FACTORS INFLUENCING THE HEALTH BEHAVIOR OF UNDERGRADUATE IN UNIVERSITY OF BENIN

BY

AIGBODION DANIEL OHIOBOMEN

EDU2102539

DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION (HSE)

FACULTY OF EDUCATION

UNIVERSITY OF BENIN

BENIN CITY, NIGERIA.

OCTOBER, 2025

FACTORS INFLUENCING THE HEALTH BEHAVIORS OF UNDERGRADUATES IN UNIVERSITY OF BENIN

BY

AIGBODION DANIEL OHIOBOMEN

EDU2102539

A PROJECT SUBMITTED TO THE DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION (HSE), FACULTY OF EDUCATION, UNIVERSITY OF BENIN IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE DEGREE (BSc) IN HEALTH EDUCATION

OCTOBER, 2025

CERTIFICATION

We, the undersigned certify that the research work was carried out by AIGBODION DANIEL OHIOBOMEN with Mat no EDU2102539 in the department of Health, Safety and Environmental Education (HSE), Faculty of Education, University of Benin in partial fulfilment of the award of Bachelor of Science (BSc) degree in Health Education

_____ _____

Dr. Eunice Odigie DATE

Project Supervisor

_____ _____

(Mrs) B. H. Enabulele DATE

Project Coordinator

_____ _____

Dr. (Mrs) O. H. Obasuyi DATE

Head Of Department

DEDICATION

I dedicate this work to God Almighty, the one who brought me this far and has never forsaken me.

ACKNOWLEDGEMENT

The researcher is profoundly grateful to Almighty God for the strength, blessings, wisdom, and guidance granted throughout the course of this study and the successful completion of this project. The researcher expresses sincere appreciation to his supervisor, Dr. Eunice Odigie, for her invaluable corrections, constructive criticisms, and unwavering commitment that contributed immensely to the success of this work. Deep gratitude is also extended to the Head of Department, Dr. (Mrs.) O. H. Obasuyi, and to all lecturers in the Department for their invaluable guidance, encouragement, and academic support throughout the research process.

The researcher owes a special debt of gratitude to his parents, H/C Stanley A. Otokhile and Mrs. Racheal Otokhile whose unconditional love, support, and encouragement have been a constant source of inspiration and motivation throughout the researcher's academic pursuit at the University of Benin. Their steadfast belief in hard work, dedication, and excellence continues to serve as a guiding principle for the researcher.

Furthermore, the researcher's heartfelt appreciation is extended to Deacon Aigbodion Osadebamen Peter, a beloved brother, mentor, and role model, whose financial support, guidance, and words of encouragement contributed significantly to the successful completion of this work.

The researcher also acknowledges with deep appreciation the friendship and support of Goodluck, Chekwube, Ayodeji, Oduwe, Tega and Ososelase, whose cooperation, assistance, and shared experiences made the research and academic journey both meaningful and memorable. May Almighty God abundantly bless and reward everyone who contributed, directly or indirectly, to the successful completion of this study.

TABLE OF CONTENTS

TITLE PAGE ii

CERTIFICATION iii

DEDICATION iv

ACKNOWLEDGEMENT v

TABLE OF CONTENTS vii

LIST OF TABLES x

ABSTRACT xi

CHAPTER ONE 1

INTRODUCTION 1

Background of the Study 1

Statement of the Problem 3

Research Questions 5

Purpose of the Study 5

Significance of the Study 6

Scope and Delimitation of the Study 7

Definition of Key Terms 7

CHATER TWO 9

REVIEW OF RELATED LITERATURE 9

Concept of Health Behaviour 9

Positive Health Behaviour of Undergraduate Students 12

Negative Health Behaviour of Undergraduate Students 15

Accessibility of Health Services in Promoting Positive Health Behaviour 21

Effectiveness of Health Services in Promoting Positive Health Behaviour 23

Barriers Preventing Students from Adopting Healthier Lifestyles 25

Summary of Reviewed Literature 30

CHAPTER THREE 32

METHODOLOGY 32

Research Design 33

Population of the Study 33

Sample and Sampling Technique 34

Research Instrument 34

Validation of the Instrument 35

Reliability of the Instrument 35

Method of Data Collection 36

Method of Data Analysis 36

CHAPTER FOUR 37

PRESENTATION OF RESULTS AND DISCUSION OF FINDINGS 37

Introduction 37

Table1: Descriptive Statistic of the Demographic Characteristics of Respondents 38

