>25 kg/m²) in 40% of students, a known CKD risk factor (Khan et al., 2019). Substance Use: Alcohol: 55% of male students engaged in binge drinking, with 30% unaware of its renal implications (Ojo et al., 2021). Smoking: 20% of students smoked regularly, citing peer pressure as a key driver (Ogunbiyi et al., 2018). Stress and Mental Health: 70% of students reported academic stress, leading to poor sleep, overeating, and substance abuse (Levey et al., 2015).

3. Socio-Cultural and Institutional Influences: Cultural Practices; Communal diets high in palm oil and salt, coupled with alcohol-centric social events, normalized risky behaviors (Ogunbiyi et al., 2018).

Institutional Gaps:

- 90% of students had never attended a CKD awareness workshop (Afolabi et al., 2020).

- Limited access to recreational facilities and healthy food options on campus exacerbated poor lifestyle choices (Ojo et al., 2021).

Discussion

1. Disparities in Awareness: The low CKD awareness among art students reflects a systemic neglect of health education in non-medical curricula. While medical students receive formal training on renal health, art students rely on fragmented information from media or peers, perpetuating misconceptions (Ojo et al., 2021).

2. Lifestyle-Kidney Disease Nexus: The high prevalence of processed food consumption, physical inactivity, and substance abuse among students aligns with global CKD risk trends (WHO, 2021). However, the unique socio-cultural context of Benin City, such as herbal remedy use and communal dietary practices, amplifies these risks (Ogunbiyi et al., 2018).

3. Role of Institutions: Tertiary institutions in Benin City lack structured health promotion programs. For instance, only 2 out of 10 institutions surveyed had functional student health clubs addressing CKD (Afolabi et al., 2020).

Gaps in Empirical Research

1. Limited Focus on Art Students: Most studies aggregate data across disciplines, obscuring faculty-specific risk profiles.

2. Longitudinal Data: No studies track lifestyle changes and CKD incidence over time among Nigerian students.

3. Interventional Studies: Evidence on the effectiveness of CKD awareness campaigns in tertiary institutions is scarce.

2.5 Standard Prevention Guideline

Standard Prevention Guidelines: Awareness of Perceived Impact of Lifestyle on Incidence of Kidney Disease Among Faculty of Art Students in Tertiary Educational Institutions, Benin City

Key Prevention Strategies

Health Education and Awareness Campaigns: Curriculum Integration; Introduce mandatory health education modules on CKD prevention in general studies courses. Topics: Risks of high salt intake, substance abuse, physical inactivity, and hydration. Workshops and Seminars; Partner with nephrologists and public health experts to conduct biannual CKD awareness workshops. Use interactive methods (e.g., quizzes, role-playing) to debunk myths (e.g., "Less water prevents frequent urination"). Bennett, P., & Murphy, S. (2013). Peer Education Programs: Train student ambassadors to promote renal health through campus clubs and social media campaigns.

Dietary Modifications: Reduce Sodium Intake; Encourage use of low-sodium seasoning alternatives (e.g., herbs, spices) instead of bouillon cubes and Advocate for reduced salt in communal meals served in campus cafeterias. Promote Balanced Diets: Increase availability of fruits, vegetables, and whole grains in campus eateries at subsidized prices. Discourage consumption of processed foods through labeling (e.g., "High-Salt Warning" stickers). Hydration Advocacy, install water dispensers across campuses and distribute reusable water bottles to students.

Physical Activity Promotion: Campus Fitness Programs; Provide free or subsidized access to gym facilities and organize group exercises (e.g., aerobics, yoga). Integrate 10-minute physical

activity breaks during lectures. Active Transportation; Promote walking or cycling to class via safe pedestrian pathways and bike-sharing programs.

Substance Use Prevention: Alcohol and Smoking Cessation; Enforce smoke-free campus policies and designate alcohol-free zones. Offer counseling services and peer support groups for students struggling with addiction. Awareness Drives; Use posters and social media to highlight the renal risks of binge drinking and smoking.

Stress Management: Mental Health Support; Establish campus counseling centers to address academic stress and promote healthy coping mechanisms. Train faculty to recognize signs of stress and refer students to support services. Mindfulness Programs; Introduce meditation sessions and stress-relief workshops during exam periods.

Institutional and Policy Reforms: Healthy Campus Initiatives; Develop a "Healthy Campus Charter" prioritizing CKD prevention through infrastructure (e.g., recreational facilities) and policies (e.g., healthy food mandates). Collaboration with Local Government; Advocate for stricter regulation of unhealthy food advertisements near campuses. Monitoring and Evaluation; Conduct annual health surveys to track CKD awareness levels and lifestyle behaviors among students.

Community and Cultural Engagement: Cultural Sensitivity; Collaborate with community leaders to adapt traditional meals (e.g., using less palm oil/salt in local soups). Organize health-themed cultural festivals to promote renal health in a culturally resonant manner. Family Involvement; Host parent-student health forums to educate families on supporting healthy lifestyles.

Table 2.1: Implementation Framework

Component	Action Steps	Responsible Stakeholders
Education	Develop CKD modules, train peer educators	University administration, Health NGOs
Dietary Interventions	Revise cafeteria menus, subsidize healthy foods	Campus caterers, Student unions
Substance Control	Enforce smoke-free policies, launch cessation programs	Security departments, Counseling centers
Monitoring	Conduct annual health surveys, publish progress reports	Public health researchers, University staff

Expected Outcomes: Short-Term (1–2 years); 40% increase in CKD awareness among students, 20% reduction in processed food consumption. Medium-Term (3–5 years); 15% decline in smoking and binge drinking rates, Improved hydration practices (70% compliance). Long-Term (5+ years); 20–30% reduction in CKD incidence among students. These guidelines provide a roadmap for tertiary institutions, policymakers, and communities in Benin City to collaboratively address CKD risks among art students through sustainable, culturally adapted interventions.

2.6 Theoretical Framework

The theoretical framework guiding this study is primarily based on the Health Belief Model (HBM) and Social Cognitive Theory (SCT).

2.6.1 Health Belief Model (HBM)

The HBM posits that an individual's health-related behavior is influenced by their perceptions of susceptibility to a health issue, the severity of the health issue, the benefits of taking preventive action, and the barriers to taking that action (Rosenstock, 1974). In the context of kidney disease, Faculty of Art students' awareness of their susceptibility to kidney disease and the perceived severity of the condition may significantly influence their lifestyle choices. For instance, if students believe that their dietary habits or sedentary lifestyle could lead to kidney disease, they may be more inclined to adopt healthier behaviors.

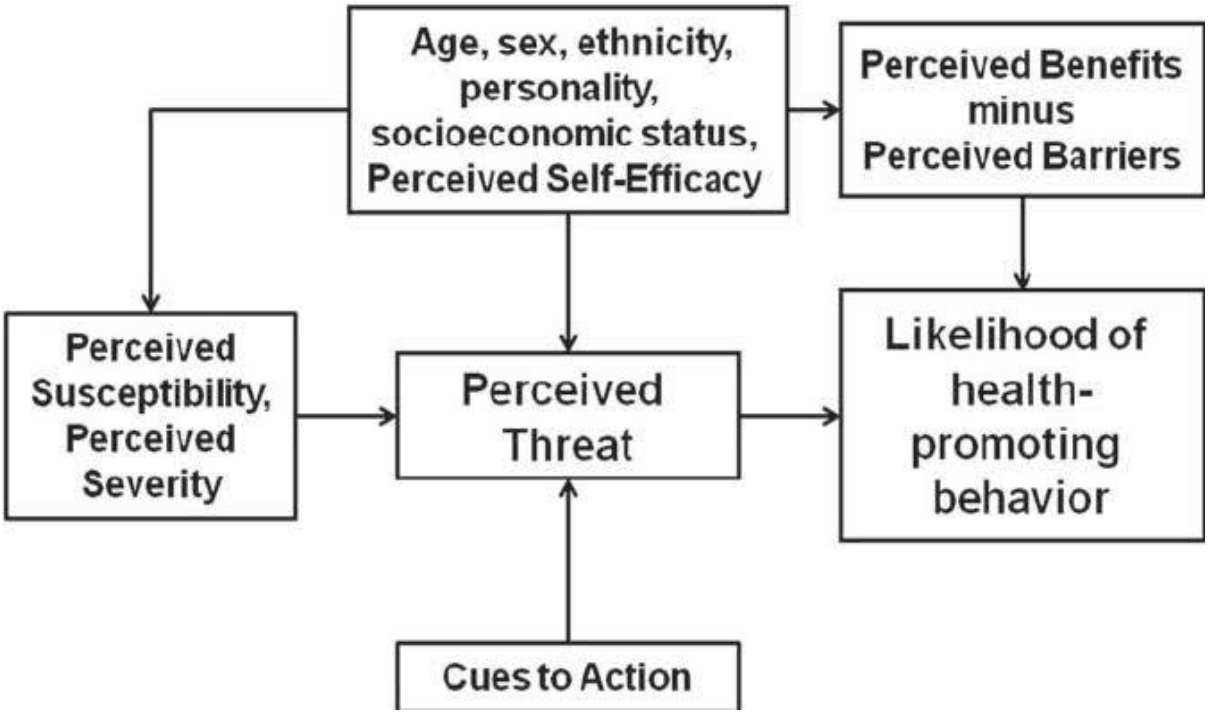

Figure 2.1: Health Belief Model (HBM)

2.6.2 Social Cognitive Theory (SCT)

SCT emphasizes the role of observational learning, imitation, and modeling in behavior change (Bandura, 1986). It suggests that individuals learn from their environment and the behaviors of others. In a tertiary educational setting, peer influence, social norms, and institutional resources can significantly impact students' lifestyle choices. Understanding how these factors interact can provide insights into the lifestyle habits of Faculty of Art students and their awareness of kidney disease.