Discussion of Findings 47

CHAPTER FIVE 52

SUMMARY, CONCLUSION, AND RECOMMENDATIONS 52

Summary 52

Conclusion 54

Recommendations 56

Suggestions for Further Studies 57

Contribution to Knowledge 58

REFERENCES 59

QUESTIONNAIRE 65

LIST OF TABLES

Table1: Descriptive Statistic of the Demographic Characteristics of Respondents 31

Table 2: Descriptive statistic of the positive health behaviour commonly observed among undergraduate in the university of Benin 33

Table 3: Descriptive statistics of the negative health behaviour commonly observed among undergraduate of the university of Benin 34

Table 4: Descriptive statistics on the factors influencing the health behaviours of undergraduates in the University of Benin 36

ABSTRACT

This study investigated the factors influencing the health behaviour of full-time undergraduates at the University of Benin, Benin City. A descriptive survey design was adopted, and data were collected from 150 respondents selected through proportionate sampling from various faculties across the institution. A self-structured questionnaire titled Survey on Factors Influencing Health Behaviour among Undergraduates in the University of Benin was used for data collection. The instrument's reliability, established through a pilot study at Ambrose Alli University, yielded a Cronbach's Alpha coefficient of 0.708, indicating acceptable reliability. Data were analyzed using descriptive statistics including frequency counts, percentages, and mean scores, while chi-square tests were used to determine relationships between selected variables at a 0.05 level of significance.

Findings revealed that although majority students engage in positive practices such as avoiding substance use, maintaining good hygiene, and exercising occasionally, negative behaviours such as poor diet, inadequate rest, and excessive screen time remain prevalent. Major factors influencing students' health behaviour included peer pressure, academic workload, financial constraints, and limited access to credible health information and quality healthcare services. The study concluded that health behaviour among undergraduates is shaped by a complex interplay of personal, social, and institutional factors. It recommended that the university strengthen health promotion programmes, improve the accessibility and quality of campus health services, and integrate health education into student orientation and wellness activities.

CHAPTER ONE

INTRODUCTION

Background of the Study

The transition from adolescence to adulthood is a critical period in which university undergraduates begin to exercise autonomy over personal health decisions. During this time, students are exposed to a range of health-related risks such as poor nutrition, substance use, sedentary behavior, and psychological stress. At the University of Benin, as in many Nigerian universities, students come from diverse social, cultural, and economic backgrounds, all of which shape their health behavior in different ways. Key influencing factors include peer pressure, academic workload, financial hardship, and access to credible health information or services. Recent studies have shown that socio-demographic variables such as age, academic level, and prior knowledge significantly influence students' health behavior. For instance, undergraduates with higher levels of health knowledge tend to demonstrate better health practices, especially in preventive health behaviors like oral hygiene and nutrition (Igbinosa & Yusuf, 2020). Additionally, mental health service utilization among students is affected by factors such as gender, age, and source of health information. While many students have a positive attitude toward seeking help, poor awareness and limited access remain barriers (Kukoyi et al., 2022).

Peer influence is another dominant factor. Female undergraduates, for instance, often perceive pressure from peers regarding risky sexual behaviors, though some also receive peer support for abstinence or safe practices (Okonkwo et al., 2020). Moreover, the growing prevalence of internet addiction among undergraduates has been linked to mental, physical, and social health challenges. This highlights the need for digital wellness education and behavior regulation strategies. Access to reliable online health information is increasingly shaping students' health decisions. A high number of students use the internet to search for health information, though not all are able to discern credible sources. This can lead to self-diagnosis and risky health practices (Obasola & Agunbiade, 2016).

Despite the presence of health centers and health campaigns on campus, barriers such as cost, long wait times, and perceived inefficacy of care services deter students from using formal healthcare resources effectively. These service-related obstacles contribute to a reliance on self-medication or peer advice, sometimes leading to harmful health outcomes (Obinechina & Ekenedo, 2018). Given the complexity of these influences, it is essential to conduct a thorough investigation into the specific factors that shape health behavior among undergraduates at the University of Benin. This understanding is vital for developing culturally appropriate health education programs, support systems, and institutional policies that promote healthier choices and better academic and personal outcomes for students.

Statement of the Problem

The health behaviours of university students has become a growing public health concern, particularly in developing countries like Nigeria. University undergraduates are often exposed to various health risks due to their lifestyle choices, academic pressures, and social environments. Despite the general assumption that university students, being educated, would practice healthier behaviours, evidence shows otherwise. Popoola (2021) and Achi (2020) reported a rise in unhealthy practices among Nigerian undergraduates, including substance abuse, poor dietary habits, sedentary lifestyles, unsafe sexual practices, and inadequate health-seeking behaviours.

Despite increasing awareness of the importance of good health, many undergraduates continue to engage in behaviors that pose significant risks to their physical and mental well-being. The university environment, with its academic demands, social pressures, and lifestyle changes, can either encourage or hinder healthy behaviors. Several questions remain unanswered regarding the specific factors that drive these health behaviors among undergraduates. Are students fully aware of the health risks associated with their lifestyle choices? How much influence do peers, academic stress, and economic factors exert on their health behaviors? To what extent do university health services and awareness programs impact students' well-being?

At the University of Benin, undergraduates are not exempted from these challenges. The transition to university life introduces multiple stressors; academic demands, financial

hardship, peer influence, and increased personal autonomy, all of which can significantly impact students' health decisions and behaviours. Moreover, mental health challenges such as anxiety, depression, and academic stress are on the rise, often leading students to engage in harmful coping mechanisms, such as excessive substance use or social withdrawal. Although the University of Benin provides health services and occasionally conducts health awareness programs, a substantial number of students continue to demonstrate poor health behaviours. This situation raises critical questions about the effectiveness of existing health interventions and the factors that either promote or hinder healthy lifestyles among the student population. There is a notable gap in research specifically exploring the multidimensional factors that influence the health behaviour of undergraduates at the University of Benin. Most available studies address the issues at a broader national level but fail to capture the unique socio-cultural, academic, and environmental realities specific to the University of Benin context. Without such localized understanding, it is difficult to design effective health promotion strategies tailored to the needs of these students.

Therefore, this study seeks to investigate the factors influencing the health behaviour of undergraduates in the University of Benin. It aims to provide data-driven insights that can inform the development of targeted interventions to promote healthier lifestyles, improve academic performance, and ensure the long-term wellbeing of students. The lack of comprehensive research on these issues limits the ability of stakeholders such as university

administrators, healthcare providers, and policymakers to implement effective interventions. Addressing this gap in knowledge is essential to fostering a healthier student population.

Research Questions

This study seeks to answer the following key questions:

1. What are the positive health behaviours that full-time undergraduates at the University of Benin undertake?
2. What are the negative health behaviours that full-time undergraduates at the University of Benin undertake?
3. What are the factors that influence the health behaviours of full-time undergraduates at the University of Benin?

Purpose of the Study

The primary objective of this study is to examine and analyze the key factors influencing the health behaviors of full-time undergraduates at the University of Benin. Specifically, the study aims to:

1. Identify the positive health behaviour of full-time undergraduates at the university of Benin.
2. Examine the unhealth behaviour of full-time undergraduates at the university of Benin
3. Find out the factors that influence the health behaviours of full-time undergraduates at the University of Benin.

Significance of the Study

The findings of this study when published in reputable journal, presented in conferences proceedings, textbook and online will be of great benefit to the public health professionals, university health administrator and policymakers, student, parents, teachers, researchers and the general public. Students will benefit directly from the findings, as the study will highlight the factors influencing their health behaviours and the risks associated with unhealthy practices. Also University health administrators and policymakers will gain data-driven insights to improve student health services and intervention strategies. Finally, Public health professionals and researchers will find the study valuable for advancing knowledge in youth health behaviour, especially in the Nigerian tertiary education context

Also the study will help, identify the underlying factors such as peer influence, lifestyle choices, academic stress, cultural norms, and access to healthcare that shape health behaviours among undergraduates. It will also uncover barriers to effective health-seeking behaviours and reveal patterns in the use or neglect of university health resources. Finally, the findings will inform the development of tailored health education programs and student wellness initiatives aimed at promoting healthy lifestyle choices.

University management can use the data to strengthen policy decisions, improve health infrastructure, and increase student engagement with available health services. For researchers and practitioners, the study will serve as a reliable reference for designing future studies or public health campaigns targeted at youths in similar educational settings.

Scope and Delimitation of the Study

This study focuses specifically on full-time undergraduate students enrolled at the University of Benin. It examines factors influencing their health behaviors, including lifestyle choices, academic stress, peer influence, and accessibility to healthcare. The study will not extend to postgraduate students or university staff, as their health behaviors and influencing factors may differ due to varying age groups, responsibilities, and life circumstances. Additionally, while this study seeks to understand broad health behavior patterns, it will not conduct clinical assessments or medical diagnoses. Instead, it will rely on self-reported data from students through surveys and interviews.