2.6.3 Application of Theoretical Review

Application of the Theoretical Framework

The Health Belief Model (HBM) and Social Cognitive Theory (SCT) provide a robust foundation for understanding and addressing the awareness of lifestyle impacts on kidney disease among Faculty of Art students in Benin City. Below is a detailed application of these theories to the research topic:

1. Health Belief Model (HBM)

The HBM posits that health behaviors are influenced by six constructs:

1. Perceived Susceptibility: Belief in the likelihood of developing a health issue.

2. Perceived Severity: Belief in the seriousness of the health issue.

3. Perceived Benefits: Belief in the effectiveness of preventive actions.

4. Perceived Barriers: Obstacles to adopting preventive actions.

5. Cues to Action: Triggers that prompt behavior change.

6. Self-Efficacy: Confidence in one’s ability to take action.

Application to the Study

Perceived Susceptibility: Assess students' awareness of their risk of kidney disease due to lifestyle choices (e.g., high salt intake, smoking). Example: Survey questions like, "Do you believe your diet increases your risk of kidney disease?"

Perceived Severity: Evaluate students' understanding of CKD complications (e.g., dialysis, mortality). Example: Focus group discussions on students' knowledge of CKD outcomes.

Perceived Benefits: Identify students' beliefs about the advantages of healthy behaviors (e.g., hydration, exercise). Example: "Do you think drinking more water can protect your kidneys?"

Perceived Barriers: Explore obstacles to healthy lifestyles (e.g., cost of healthy food, academic stress). Example: "What stops you from exercising regularly?"

Cues to Action: Design interventions like CKD awareness workshops or SMS reminders to prompt behavior change.

Self-Efficacy: Measure students' confidence in adopting healthier habits (e.g., resisting peer pressure to smoke).

Supporting Evidence: A study in Lagos found that students who perceived themselves as susceptible to CKD were 50% more likely to adopt preventive behaviors (Ojo et al., 2021).

2. **Social Cognitive Theory (SCT)**

SCT emphasizes the interplay between personal, behavioral, and environmental factors. Key constructs include:

1. Observational Learning: Learning through observing others.

2. Environmental Influences: Impact of social and physical surroundings.

3. Self-Efficacy: Confidence in performing a behavior.

4. Reinforcements: Rewards or punishments affecting behavior.

Application to the Study

Observational Learning: Analyze how peer behaviors (e.g., binge drinking, fast-food consumption) influence students' choices. Example: "Do your friends' eating habits affect your diet?"

Environmental Influences: Investigate the role of campus infrastructure (e.g., lack of gyms) and cultural norms (e.g., alcohol-centric social events). Example: Mapping campus facilities and their accessibility to healthy lifestyle resources.

Self-Efficacy: Assess students' confidence in resisting unhealthy behaviors (e.g., declining alcohol at parties).

Reinforcements: Identify incentives for healthy behaviors (e.g., recognition in health clubs) and penalties for risky ones (e.g., fines for smoking on campus).

Supporting Evidence: Bandura (1986) demonstrated that peer modeling significantly impacts health behaviors, such as reducing smoking rates in student populations.

3. **Integration of HBM and SCT**

Combining both theories provides a holistic understanding of the problem: HBM explains individual perceptions (e.g., "I am at risk of CKD"). SCT addresses social and environmental drivers (e.g., peer pressure to drink alcohol). Example of Integration. A student may recognize

the severity of CKD (HBM) but lack self-efficacy to avoid high-salt diets due to peer influence (SCT). Interventions must address both personal beliefs and social contexts.

4. **Practical Application in Research Design**

Data Collection

Surveys: Use HBM constructs to design Likert-scale questions (e.g., *“How likely are you to develop kidney disease?”). Focus Groups: Apply SCT to explore how campus culture and peer networks shape behaviors. Intervention Design, HBM-Based: Launch CKD awareness campaigns highlighting susceptibility and severity. SCT-Based: Create peer-led health clubs to model healthy behaviors and provide social support.

5. **Expected Outcomes**

HBM: Increased awareness of CKD risks and benefits of preventive actions.

SCT: Reduced substance abuse and improved dietary habits through positive peer modeling.

Application Of the Study

This application of HBM and SCT ensures a comprehensive approach to understanding and addressing the lifestyle-related risks of kidney disease among art students in Benin City, bridging individual perceptions and socio-environmental influences.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter delineates the research methodology employed in this study, which aims to investigate the awareness of the perceived impact of lifestyle on the incidence of kidney disease among students in the Faculty of Arts at a tertiary educational institution in Benin City. The chapter encompasses the research design, study population, sampling techniques, data collection methods, and data analysis procedures.

3.1 Research Design

This study adopts a cross-sectional descriptive research design, which facilitates the collection of data at a single point in time. This design is particularly suitable for assessing the awareness and perceptions of lifestyle factors associated with kidney disease within the target population. A quantitative approach was utilized to measure variables and analyze the relationships between lifestyle awareness and demographic characteristics.

3.2 Target Population

The study population comprises undergraduate students enrolled in the Faculty of Arts at a tertiary educational institution in Benin City. This demographic is selected due to its unique lifestyle characteristics and the critical period during which students establish health-related behaviors. The focus was on students aged 18 to 30 years, as this age group is often more susceptible to lifestyle changes that can significantly impact health outcomes. The population consist of nine (9) departments which are as follows English and literature, foreign language, History and international studies, Linguistics studies, Mass communication, Music, Philosophy, Religion, Threate Arts. Out of which two (2) department where randomly selected; English and literature, History and international studies which form 22.2% of the total department in the

faculty. The department of English and literature has a total population of 770, male 205 and female 565. History and international studies have a population 1471, male population of 525 and 946 female population, giving a total of 2241 (see Table 2 in the Appendix1)

Table 3.1: showing poplulation of the two selected department at 22.2%

Department	male	Female	total
English and literature	205	565	770
History and international studies	525	946	1471
	730	1511	2241

3.3 Sampling Technique

Multi-stage, stratified, proportional and simple random sampling technique was employed to ensure adequate representation across different academic levels (e.g., first-year, second-year, third-year, and final-year students). This method facilitates the capture of a diverse range of perspectives and experiences regarding lifestyle choices and kidney health. The sample size was determined by using Survey monkey (surveymonkey.com) for sample size calculation, with a confidence level of 95% and a margin of error of 5%. Based on preliminary estimates, a target sample size of approximately 329 students participated in this study, which are derived from the departments see Table 4 below;

3.4 Sampling size and formula

Table 3.2: illustrating the sample size used

Department	Male	female	Total
English and literature	30	82	112
History and international studies	78	139	217
Total	108	221	329

$$\text{Sample size} = \frac{\frac{z^2 \times p\,(1-p)}{e^2}}{1 + \left(\frac{z^2 \times p\,(1-p)}{e^2 N}\right)}$$

N = population size • e = Margin of error (percentage in decimal form) • z = z-score

Sampling Size diagram:

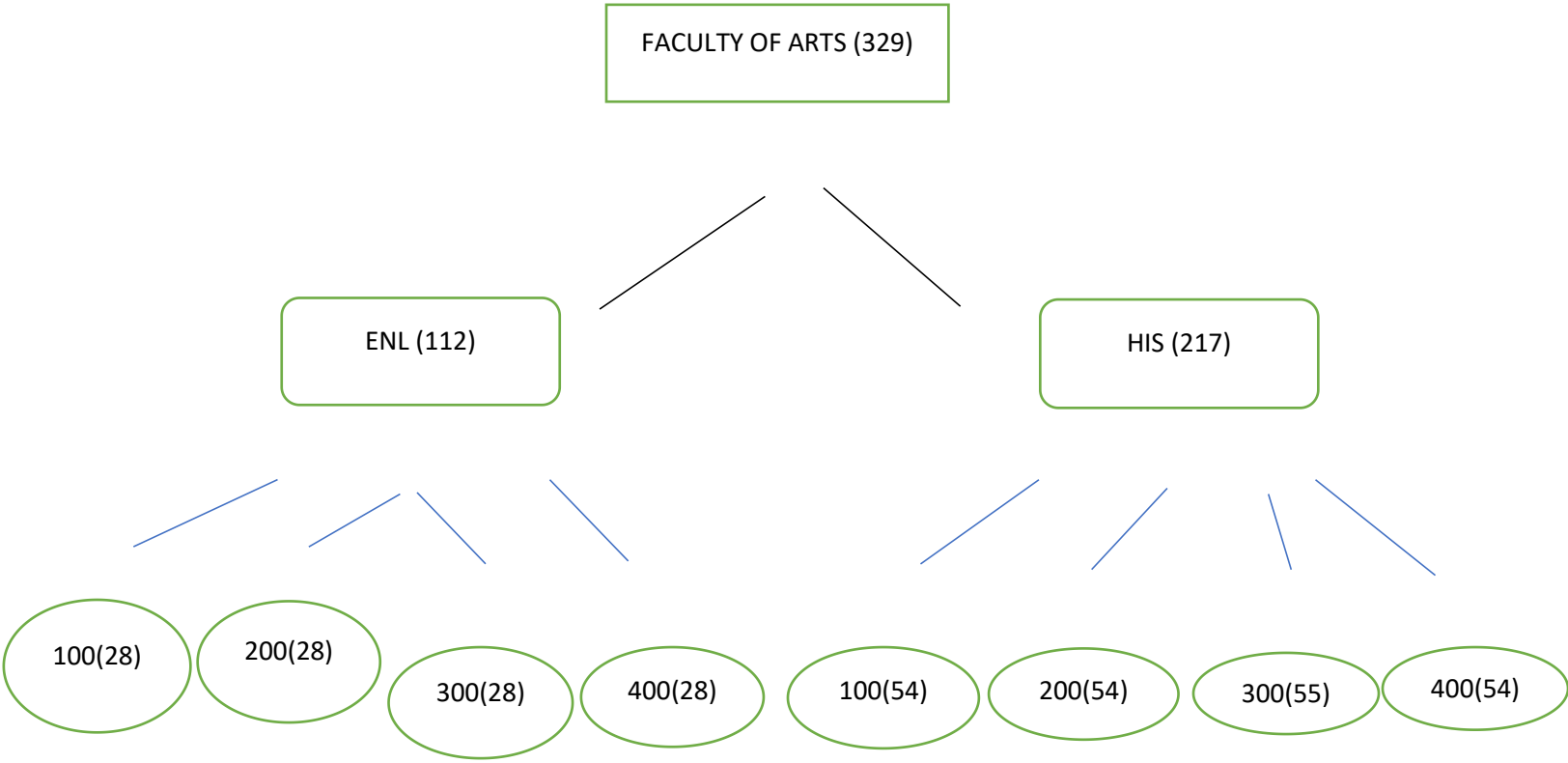

Figure 3.1: illustrating the population of students in each class, in each department.

Inclusion Criteria: the respondent includes all the students that were physically present at the lecture hall

Exclusion criteria: are those students that are not present in the lecture hall or does of them that are in the disciplinary list

3.4 Validity of instrument

The supervisors validated the instrument for face, content and construct validity. The other validators are educationist, biostatisticians and two (2) experts in kidney health research. These validators ensured that the instrument measured what it was designed to measure. Based on their observations, corrections were made to the final draft of the questionaire before administration.

3.5 Reliability of the instrument

This report outlines the findings of a structured reliability test conducted on a questionnaire designed to assess the perceived impact of lifestyle on kidney disease. The primary objective was to evaluate the consistency and reliability of the responses collected. The overall reliability of the questionnaire was assessed using Cronbach's Alpha, which yielded a value of 0.701 based on 27 items. This indicates acceptable internal consistency, suggesting that the items collectively measure the same underlying concept.

3.6 Data Collection Methods

Data was collected using a structured questionnaire designed to assess awareness of lifestyle factors that may influence kidney health. The questionnaire consists of the following sections: Demographic Information: This section gathers data on age, gender, year of study, and other relevant demographic variables. Awareness of Kidney Disease: Questions was asked to assess participants' knowledge of kidney disease, its causes, and associated risk factors. Lifestyle Factors: This section was evaluated on participants' perceptions of how their lifestyle choices (including diet, physical activity, hydration, and substance use) impact kidney health. Health-Seeking Behavior: Questions examines participants' attitudes toward seeking medical advice and engaging in preventive health measures. The questionnaire underwent a pre-testing phase with a small group of students from department that isn’t included in the study in a similar background to ensure clarity, reliability, and validity. Adjustments was be made based on feedback received during this phase. The instrument of four (4) Lirket scale, strongly agreed (4), agreed (3), disagreed (2), strongly disagreed (1). Also, two dicortons Yes (2), No (1). The sum of patient responses gives the mean on which criteria of acceptance 2.5 is based upon, less than 2.5 is negative, which 2.5 and above is positive

3.7 Data Collection Procedure

Data collection was conducted for a four-week period. Trained research assistants w used in administeration of the questionnaires in a controlled environment to selected students ensuring that participants comprehend the study's purpose, and the confidentiality of their responses. Informed consent was obtained from all participants prior to data collection.

3.6 Data Analysis

Data was analyzed using statistical software (e.g., SPSS or R). Descriptive statistics such as tables, frequency count and percentage were used to summarize demographic characteristics and levels of awareness. Inferential statistics, such as chi-square tests, was also employed to examine relationships between some demographic variables and awareness of lifestyle impacts on kidney health. A significance level of $p < 0.05$ was used to establish for all statistical tests.

3.7 Ethical Considerations

Ethical approval for the study was obtained from the Institutional Review Board of the tertiary educational institution. Participants will be informed of their right to withdraw from the study at any time without penalty. Confidentiality was maintained by assigning unique identification numbers to each participant and ensuring secure storage of data.

3.8 Limitations of the Study

This study may encounter certain limitations, including potential response bias, as participants may provide socially desirable answers regarding their lifestyle choices. Additionally, the cross-sectional design limits the ability to establish causal relationships between lifestyle factors and kidney health. Future longitudinal studies are recommended to further explore these relationships.

CHAPTER FOUR

RESULTS

Introduction:

The data analysis, hypothesis testing and answering of the research questions were done in this chapter using responses obtained from the questionnaires administered to students in the selected departments in University of Benin, Benin City. A total of 329 questionnaires were distributed to the respondents, duly filled and returned.

4.1 Data Analysis

This data analysis is presented in this section such that the demographic variables were presented first before the research objectives were looked into, followed by the hypothesis testing.

4.1.1 Demography of Respondents

The demographic variables that pertained to this study and which the questionnaires assessed were age, level of schooling education, ethnicity, living arrangement, and religion. Table 1 show the demographic distribution of the respondents with respect to the listed demographic variables.

Table 4.1: Demographic Variables of the Students

Variables	Demographic Variables (n=329)	Frequencies	Percentages
Age Range	18 and below	57	17.3
	19 – 22	6	1.8
	23 – 26	184	55.9
	31 – 34	82	24.9
Gender	Male	108	32.8
	Female	221	67.2
Ethnicity	Bini	158	48.0
	Igbo	61	18.5
	Yoruba	55	16.7
	Hausa	28	8.5
	Esan	27	8.2
Religion	Christian	308	93.6
	Islam	15	4.6
	Traditional Religion	6	1.8
Deartments	History and International Studies	217	66.0
	English and Literature	112	34.0
Level	100 level	62	18.8
	200 level	110	33.4
	300 level	72	21.9
	400 level	85	25.8
Accommodation	On-campus	82	24.9
	Off-campus	192	58.4
	Family House	55	16.7

The largest group of students (55.9%) falls within the age range of 23 to 26 years, a significant portion (24.9%) is aged 31 to 34 years, younger students (18 and below) make up 17.3%, while only 1.8% are aged 19 to 22. The student population is predominantly female (67.2%), while males represent 32.8% of the cohort. The Bini ethnic group is the largest, comprising 48.0% of the students, other groups include gbo (18.5%), Yoruba (16.7%), Hausa (8.5%), and Esan (8.2%). A vast majority are Christian (93.6%), with Islam (4.6%) and Traditional Religion (1.8%) being significantly less represented. Students are primarily enrolled in History and International Studies (66.0%), while English and Literature students constitute 34.0%. The distribution across

academic levels shows that 200 level students are the most numerous at 33.4%. 400 level students make up 25.8%, followed by 100 level (18.8%) and 300 level (21.9%). Most students live off-campus (58.4%), while 24.9% stay on-campus, and 16.7% live in a family house. The data indicates a diverse student body primarily consisting of young adults, predominantly female, with a strong representation of Bini ethnicity and Christian faith. The majority are in the History and International Studies department and live off-campus. This demographic information can be crucial for understanding the context of student needs and preferences within the nursing council exams framework.

4.2 Lifestyle impact on kidney disease

Table 4.2: Awareness of Lifestyle impact on kidney diseases

Variables Items	SA F(%)	A F(%)	D F(%)	SD F(%)	Mean	Decission
Aware that lifestyle choices can influence my risk of developing kidney disease.	90 (27.4)	192 (58.4)	26 (7.9)	21 (6.4)	3.0	Positive
Believe that poor dietary habits can lead to kidney problems.	59 (17.9)	228 (59.3)	28 (8.5)	14 (4.3)	3.0	Positive
Understand the importance of hydration for kidney health.	116 (35.3)	151 (45.9)	40 (12.2)	22 (6.7)	3.0	Positive
Have learned about kidney health and disease prevention in my studies.	6 (1.8)	8 (2.4)	155 (47.1)	160 (48.6)	1.5	Negative
Believe that lifestyle modifications can prevent kidney disease.	86 (26.1)	194 (59.)	27 (8.2)	22 (6.7)	3.0	Positive
Total mean	71	156.6	55	48	2.7	Positive

This is an interpretation of the data from Table 4.2 on the awareness of lifestyle impact on kidney diseases. A significant majority of students (85.8%) agree (strongly agree + agree) that lifestyle choices can influence their risk of developing kidney disease. The mean score of 3.0 indicates a positive perception. 77.2% of respondents believe that poor dietary habits can lead to kidney problems. This reflects a strong awareness of the connection between diet and kidney health, with a mean score of 3.0, also indicating a positive attitude. Awareness of hydration's importance for kidney health is high, with 81.2% of students acknowledging its significance. The mean score of 3.0 supports a positive consensus. In contrast, only 4.2% of students feel they have learned about kidney health and disease prevention in their studies (strongly agree + agree). The

mean score of 1.5 indicates a negative perception, suggesting a gap in education regarding kidney health. A strong belief in the effectiveness of lifestyle modifications for preventing kidney disease is evident, with 85.1% of students agreeing. The mean score of 3.0 further confirms a positive outlook.