Definition of Key Terms

To ensure clarity, the following terms were operationally defined as used in the study:

Health Behaviour: Actions and habits that influence an individual's physical and mental well-being, either positively or negetively these behaviours could including diet, exercise, sleep, sexual conduct, stress management, substance use and health care utilization.

Full-time Undergraduate: Undergraduates are students who are enrolled in a university or other higher education institution and are pursuing their first degree, usually a bachelor's degree. In the context of this study, undergraduates refer to students of the University of Benin who have not yet obtained a university degree.

Influencing Factor: Influencing factors are the various elements social, economic, psychological, cultural, or environmental that can affect or determine a person's health behaviour. These may include peer pressure, family background, financial status, health awareness, and access to health services.

Health-Seeking Behaviour: This refers to the steps and decisions individuals take to maintain or improve their health, including how and when they seek medical care or health advice

CHATER TWO

REVIEW OF RELATED LITERATURE

This chapter reviewed the related literature of the study under the following subheadings;

- Concept of Health Behaviour
- Positive Health Behaviour of Undergraduate Students
- Negative Health Behaviour of Undergraduate Students
- Accessibility of Health Services in Promoting Positive Health Behaviour
- Effectiveness of Health Services in Promoting Positive Health Behaviour
- Barriers Preventing Student's from Adopting Healthier Lifestyles
- Summary of Reviewed Literature

Concept of Health Behaviour

Health behaviour refers to the actions, decisions, and habits individuals adopt that affect their health and well-being. Among university students, particularly in developing countries like Nigeria, health behaviour has become a pressing public health issue due to the complex interplay of personal, environmental, and societal factors. University students, often in their late adolescence or early adulthood, undergo significant life transitions that expose them to both opportunities and risks for developing healthy or harmful habits. At this stage, individuals begin to make independent lifestyle choices that can shape their long-term health trajectory.

Recent studies in Nigeria have highlighted a growing prevalence of risky health behaviours among undergraduates, contradicting the assumption that educated individuals naturally adopt healthier lifestyles. Health behaviour in this population encompasses a wide range of activities such as dietary patterns, physical activity, substance use, sexual behaviour, stress management, and healthcare utilization. Coker et al. (2020) found widespread engagement in harmful behaviours such as poor diet, substance use, and physical inactivity among university students in Lagos, reflecting broader national trends (Coker et al., 2020). Similarly, research conducted by Bamidele et al. (2023) revealed that over 50% of students had poor health-seeking behaviour despite having access to university health services, with major barriers including unavailability of medication and negative attitudes of healthcare staff (Bamidele et al., 2023). Health behaviour is not formed in isolation. It is shaped by a variety of determinants including individual knowledge, beliefs, socioeconomic status, peer influence, cultural expectations, and institutional support systems. Many students obtain health information from informal sources such as peers, social media, and the internet. While digital platforms can offer valuable resources, they also risk spreading misinformation. This challenge was documented by Israel and Samuel (2020), who found that despite students' high demand for health information, factors such as cost, poor access, and lack of credible resources often limited their ability to make informed decisions (Israel & Samuel, 2020).

Mental health, often overlooked in traditional definitions of health behaviour, is also a growing concern among Nigerian undergraduates. Studies show that academic pressure, financial strain, and poor coping mechanisms contribute to high levels of psychological distress. These stressors can lead to maladaptive behaviours such as substance abuse, binge eating, and social withdrawal. Erumi and Edjere (2024) emphasized the role of psychological and personal factors in shaping health-seeking behaviours, noting that students with higher self-efficacy and better emotional regulation were more likely to seek appropriate care (Erumi & Edjere, 2024).