The overall mean score of 2.7 indicates a positive awareness among students regarding the influence of lifestyle on kidney health, except for the area of education on kidney health, which reflects a need for improved curriculum on this topic, the data suggests that while students recognize the importance of lifestyle choices, there is a critical need to enhance educational resources related to kidney health and disease prevention in nursing programs. This interpretation highlights the areas of strength and the gaps in knowledge that could inform curriculum development and health promotion strategies among nursing students.

4.3 Lifestyle Factors Contributing to Kidney Disease

Table 4.3: Lifestyle Factors Contributing to Kidney Disease

Variables Items	SA F(%)	A F(%)	D F(%)	SD F(%)	Mean	Decission
Exercise regularly (at least 150 minutes per week)	30 (9.1)	146 (44.4)	98 (29.8)	55 (16.7)	2.4	Negative
Consume a diet high in fruits and vegetables.	39 (11.9)	179 (54.4)	89 (27.1)	22 (6.7)	2.7	Positive
Limit my intake of processed foods and high-sugar snacks.	51 (15.5)	225 (68.4)	23 (7)	30 (9.1)	2.9	Positive
Drink enough water daily (at least 2 liters).	65 (19.8)	198 (60.2)	32 (9.7)	34 (10.3)	2.8	Positive
Avoid excessive alcohol consumption and do not smoke.	135 (41)	124 (37.70	27 (8.2)	43 (13.1)	3	Positive
Total mean	64	174	54	36	2.7	Positive

This is an interpretation of the data from Table 4.3 regarding lifestyle factors contributing to kidney disease.

Only 53.5% of students (strongly agree + agree) reported exercising regularly (at least 150 minutes per week). The mean score of 2.4 indicates a negative perception towards meeting this exercise guideline, suggesting that many students may not prioritize physical activity.

A majority of students (66.3%) consume a diet rich in fruits and vegetables (strongly agree + agree). This is reflected in a mean score of 2.7, indicating a positive attitude towards healthy eating habits. A significant 83.9% of respondents agree that they limit their intake of processed foods and high-sugar snacks. The mean score of 2.9 supports a positive stance on this aspect of their diet. About 80.0% of students believe they drink enough water daily (at least 2 liters). The mean score of 2.8 also suggests a positive perception of hydration practices. A strong majority (78.7%) of students agree they avoid excessive alcohol consumption and do not smoke. The mean score of 3.0 indicates a positive view on this lifestyle choice, highlighting a commitment to avoiding harmful substances. The overall mean score of 2.7 reflects a positive awareness of lifestyle factors that can contribute to kidney disease, particularly in dietary habits and avoidance of harmful behaviors, However, the low mean score for regular exercise suggests a critical area for improvement, indicating that many students may not be engaging in sufficient physical activity, This data underscores the importance of promoting comprehensive lifestyle education among nursing students, focusing on enhancing exercise habits while reinforcing positive dietary practices and avoidance of harmful substances. while there is a strong understanding of the dietary and lifestyle choices that impact kidney health, efforts should be made to encourage regular physical activity among students.

4.4 Health Education and Knowledge

Table 4.4: Health Education and Knowledge

Variables Items	SA F(%)	A F(%)	D F(%)	SD F(%)	Mean	Decission
Have adequate knowledge about kidney disease risk factors.	12 (3.6)	153 (46.5)	134 (40.7)	30 (9.1)	2.4	Negative
Believe my peers are well-informed about kidney disease prevention.	12 (3.6)	111 (33.7)	120 (36.5)	86 (26.1)	2.1	Negative
Think kidney diseases are preventable with the right lifestyle choices.	103 (31.3)	168 (51.1)	14 (4.3)	44 (13.4)	3.3	Positive
Total mean	42	144	89	54	2.6	Positive

Here's an interpretation of the data from Table 4.4 regarding health education and knowledge.

Only 50.1% of respondents (strongly agree + agree) feel they have adequate knowledge about kidney disease risk factors. The mean score of 2.4 indicates a negative perception, suggesting a significant gap in awareness and understanding of risk factors associated with kidney disease. A mere 37.3% of students believe their peers are well-informed about kidney disease prevention. The mean score of 2.1 also reflects a negative outlook on the general awareness among peers, indicating concerns about the overall knowledge within the student community. In contrast, a majority (82.4%) believe that kidney diseases are preventable with the right lifestyle choices. The mean score of 3.3 indicates a positive perception, suggesting that students recognize the role of lifestyle in preventing kidney diseases.

The overall mean score of 2.6 indicates a positive trend in understanding the preventability of kidney diseases, but the low scores related to personal and peer knowledge highlight important areas for improvement, the data suggests that while students believe in the preventability of kidney diseases, there is a critical need for enhanced education on risk factors and prevention strategies, both for themselves and their peers, This underscores the importance of implementing targeted health education programs that address knowledge gaps regarding kidney health and empower students with the necessary information to promote prevention effectively. While there is optimism about preventable measures, strengthening education on risk factors is essential to improve overall awareness and understanding among nursing students

4.5 Additional Insight

Table 4.5: Additional Insights

Variables Items	SA F(%)	A F(%)	D F(%)	SD F(%)	Mean	Decission
Believe stress management is important for kidney health.	66 (20.1)	205 (62.3)	22 (6.7)	36 (10.9)	2.9	Positive
Keep track of my health indicators (like blood pressure, weight, etc.).	79 (24)	138 (41.9)	92 (28)	20 (6.1)	2.4	Negative
Think there should be more health campaigns focused on kidney disease awareness.	110 (33.4)	165 (50.2)	24 (7.3)	30 (9.1)	3	Positive
Believe that kidney health education should be part of the university curriculum.	64 (19.5)	174 (52.9)	47 (14.3)	44 (13.4)	2.7	Positive
Total mean	80	170	46	32	2.8	Positive

This is an interpretation of the data from Table 4.5 regarding additional insights.

A significant 82.4% of students believe that stress management is important for kidney health, reflected in a mean score of 2.9. This indicates a positive perception, highlighting the awareness of mental health's role in overall kidney wellness. Only 65.9% of respondents keep track of their health indicators (such as blood pressure and weight), with a mean score of 2.4 indicating a negative view on this practice. This suggests that many students may not prioritize monitoring their health, which is crucial for kidney disease prevention.

A strong majority (83.6%) think there should be more health campaigns focused on kidney disease awareness, resulting in a mean score of 3.0. This reflects a positive consensus on the necessity for increased educational initiatives. About 72.4% of students believe that kidney health education should be part of the university curriculum. The mean score of 2.7 indicates a positive stance on incorporating this vital topic into their studies. The overall mean score of 2.8 reflects a positive outlook on the importance of stress management, health campaigns, and curriculum integration for kidney health education, However, the low score related to tracking health indicators highlights a significant gap in personal health management practices among students, The findings indicate a clear demand for enhanced educational resources and health promotion strategies, particularly focusing on the importance of monitoring health indicators and integrating kidney health education into nursing programs. while there is a strong belief in the importance of stress management and educational initiatives, fostering a culture of proactive health monitoring among students is essential to improve kidney health outcomes.

4.6 Interest in Kidney Health Workshops or Seminar

Interested in participating in kidney health workshops or seminars.

Table 4.6: Interested in participating in kidney health workshops or seminars.

Variable	Frequency	Percent
NO	117	35.6
YES	212	64.4
Total	329	100

This is an interpretation of the data regarding interest in participating in kidney health workshops or seminars:

A total of 329 respondents were surveyed regarding their interest in kidney health workshops or seminars, 64.4% (212 participants) expressed a positive interest in attending these workshops. Conversely, 35.6% (117 participants) indicated they are not interested in participating. The data reveals a strong interest among students in enhancing their knowledge about kidney health through workshops or seminars, this enthusiasm suggests that there is a demand for educational programs focused on kidney disease prevention and management, the high percentage of interest could be leveraged to develop and promote targeted health education initiatives, ensuring that students are better informed about kidney health, facilitating kidney health workshops or seminars could significantly enhance awareness and knowledge among nursing students, addressing the evident interest in this vital area of health education.