Physical activity, a key component of health behaviour, is often insufficient among university students. Recent evidence by Adewoyin and Ayo-Ajayi (2025) documented high levels of sedentary behaviour, with most students spending prolonged hours inactive, particularly in the afternoons. This inactivity was attributed to academic schedules, lack of facilities, and minimal institutional emphasis on fitness and wellness programmes (Adewoyin & Ayo-Ajayi, 2025). In understanding health behaviour among university students, it is also essential to consider the concept of "health locus of control" whether individuals perceive their health outcomes as a result of their own actions or external factors. Oluwafisayo et al. (2023) found that students with a strong internal health locus of control were more likely to engage in preventive behaviours and maintain healthier lifestyles, compared to those who attributed health outcomes to chance or external sources (Oluwafisayo et al., 2023). Ultimately, the

concept of health behaviour among Nigerian undergraduates is multifaceted and influenced by interrelated cognitive, emotional, social, and environmental factors. It reflects not only the individual's knowledge and motivation but also the structural conditions within which choices are made. Interventions to promote healthy behaviour must therefore go beyond individual awareness campaigns and address broader systemic issues such as access to care, institutional support, peer influence, and socio-economic inequalities. By adopting a holistic, evidence-based approach, universities can foster environments that support and sustain healthy behaviours among their student populations.

Positive Health Behaviour of Undergraduate Students

The health behaviour of undergraduate students is a topic of increasing interest among public health researchers and university administrators due to its significant implications for students' academic performance, psychological well-being, and future health outcomes. University life marks a critical developmental stage, as young adults transition into greater independence, often making health-related decisions without parental oversight for the first time. These behaviours include dietary choices, substance use, physical activity, mental health practices, sexual behaviour, and use of health services. The uniqueness of this period lies in the susceptibility of students to both positive and negative influences, driven by academic stress, peer relationships, limited finances, and the need to adapt to new environments.

Recent research indicates that the health behaviour of undergraduates in Nigeria is generally suboptimal, with many engaging in risky behaviours that threaten their short- and long-term well-being. A study by Erumi and Edjere (2024) identified psychological and personal factors such as emotional resilience, stress management skills, and access to safe water as key predictors of health-seeking behaviour among young adults in Nigerian tertiary institutions. The research emphasized that while many students are aware of healthy practices, various psychosocial and economic barriers hinder them from acting on this knowledge (Erumi & Edjere, 2024).

Among the most prevalent negative health behaviours among students is substance use. Coker et al. (2020) reported that many students in Lagos universities routinely engage in alcohol consumption, tobacco smoking, and drug use. These behaviours often begin in early university years and are influenced by peer pressure, stress, and social acceptance. Alarmingly, these activities are not limited to leisure but also used as coping mechanisms for academic and personal stress (Coker et al., 2020).

Sedentary lifestyles are another growing concern. A recent study by Adewoyin and Ayo-Ajayi (2025) using smartphone sensors found that most Nigerian university students spend extended periods inactive, particularly during afternoon and evening hours. Many students fail to meet recommended levels of physical activity due to academic workload, lack of motivation, and insufficient recreational facilities on campus. These patterns, if sustained,

may lead to increased risks of non-communicable diseases such as obesity, hypertension, and diabetes later in life (Adewoyin & Ayo-Ajayi, 2025). Sexual and reproductive health behaviours also reflect concerning trends. Many undergraduates engage in unprotected sex, multiple sexual partnerships, and misuse of contraceptives. These behaviours are often fueled by misinformation, cultural silence around sexual education, and limited access to youth-friendly reproductive health services. Findings from Ejembi and Otu (2004), though older, remain echoed in more recent campus-level studies which show low condom use and high levels of risky sexual behaviour among students, particularly where sex education is limited or informal.

Mental health behaviour is another critical dimension of student health. Rising cases of anxiety, depression, and emotional distress have been noted among Nigerian undergraduates. Unfortunately, many students adopt maladaptive coping strategies such as isolation, substance use, or avoidance rather than seeking professional help. Bamidele et al. (2023) found that while most students at Babcock University had a positive perception of their campus health center, over 50% exhibited poor health-seeking behaviour. Factors like non-availability of drugs and poor attitudes of healthcare staff discouraged students from using these services, even when they experienced health problems (Bamidele et al., 2023).

On a more positive note, there is a growing trend of students seeking health information online. According to Israel and Samuel (2020), university students in Nigeria frequently use

digital platforms to research health-related topics, particularly around diet, fitness, and disease prevention. However, the reliability of these sources is not always verified, leading to the risk of misinformation and harmful self-medication practices (Israel & Samuel, 2020). The health behaviour of undergraduate students is a complex reflection of their knowledge, environmental influences, institutional support, and socio-economic background. While many are aware of healthy practices, actual behaviours often deviate due to internal and external barriers. Understanding these behaviours within the Nigerian context is essential for developing targeted health promotion strategies that are culturally relevant, accessible, and sustainable. Interventions must not only educate but also address systemic obstacles such as healthcare access, stigma, and infrastructure so students are better empowered to make decisions that support their health both during university and beyond.