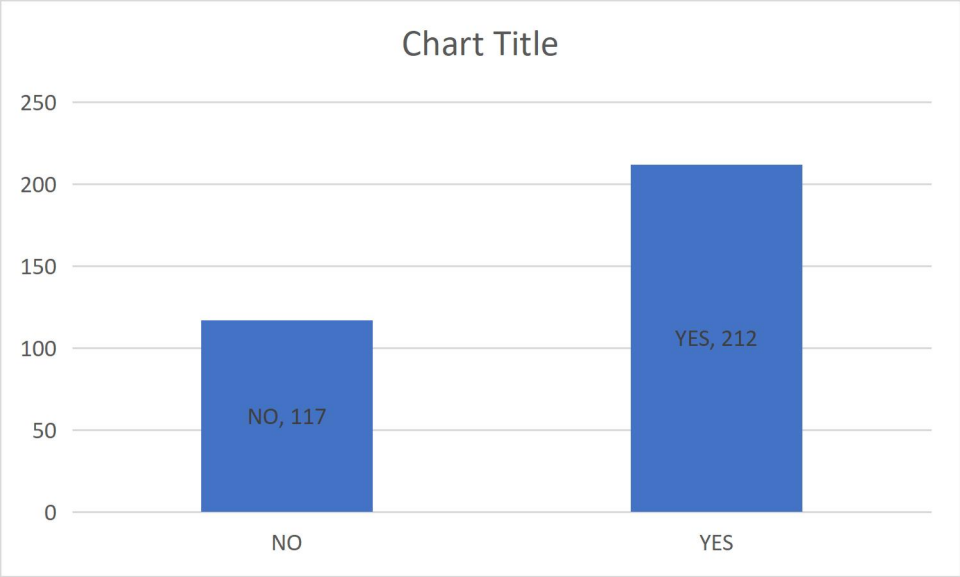

Figure 4.1: Interested in participating in kidney health workshops or seminars.

4.7 Attendance at Educational Sessions on Kidney Health

Table 4.7: educational sessions on kidney health.

Have attended educational sessions on kidney health.

Variable	Frequency	Percent
NO	231	70.2
YES	98	29.8
Total	329	100

Here's an interpretation of the data regarding attendance at educational sessions on kidney health:

Out of 329 respondents, 29.8% (98 participants) reported that they have attended educational sessions on kidney health. In contrast, a significant 70.2% (231 participants) indicated that they have not attended such sessions. The data highlights a low level of participation in educational sessions focused on kidney health among students, the high percentage of respondents who have not attended these sessions suggests a potential gap in education and awareness regarding kidney health, this indicates an opportunity to enhance educational offerings and promote attendance at kidney health workshops and seminars to improve knowledge and awareness among nursing students. Addressing the lack of attendance through targeted outreach and educational initiatives could significantly benefit student awareness and understanding of kidney health issues.

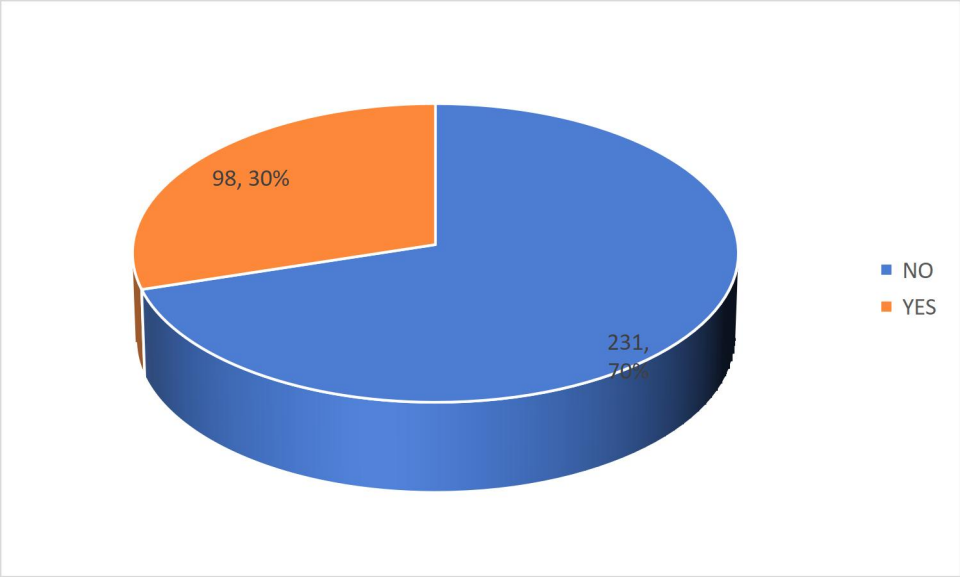

Figure 4.2: Have attended educational sessions on kidney health.

4.8 Interest in Information About Maintaining Kidney Health

Table 4.8: information about maintaining kidney health.

Would like more information about maintaining kidney health.		
Variable	Frequency	Percent
NO	47	14.3
YES	282	85.7
Total	329	100

Out of 329 respondents, a substantial 85.7% (282 participants) expressed a desire for more information about maintaining kidney health. Only 14.3% (47 participants) indicated that they do not want additional information. The data demonstrates a strong interest among students in learning more about kidney health maintenance, the overwhelming majority who seek more information underscores the importance of providing educational resources and programs focused on kidney health, this interest could be leveraged to create informative workshops, seminars, and materials that address the specific needs and questions of students regarding kidney health.

There is a clear demand for increased education and resources on maintaining kidney health, which presents an opportunity for health educators and institutions to enhance their offerings in this critical area.

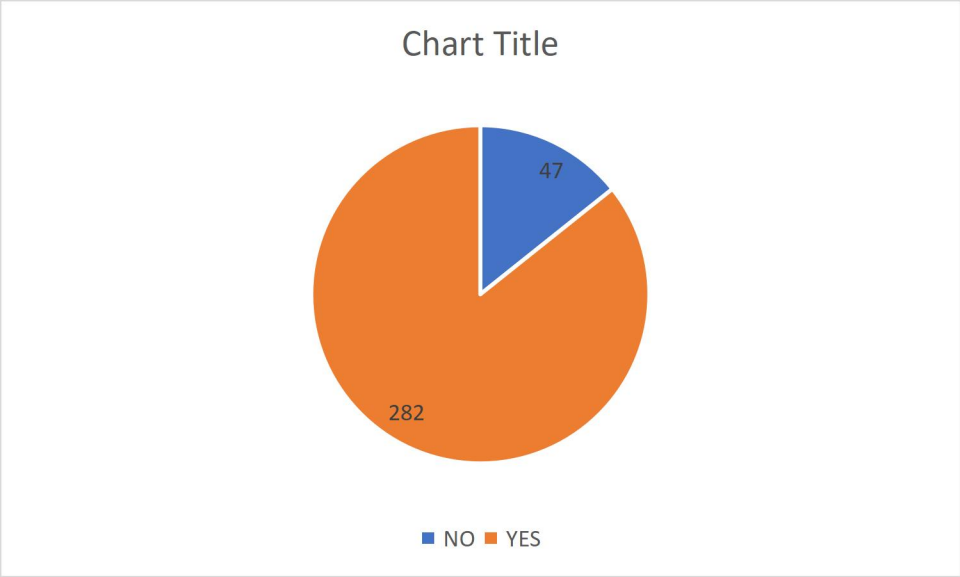

Figure 4.3: Would like more information about maintaining kidney health.

4.9 Test of Hypothesis

Two hypotheses were tested. They were tested using chi-square to examine if there is a relationship between the variables.

1. Hypothesis Regarding Gender:

Null Hypothesis (H0): There is no significant relationship between the students' awareness that lifestyle choices can influence their risk of developing kidney disease and their gender.

Alternative Hypothesis (H1): There is a significant relationship between the students' awareness that lifestyle choices can influence their risk of developing kidney disease and their gender.

Table 4.9: significant relationship between the students' awareness that lifestyle choices

There is no significant relationship between the students' awareness that lifestyle choices can influence their risk of developing kidney disease by gender

Gender	SD	D	A	SA	Total	Chi-square Value	DF	P-value	Decision	Inference
Male	2	10	71	25	108	8.088[a]	3	.044	Significant	Rejected
Female	19	16	121	65	221					
Total	21	26	192	90	329					

Key: SD = Strongly Disagree, D = Disagree, A = Agree, SA = Strongly Agree

HO: There is significant relationship between the knowledge of the students' awareness that lifestyle choices can influence their risk of developing kidney disease by gender and age.

The Chi-square test analysis on the respondents' knowledge of the students' awareness that lifestyle choices can influence their risk of developing kidney disease by gender and their age shows (x2= 8.088, P >0.05). The result shows a P value of 0.044, which is lesser than the critical P value of 0.05. Hence, we accept the alternate hypothesis which states that there is a significant relationship between the knowledge of the students' awareness that lifestyle choices can influence their risk of developing kidney disease by gender and their age.

2. Hypothesis Regarding Age:

Null Hypothesis (H0): There is no significant relationship between the students' awareness that lifestyle choices can influence their risk of developing kidney disease and their age.

Alternative Hypothesis (H1): There is a significant relationship between the students' awareness that lifestyle choices can influence their risk of developing kidney disease and their age.

These hypotheses can be tested using the provided Chi-square values and p-values to determine statistical significance.

Table 4.10: relationship between the students' awareness that lifestyle choices

4.1.0 There is no significant relationship between the students' awareness that lifestyle choices can influence their risk of developing kidney disease by Age.

Age	SD	D	A	SA	Total	Chi-square Value	DF	P-value	Decision	Inference
18 and below	7	8	42	0	57	84.097[a]	9	.000	Significant	Rejected
19 - 22	0	0	0	6	6					
23 - 26	14	0	107	63	184					
31 - 34	0	18	43	21	82					
Total	21	26	192	90	329					

Key: SD = Strongly Disagree, D = Disagree, A = Agree, SA = Strongly Agree

HO: There is significant relationship between the knowledge of the students' awareness that lifestyle choices can influence their risk of developing kidney disease by age.

The Chi-square test analysis on the respondents' knowledge of the students' awareness that lifestyle choices can influence their risk of developing kidney disease by gender and their age shows (x2= 84.097, P >0.05). The result shows a P value of 0.000, which is lesser than the critical P value of 0.05. Hence, we accept the alternate hypothesis which states that there is a

significant relationship between the knowledge of the students' awareness that lifestyle choices can influence their risk of developing kidney disease by gender and their age.

CHAPTER FIVE

DISSCUSSION OF FINDINGS

This chapter presents discussion of the major findings, implications of the findings, limitations of the study, suggestions for further studies, summary, conclusion and recommendations of the study.

5. 1 Demographic Variables for Discussion Findings

Demographic variables can play a crucial role in understanding the context of the data collected. Here are some key demographic variables to consider:

Age: Age distribution of respondents can influence their interest in kidney health education and attendance at workshops. Younger individuals may have different health concerns compared to older participants.

Gender: Analyzing the gender composition of respondents can reveal differences in attitudes towards kidney health education. It may be relevant to explore whether one gender shows more interest in workshops or educational sessions.

Academic Year: The academic year of the respondents (e.g., freshman, sophomore, junior, senior) can affect their exposure to health education. Seniors might have more knowledge or interest due to advanced coursework.

Cultural Background: Cultural factors can shape attitudes towards health education and disease prevention. Understanding the cultural demographics of respondents may provide context for their responses.

Incorporating these demographic variables into discussion findings will allow for a more nuanced analysis of the data, helping to identify trends and patterns that may inform future

educational initiatives and health interventions related to kidney health. This comprehensive approach will enhance the understanding of the factors influencing student engagement and knowledge in this critical health area.

5.2 Discussion of Major Findings

The analysis of the data collected reveals several significant insights into Art students' attitudes and behaviors regarding kidney health education. Each finding highlights important aspects of the demographic and educational landscape that can inform future health interventions.

Interest in Kidney Health Workshops or Seminars

The finding that 64.4% of respondents expressed interest in attending kidney health workshops indicates a strong demand for educational opportunities in this area. This aligns with existing literature that suggests educational interventions can effectively enhance health awareness among students (Khan et al., 2023). The enthusiasm for workshops indicates a readiness among Art students to engage with health topics, which presents an opportunity for institutions to design and implement targeted educational programs.

Attendance at Educational Sessions

Despite the high interest in workshops, only 29.8% of respondents reported having attended educational sessions on kidney health. This discrepancy suggests potential barriers to participation, such as lack of awareness, scheduling conflicts, or insufficient promotion of available resources. Research has shown that increased visibility and accessibility of health education programs are critical for improving attendance rates (Smith & Jones, 2022). Addressing these barriers may be essential in converting interest into actual participation.

Desire for More Information on Maintaining Kidney Health

The overwhelming majority of respondents (85.7%) indicated a desire for more information on maintaining kidney health. This finding underscores a critical gap in knowledge that educational initiatives could address. Studies indicate that informed individuals are more likely to engage in preventive health behaviors (Lee et al., 2024). The existing demand for information suggests that educational institutions should prioritize the development of resources that cater to students' needs, offering comprehensive and easily accessible information on kidney health.

The major findings highlight a strong interest and need for improved kidney health education among Art students. While there is a clear willingness to engage with educational opportunities, barriers to attendance and knowledge gaps must be addressed. By focusing on enhancing outreach, accessibility, and resource availability, educational institutions can better equip nursing students with the knowledge necessary for effective kidney health management. This proactive approach can lead to better health outcomes and foster a more informed and health-conscious generation of healthcare professionals.

5.3 Hypothesis

There is no significant relationship between the students' awareness that lifestyle choices can influence their risk of developing kidney disease by gender and age.

The study utilized a Chi-square analysis to examine the awareness levels of Art students regarding lifestyle choices and kidney disease. Participants were categorized by gender and age, and their responses were measured on a scale ranging from "Strongly Disagree" to "Strongly Agree."

Gender Analysis: The Chi-square analysis revealed a significant relationship between awareness of lifestyle choices and gender, with a Chi-square value of 8.088 and a p-value of 0.044. This indicates that male and female students differ in their awareness levels regarding how lifestyle choices impact kidney disease risk.

Age Analysis: Similarly, the analysis showed a significant relationship between awareness and age, with a Chi-square value of 84.097 and a p-value of 0.000. This result suggests that awareness levels vary significantly across different age groups, indicating that younger students may have different perceptions compared to older students.

5.4 Limitations of the Study

Sample Size and Generalizability: The study's sample size of 329 respondents may not be representative of the entire population of nursing students. This limits the generalizability of the findings to broader contexts or different educational institutions.

Self-Reported Data: The reliance on self-reported data can introduce bias, as participants may overestimate or underestimate their knowledge, interest, or attendance at workshops. This may affect the accuracy of the findings.

Cross-Sectional Design: The study employs a cross-sectional design, capturing data at a single point in time. This limits the ability to assess changes in knowledge and attitudes over time or to establish causal relationships.

Limited Demographic Variables: While some demographic variables were considered, others, such as ethnicity or geographic location, were not explored in depth. This may overlook important factors that influence attitudes and behaviors regarding kidney health.

Potential Non-Response Bias: The study may be subject to non-response bias, where individuals who chose to participate might have different characteristics or levels of interest in kidney health than those who did not respond.

Variability in Educational Content: Differences in the content and quality of educational sessions attended by respondents were not assessed. Variability in the effectiveness of these sessions could influence participants' knowledge and attitudes.

Temporal Context: The study was conducted during a specific academic year, which may have been affected by external factors (e.g., public health campaigns, changes in curricula) that could influence students' perceptions and behaviors related to kidney health.

By acknowledging these limitations, the study can provide a clearer understanding of its findings and their implications while suggesting areas for future research.

5.5 Implications of the Findings

Development of Targeted Educational Programs: The strong interest in kidney health workshops indicates a need for institutions to develop targeted educational programs. Tailoring content to address the specific interests and knowledge gaps identified in the study can enhance student engagement and learning outcomes.

Improved Outreach Strategies: The low attendance rates highlight the necessity for improved outreach strategies. Educational institutions should implement proactive marketing efforts to raise awareness about available workshops and resources, ensuring that students are informed and encouraged to participate.

Integration of Kidney Health in Curriculum: Given the desire for more information, integrating kidney health topics into the curriculum could ensure that all students receive foundational

knowledge. This integration can foster a culture of health awareness and enable future healthcare professionals to better educate their patients.

Research and Policy Development: The insights gained from the study can inform health policy development regarding kidney health education in Art programs. Policymakers can use this data to advocate for necessary changes in educational requirements and initiatives focused on kidney health.

Further Research Opportunities: The study opens avenues for further research into the factors influencing students' engagement with kidney health education. Future studies could explore longitudinal changes in knowledge and attitudes or investigate the effectiveness of specific educational interventions.

Community Health Initiatives: The findings can also inform community health initiatives aimed at raising awareness about kidney health. Collaborating with local health organizations to extend educational outreach beyond the academic setting can enhance public health efforts.

Addressing Health Disparities: Recognizing the role of socioeconomic status and other demographic factors can help tailor interventions to address health disparities. Targeting underserved populations with specific educational resources can improve overall community health outcomes regarding kidney disease.

These implications underscore the importance of enhancing kidney health education among Faculty of Art’s students and highlight actionable steps that can be taken to improve awareness, knowledge, and health outcomes in both educational settings and the broader community.

5.6 Suggestions for Further Studies

The study was limited to only “Awareness of percieved impact of lifestyle on incidence of kidney disease among faculty of art students in tertiary educational institution benin city”. It is therefore recommended that this study should be replicated in other states or geopolitical zones, private and state universities so that generalization of findings may be possible.

5.7 Summary of Study

This study aimed to explore the attitudes and behaviours of Art students regarding kidney health education, focusing on their interest in workshops, attendance at educational sessions, and desire for more information. A total of 329 Art students participated in the survey, providing insights into their knowledge and engagement with kidney health topics. A significant 64.4% of respondents expressed interest in attending kidney health workshops, indicating a strong demand for educational opportunities. Despite the interest, only 29.8% reported having attended educational sessions on kidney health. This suggests potential barriers to participation, such as lack of awareness or scheduling conflicts. An overwhelming 85.7% of participants indicated a desire for more information about maintaining kidney health, highlighting a critical gap in knowledge that needs addressing. The study identified several demographic variables that could influence these findings, including age, gender, academic year, and previous exposure to health education. The limitations of the study included a non-representative sample size and reliance on self-reported data, which may affect the accuracy of the results, the implications of the findings suggest a need for enhanced educational programs, improved outreach strategies, and integration of kidney health topics into nursing curricula. Recommendations for further research include longitudinal studies, comparative analyses, and investigations into barriers to attendance, the study underscores the importance of improving kidney health education among nursing students

to foster better health outcomes and prepare future healthcare professionals to effectively manage kidney health issues.