Negative Health Behaviour of Undergraduate Students

Unhealthy behaviour among undergraduate students has become a significant public health concern, particularly in Nigerian universities where young adults are navigating a critical phase of personal autonomy, lifestyle experimentation, and environmental pressures. The university period often marks the first time students live independently, manage their schedules, and make decisions about diet, substance use, physical activity, sexual practices, and healthcare without parental guidance. Unfortunately, this independence frequently

coincides with the development of harmful behaviours that jeopardize both immediate and long-term health.

Evidence shows that many Nigerian undergraduates engage in a range of unhealthy behaviours that increase their risk of chronic diseases, mental health problems, and social complications. Among the most common is substance use. Coker et al. (2020) highlighted widespread alcohol consumption, tobacco smoking, and drug use among university students in Lagos. These behaviours, often reinforced by peer influence and stress, are seen as coping mechanisms for academic pressure and social challenges (Coker et al., 2020). Substance use not only impairs academic performance but is linked to a higher incidence of risky sexual behaviours, violence, and mental health disorders such as depression and anxiety.

Another prevalent issue is poor dietary behaviour. Many students report consuming fast food, skipping meals, and maintaining unbalanced diets due to time constraints, limited cooking skills, or financial challenges. Inadequate nutrition impacts cognitive function, immunity, and emotional regulation, often contributing to fatigue, poor academic outcomes, and chronic health conditions. This is worsened by a sedentary lifestyle, with students spending prolonged hours seated in lectures or using electronic devices. A recent study by Adewoyin and Ayo-Ajayi (2025) using smartphone sensors revealed that Nigerian university students exhibited prolonged periods of inactivity, particularly during afternoons and evenings. The lack of

regular physical activity is closely associated with obesity, musculoskeletal disorders, and metabolic issues (Adewoyin & Ayo-Ajayi, 2025).

Risky sexual behaviour also constitutes a major aspect of unhealthy student conduct. High rates of unprotected sex, multiple sexual partners, and inconsistent contraceptive use have been reported among Nigerian undergraduates. These behaviours are often shaped by misinformation, cultural taboos around sexual education, and peer dynamics. Unsafe sexual practices expose students to sexually transmitted infections (STIs), unplanned pregnancies, and emotional distress. Studies such as those by Ejembi and Otu (2004) and more recent investigations show that access to reproductive health information and services remains inadequate on many campuses, further compounding the risks.

Mental health-related unhealthy behaviours are also on the rise. Anxiety, depression, academic burnout, and loneliness are increasingly common among students, yet many fail to seek professional help. Instead, they may resort to unhealthy coping mechanisms like substance use, social withdrawal, or even self-harm. Bamidele et al. (2023) found that although students at Babcock University generally had a positive perception of campus health services, more than half demonstrated poor health-seeking behaviour due to factors such as unavailable medications, unfriendly staff attitudes, and cost concerns (Bamidele et al., 2023). Technology-related behaviours, especially internet and social media addiction, are emerging as modern forms of unhealthy conduct. Students often spend excessive hours online, which

not only reduces physical activity but is linked to sleep disturbances, attention difficulties, and digital fatigue. Oluwafunmibi and Abimbola (2025) noted that internet addiction is becoming a significant mental and physical health concern among Nigerian undergraduates, with impacts ranging from poor sleep quality to social isolation (Oluwafunmibi & Abimbola, 2025).

Another overlooked but serious unhealthy behaviour is the misuse of health information. Many students rely on peer advice or unverified online sources rather than consulting healthcare professionals. Israel and Samuel (2020) reported that while students are highly motivated to seek health information online, barriers like misinformation, cost, and poor digital literacy often lead to self-medication and incorrect health choices (Israel & Samuel, 2020). Unhealthy behaviours among undergraduate students reflect a confluence of individual, institutional, and societal factors. These include limited health education, lack of campus support systems, peer influence, and socio-economic pressures. Addressing these behaviours requires a multi-faceted approach that involves health education, improved access to student-centered health services, mental health support, and the creation of a campus environment that promotes healthy living. Without such interventions, the patterns formed during these formative years risk becoming entrenched habits that carry over into adulthood, affecting the overall productivity and health of Nigeria's future workforce.

Several recent studies have identified a wide range of factors that significantly influence the health behaviour of undergraduate students in Nigeria. These influences are complex and multidimensional, encompassing psychological, social, economic, academic, and institutional variables.