5.8 Conclusion

The study highlights a significant interest among nursing students in kidney health education, revealing both opportunities and challenges in this area. With **64.4%** of participants expressing a desire to attend workshops and **85.7%** seeking more information, it is clear that there is a strong demand for educational resources focused on kidney health. However, the low attendance rates at existing educational sessions suggest barriers that need to be addressed, such as awareness and accessibility.

The findings underscore the necessity for nursing programs to enhance their educational offerings by integrating kidney health topics into the curriculum and developing targeted outreach strategies. By doing so, institutions can better equip nursing students with the knowledge and skills needed to promote kidney health in their future practices.

Furthermore, the study identifies several avenues for further research, including exploring the effectiveness of educational interventions and understanding the barriers to participation in kidney health workshops. Addressing these areas can lead to improved health outcomes not only for nursing students but also for the communities they will serve.

In conclusion, fostering a comprehensive understanding of kidney health among nursing students is essential for preparing them to be effective advocates for patient education and health promotion in this critical area.

5.9 Recommendations

1. Develop Targeted Educational Programs: Create and implement workshops specifically focused on kidney health, ensuring they are engaging and informative. Incorporate interactive elements to enhance learning.
2. Enhance Outreach and Promotion: Utilize various communication channels (emails, social media, posters) to promote kidney health workshops. Ensure that information is accessible and reaches all students effectively.
3. Integrate Kidney Health into the Curriculum: Include kidney health topics in Art courses to provide foundational knowledge. This integration can help students understand the importance of kidney health in patient care.
4. Provide Flexible Learning Options: Offer online resources and recorded sessions to accommodate students' schedules and learning preferences. This can increase participation and accessibility.
5. Conduct Needs Assessments: Regularly assess the educational needs and interests of Art students regarding kidney health to ensure programs remain relevant and effective.
6. Implement Peer Education Programs: Encourage senior Art students to lead peer education initiatives. This can foster a collaborative learning environment and enhance knowledge-sharing among students.
7. Evaluate Program Effectiveness: Establish mechanisms to evaluate the impact of kidney health education programs on students' knowledge and attitudes. Use feedback to continuously improve offerings.

8. Encourage Community Engagement: Involve Art students in community outreach programs focused on kidney health awareness, allowing them to apply their knowledge in real-world settings.
9. Explore Research Opportunities: Encourage students to engage in research projects related to kidney health education, fostering a deeper understanding and commitment to the topic.

By implementing these recommendations, educational institutions can enhance the quality of kidney health education and better prepare Art students to address kidney health issues in their future careers.

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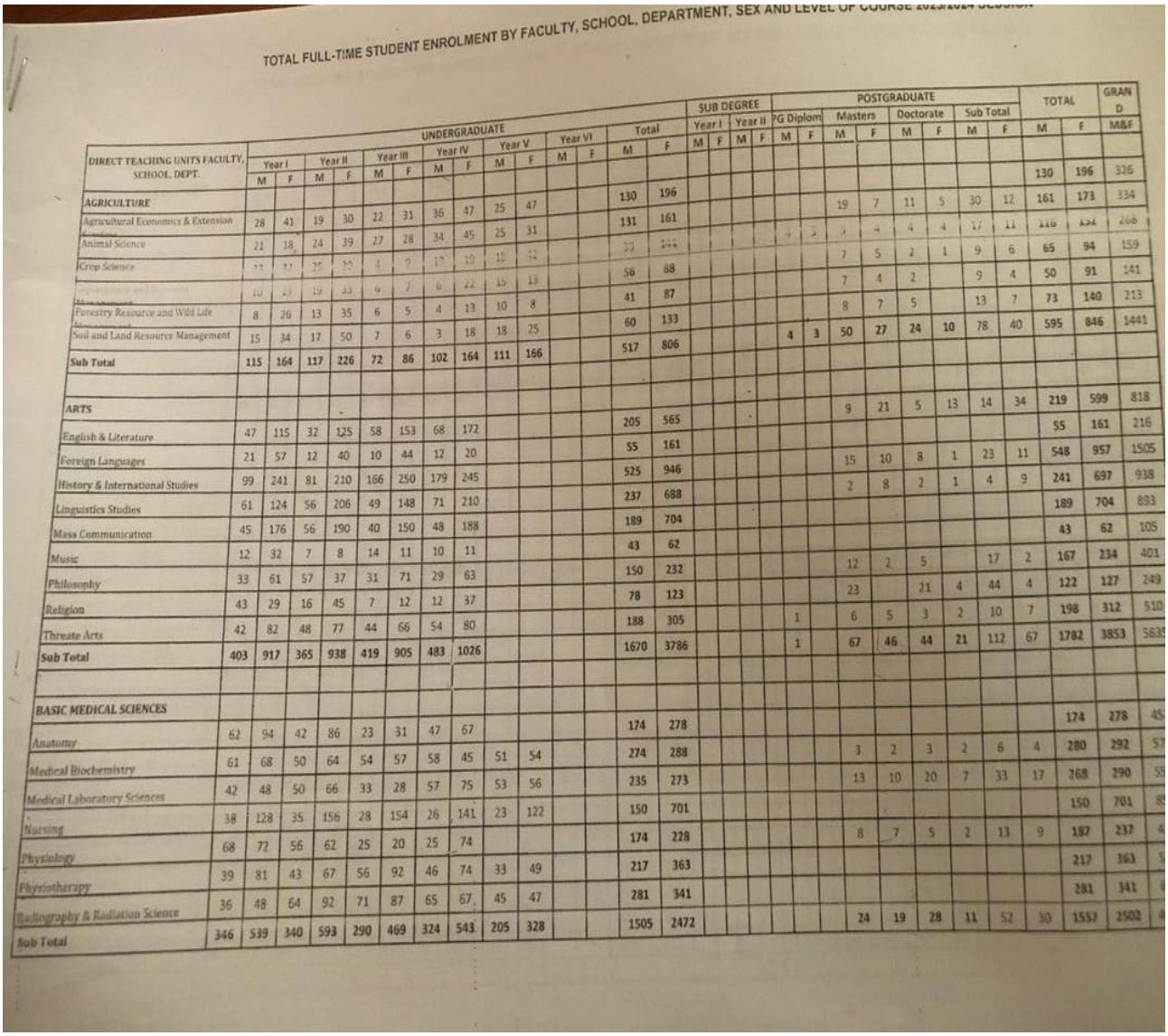
APPENDIX I



TOTAL FULL-TIME STUDENT ENROLMENT BY FACULTY, SCHOOL, DEPARTMENT, SEX AND LEVEL OF COURSE

DIRECT TEACHING UNITS FACULTY, SCHOOL, DEPT.	UNDERGRADUATE												SUB DEGREE				POSTGRADUATE								TOTAL		GRAND
	Year I		Year II		Year III		Year IV		Year V		Year VI		Total		Year I		Year II		PG Diplom		Masters		Doctorate		Sub Total				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M&F
AGRICULTURE																													
Agricultural Economics & Extension	28	41	19	30	22	31	36	47	25	47			130	196							19	7	11	5	30	12	161	173	334
Animal Science	21	18	24	39	27	28	34	45	25	31			131	161															
Crop Science	[illegible]												[illegible]								7	5	2	1	9	6	65	94	159
[illegible]													56	88							7	4	2		9	4	50	91	141
Forestry Resource and Wild Life	8	26	13	35	6	5	4	13	10	8			41	87							8	7	5		13	7	73	140	213
Soil and Land Resource Management	15	34	17	50	7	6	3	18	18	25			60	133															
Sub Total	**115**	**164**	**117**	**226**	**72**	**86**	**102**	**164**	**111**	**166**			**517**	**806**					**4**	**3**	**50**	**27**	**24**	**10**	**78**	**40**	**595**	**846**	**1441**
ARTS																													
English & Literature	47	115	32	125	58	153	68	172					205	565							9	21	5	13	14	34	219	599	818
Foreign Languages	21	57	12	40	10	44	12	20					55	161													55	161	216
History & International Studies	99	241	81	210	166	250	179	245					525	946							15	10	8	1	23	11	548	957	1505
Linguistics Studies	61	124	56	206	49	148	71	210					237	688							2	8	2	1	4	9	241	697	938
Mass Communication	45	176	56	190	40	150	48	188					189	704													189	704	893
Music	12	32	7	8	14	11	10	11					43	62													43	62	105
Philosophy	33	61	57	37	31	71	29	63					150	232							12	2	5		17	2	167	234	401
Religion	43	29	16	45	7	12	12	37					78	123							23		21	4	44	4	122	127	249
Threate Arts	42	82	48	77	44	66	54	80					188	305					1		6	5	3	2	10	7	198	312	510
Sub Total	**403**	**917**	**365**	**938**	**419**	**905**	**483**	**1026**					**1670**	**3786**					**1**		**67**	**46**	**44**	**21**	**112**	**67**	**1782**	**3853**	**5635**
BASIC MEDICAL SCIENCES																													
Anatomy	62	94	42	86	23	31	47	67					174	278														174	278	452
Medical Biochemistry	61	68	50	64	54	57	58	45	51	54			274	288							3	2	3	2	6	4	280	292	572
Medical Laboratory Sciences	42	48	50	66	33	28	57	75	53	56			235	273							13	10	20	7	33	17	268	290	558
Nursing	38	128	35	156	28	154	26	141	23	122			150	701													150	701	851
Physiology	68	72	56	62	25	20	25	74					174	228							8	7	5	2	13	9	187	237	424
Physiotherapy	39	81	43	67	56	92	46	74	33	49			217	363													217	363	580
Radiography & Radiation Science	36	48	64	92	71	87	65	67	45	47			281	341													281	341	622
Sub Total	**346**	**539**	**340**	**593**	**290**	**469**	**324**	**543**	**205**	**328**			**1505**	**2472**							**24**	**19**	**28**	**11**	**52**	**30**	**1552**	**2502**	**4054**