- Socio-demographic characteristics such as age, gender, and level of study have been shown to play a role. For instance, older students and those at higher academic levels tend to exhibit better health behaviours, possibly due to increased exposure to health education and personal maturity. A study on dental students in Nigeria revealed that health behaviour improved with age and academic level, with final-year students being significantly more likely to practice preventive health behaviours compared to those in earlier years (Igbinosa & Yusuf, 2020).
- Peer influence and social networks heavily shape undergraduate health decisions. Research shows that peer norms often drive behaviours related to sexual health, substance use, and even mental health service utilization. Perceived peer pressure is a strong determinant of risky sexual behaviour among female undergraduates in Anambra State, many of whom felt social pressure to engage in premarital sex while also recognizing peer support for abstinence in some cases (Okonkwo et al., 2005).
- Academic stress and mental health are prominent influencing factors. Mental distress driven by academic pressure and isolation has been identified as a predictor of poor

health choices, such as substance use or social withdrawal. For example, a comparative study of Nigerian and Japanese students highlighted loneliness and psychological distress as major influences on health behaviour, particularly in the Nigerian context (Ishaku & Matsumoto, 2017).

- Access to health information and e-health platforms also plays a vital role. Many students now rely on digital resources to learn about health practices. E-health platforms can increase health literacy and encourage positive behaviours if used effectively. However, the effectiveness depends on students' exposure to and understanding of these tools (Emmanuel et al., 2015).
- Cultural and religious beliefs shape dietary patterns, health-seeking behaviours, and attitudes toward preventive care. For instance, cultural restrictions were shown to significantly influence food choices among students in Nasarawa State, reinforcing the need for culturally-tailored health promotion efforts (Seriki, 2024).
- Structural barriers such as long waiting times at health centres, lack of essential drugs, and negative attitudes of healthcare workers have been identified as significant deterrents to positive health-seeking behaviours. Students report low utilization of on-campus health services, often due to these systemic issues, despite positive perceptions of the healthcare system in general (Bamidele et al., 2023). The health behaviour of undergraduates is shaped by a blend of individual traits, social dynamics,

cultural beliefs, academic pressures, and institutional capacities. Addressing these factors holistically is essential for designing effective interventions to improve student health outcomes.

Accessibility of Health Services in Promoting Positive Health Behaviour

The accessibility of university health services plays a critical role in promoting positive health behaviour among undergraduate students, particularly in Nigeria where many face significant health challenges. Access to affordable, timely, and student-centered healthcare can be a powerful motivator for undergraduates to engage in health-seeking behaviours, but various structural and perceptual barriers often stand in the way. Recent evidence highlights both the opportunities and challenges of university health service delivery. A study at the University of Ibadan revealed that while the majority of students perceive the university health centre (Jaja Clinic) as affordable and staffed with caring personnel, issues such as delays in service delivery, lack of essential drugs, and dissatisfaction with some staff hinder optimal utilization of services (Ogundele, Abdulkarim, & Enyinnaya, 2014). This indicates that while infrastructure and affordability may be in place, operational inefficiencies reduce student trust and deter continued use.

Likewise, Bamidele et al. (2023) assessed health-seeking behaviours among students at Babcock University and found that although 68.5% had a positive perception of healthcare services, over half still demonstrated poor health-seeking behaviours. Factors like unavailability of medications (37.2%), negative attitudes of healthcare workers (32.5%), and cost of care (13.6%) discouraged students from utilizing the services regularly (Bamidele et al., 2023). In the mental health domain, Ikpeama and Onalu (2025) discovered a worrying gap in both knowledge and access to mental health services among undergraduates at the University of Nigeria, Nsukka. Despite the growing mental health burden among students, many reported low awareness and limited access to mental health information and services, which hampers early diagnosis and treatment (Ikpeama & Onalu, 2025).

Moreover, access alone does not guarantee usage. A 2022 review of clinic visits among law students at Babcock University showed that most health complaints were related to communicable diseases like malaria and respiratory infections, but the majority of visits were made by final-year students. This indicates that underutilization may also stem from limited awareness or low perceived need for medical attention among other student groups (Ojo et al., 2022). Accessibility of services extends beyond physical infrastructure to include digital and informal health resources. Emmanuel et al. (2015) highlighted the growing role of e-health in shaping health behaviour among Nigerian undergraduates. While many students used the internet for health information, this often replaced rather than complemented visits to formal

healthcare centres, potentially increasing reliance on unverified sources (Emmanuel et al., 2015). While university health services are essential tools in promoting positive health behaviour, issues of accessibility, service quality, student awareness, and trust significantly shape their utilization. Addressing operational inefficiencies, improving staff training, enhancing awareness campaigns, and integrating digital health solutions can significantly improve the impact of these services on student health outcomes.