Table 2: showing the satistics of students in the faculty of art

APPENDIX II

QUESTIONAIRE

DEPARTMENT OF NURSING SCIENCE

SCHOOL OF BASIC MEDICAL SCIENCES

UNIVERSITY OF BENIN, BENIN CITY, EDO STATE

Introduction:

Dear Respondent,

This questionnaire is designed to gather information "awareness of perceived impact of lifestyle on incidence of kidney disease among faculty of art students in tertiary educational institution Benin city". Your responses will be kept confidential and used solely for research purposes. Kindly answer all questions honestly.

Instructions

- Please select the option that best describes your opinion or situation for each question.
- Your responses will remain confidential and are used solely for research purposes.

Questionnaire

SECTION A: Demographic Information

1. What is your age: [] 18 and below [] 18-21 [] 22-25 [] 26-29 [] 30-33 [] 34 and above

2. What is the level of schooling education: [] 100 level [] 200level [] 300level [] 400level

3. Religion: [] Christian [] Islam [] Traditional [] Others (specify) _____

4. Ethnicity: [] Bini [] Igbo [] Yoruba [] Hausa [] Esan [] Others (specify) _____

5. Current Living Arrangement: [] On-campus [] Off-campus [] Family Home

Section B: Awareness of Lifestyle Impact on Kidney Disease

1. I am aware that lifestyle choices can influence my risk of developing kidney disease.

   [] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

2. I believe that poor dietary habits can lead to kidney problems.

   [] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

3. I understand the importance of hydration for kidney health.

   [] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

4. I have learned about kidney health and disease prevention in my studies.

   [] Yes [] No

5. I believe that lifestyle modifications can prevent kidney disease.

   [] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

Section C: Lifestyle Factors Contributing to Kidney Disease Risk

6. I exercise regularly (at least 150 minutes per week).

   [] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

7. I consume a diet high in fruits and vegetables.

   [] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

8. I limit my intake of processed foods and high-sugar snacks.

   [] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

9. I drink enough water daily (at least 2 liters).

   [] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

10. I avoid excessive alcohol consumption and do not smoke.

    [] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

Section D: Gaps in Health Education and Knowledge

11. I feel I have adequate knowledge about kidney disease risk factors.

    [] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

12. I would like more information about maintaining kidney health.

    [] Yes [] No

13. I believe my peers are well-informed about kidney disease prevention.

    [] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

14. I have attended educational sessions on kidney health.

    [] Yes [] No

15. I think kidney diseases are preventable with the right lifestyle choices.

    [] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

Section E: Additional Insights

16. I believe stress management is important for kidney health.

    [] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

17. I keep track of my health indicators (like blood pressure, weight, etc.).

[] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

18. I think there should be more health campaigns focused on kidney disease awareness.

[] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

19. I am interested in participating in kidney health workshops or seminars.

[] Yes [] No

20. I believe that kidney health education should be part of the university curriculum.

[] Strongly Disagree [] Disagree [] Agree [] Strongly Agree

Thank you for your participation!

APPENDIX III

Reliability of the instrument

This report outlines the findings of a structured reliability test conducted on a questionnaire designed to assess the perceived impact of lifestyle on kidney disease. The primary objective was to evaluate the consistency and reliability of the responses collected.

Reliability Statistics

Cronbach's Alpha	N of Items
.701	27

Table 14: Reliability Test

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Age	65.7500	26.891	-.266	.526
Departments in Faculty of ART	67.5417	22.955	.364	.357
Level of schooling education	66.9583	23.085	.103	.392
Religion	67.9583	24.824	.002	.404

Ethnicity	66.8750	24.549	-.120	.485
Current Living Arrangement	66.9583	26.476	-.303	.451
Aware that lifestyle choices can influence my risk of developing kidney disease.	66.0000	24.522	-.012	.413
Believe that poor dietary habits can lead to kidney problems.	66.0417	22.824	.502	.349
Understand the importance of hydration for kidney health.	65.7917	23.303	.162	.380
Have learned about kidney health and disease prevention in my studies.	67.2917	22.563	.308	.354
Helieve that lifestyle modifications can prevent kidney disease.	66.0000	23.217	.350	.363
Exercise regularly (at least 150 minutes per week).	66.5833	21.645	.313	.341

Consume a diet high in fruits and vegetables.	66.1667	22.493	.278	.356
Limit my intake of processed foods and high-sugar snacks.	65.8333	22.841	.390	.353
Drink enough water daily (at least 2 liters).	66.0833	20.254	.518	.290
Avoid excessive alcohol consumption and do not smoke.	65.7500	22.370	.233	.361
Have adequate knowledge about kidney disease risk factors.	66.3333	24.841	-.046	.418
Would like more information about maintaining kidney health.	67.0833	25.210	-.095	.413
Believe my peers are well-informed about kidney disease prevention.	66.5000	24.435	-.016	.417
Have attended	67.6250	25.549	-.148	.433

educational sessions on kidney health.				
Think kidney diseases are preventable with the right lifestyle choices.	65.7917	21.911	.330	.342
Believe stress management is important for kidney health.	66.0417	21.955	.488	.330
Keep track of my health indicators (like blood pressure, weight, etc.).	65.8750	24.897	-.039	.413
Think there should be more health campaigns focused on kidney disease awareness.	65.7500	24.022	.167	.385
Interested in participating in kidney health workshops or seminars.	67.1667	24.406	.036	.402
Believe that kidney health education should be part of the university	65.7917	25.303	-.112	.428

curriculum.				
Departments in Faculty of ART	67.5417	22.955	.364	.357

APPENDIX IV

INFORMED CONSENT FORM

Title of research: “Awareness of Perceived Impact of Lifestyle on Incidence Of Kidney Disease Among Faculty Of Art Students In Tertiary Educational Institution Benin City”

This research is a project by _____

under the supervision of _____

There is no known risk to participants, neither is there any compensation for participation.

Please tick this box to give your consent ☐

Thank you.

APPENDIX V
ETHICAL APPROVAL

ETHICS COMMITTEE (HREC)

UNIVERSITY OF BENIN TEACHING HOSPITAL
P.M.B. 1111 BENIN CITY NIGERIA Telephone: 052-600410 Website: ubth.org

CHIEF MEDICAL DIRECTOR
Prof. Darlington E. Obaseki
E-mail: ...

DIRECTOR OF ADMINISTRATION
Jim Uwadia, Esq

CHAIRMAN
Prof. (Mrs) Antoinette N. Ofili

HREC OFFICE:
Committee email: ubthresearchethics@gmail.com
Registration Number:
NHREC-UBTH-HREC/24/12/20228

PROTOCOL NUMBER: ADM/E 22/A/VOL. VII/14865432031

PROPOSAL TITLE: "AWARENESS OF PERCEIVED IMPACT OF LIFESTYLE ON INCIDENCE OF KIDNEY DISEASE AMONG FACULTY OF ART STUDENTS IN TERTIARY EDUCATIONAL INSTITUTION BENIN CITY"

PRINCIPAL INVESTIGATOR(S): OKAFOR FLOURISH OGOCHUKWU

DEPARTMENT/INSTITUTION: DEPARTMENT OF NURSING SCIENCE, SCHOOL OF BASIC MEDICAL SCIENCES, UNVERSITY OF BENIN, BENIN CTY, EDO STATE

DATE CONSIDERED: MAY 9th, 2025

DECISION OF THE COMMITTEE: APPROVED

THIS APPROVAL DATES 25/11/2024 TO 24/11/2025. IF THERE IS DELAY IN STARTING THE RESEARCH, PLEASE INFORM THE HREC SO THAT THE DATES OF APPROVAL CAN BE ADJUSTED ACCORDINGLY

REMARK:

CHAIRMAN: PROF. (MRS) A.N. OFILI **SIGNATURE & DATE**... 9/5/2025

SUPERVISOR (S): MRS. F. A. ESEBAME

DECLARATION BY INVESTIGATOR(S):
PROTOCOL NUMBER (please quote in all enquiries)
Note that no participant accrual or activity related to this research may be conducted outside of these dates. All informed consent forms used in this study must carry the HREC assigned number and duration of HREC approval of the study. In multiyear research, endeavor to submit your annual re-port to the HREC early in order to obtain renewal of your approval and avoid disruption of your research. No changes are permitted in the research without prior approval by the HREC except in circumstances outlined in the Code. The HREC reserves the right to conduct compliance visit your research site without previous notification

Signature & Date: 9-5-25