Effectiveness of Health Services in Promoting Positive Health Behaviour

The effectiveness of university health services in promoting positive health behaviour among undergraduate students in Nigeria is a complex issue influenced by awareness, accessibility, attitudes, and institutional support. These services are intended to function not only as treatment centers but also as hubs for preventive care, health education, and behavioral change initiatives. However, despite the existence of health services in many Nigerian universities, research indicates that their impact on actual student health behaviour remains limited due to several systemic and contextual barriers. A key determinant of effectiveness lies in how well students utilize the services. In a study at Babcock University, although 68.5% of students had a positive perception of the healthcare services, over half of the students demonstrated poor health-seeking behaviours. Barriers such as unavailability of medications (37.2%), unfriendly attitudes of healthcare staff (32.5%), and concerns over cost (13.6%) significantly limited service use (Bamidele et al., 2023).

Mental health services, in particular, are underutilized despite increasing student vulnerability to stress, anxiety, and depression. At Afe Babalola University, a study found that while most students had positive attitudes and fairly good health-seeking behaviours, actual utilization of mental health services was low. Gender, age, and source of information were significant predictors of service use, indicating the need for more targeted and inclusive outreach strategies (Kukoyi et al., 2022). The gap between awareness and action is further emphasized in a study at the University of Calabar, where 60% of students were aware of mental health issues, yet only 30% engaged in proactive health-promoting behaviours. Cultural stigma and misinformation remained key deterrents to utilizing health services, especially for mental health. Only 12% of students accessed professional mental health support, with the majority relying on informal sources like friends and religious leaders (Udam et al., 2024).

At the University of Nigeria, another study found a major deficiency in both knowledge and access to mental health services among students, pointing to an urgent need for improved awareness campaigns and service availability to ensure effective health promotion outcomes (Ikpeama & Onalu, 2025). Digital solutions, though promising, also show mixed results. A study at the University of Ibadan revealed that while 83.2% of students were unaware of digital platforms for mental health promotion, 74.2% had favorable attitudes toward using them. This highlights a gap in promotion and integration of e-health tools into mainstream university health strategies (Ogundipe & Omotosho, 2025).

Finally, even in reproductive health, university health services are often bypassed. In a study from Ahmadu Bello University, while students had basic reproductive health knowledge, they demonstrated risky sexual behaviour and poor health service utilization. Self-medication was common, and formal healthcare services were underused, underscoring inefficiencies in service delivery and student engagement strategies (Ejembi & Otu, 2005). While university health services hold the potential to promote positive health behaviours, their effectiveness in Nigeria is hampered by underutilization, inadequate awareness, cultural stigma, operational barriers, and limited integration of mental health and digital health solutions. To improve impact, institutions must address these issues through student-centered policies, increased funding, enhanced service delivery, and robust awareness campaigns.

Barriers Preventing Students from Adopting Healthier Lifestyles

Undergraduate students in Nigeria face numerous challenges that inhibit their ability to maintain healthy lifestyles, despite growing awareness of health risks and benefits. These challenges span personal, social, economic, environmental, and systemic domains.

- Nutritional Deficiencies Driven by Poor Dietary Habits, Food Insecurity, and Limited Access to Healthy Meal Options: Many Nigerian students are aware of the importance of proper nutrition, but daily food choices are often influenced by affordability, availability, and convenience. Studies have shown a wide gap between students' nutritional knowledge and actual eating behaviors. For example, most students do not

meet recommended dietary standards, with only a small fraction consuming breakfast daily or achieving adequate fruit and vegetable intake. The high cost of healthy foods and the dominance of cheap, unhealthy options in and around campuses compound this issue. Additionally, busy academic schedules often lead students to skip meals or consume fast food for convenience, further exacerbating poor dietary patterns.

- Low Levels of Physical Activity Due to Lack of Infrastructure, Academic Pressure, and Social Disincentives: Although physical exercise is widely recognized as essential for maintaining health and managing stress, the majority of Nigerian undergraduates engage in minimal physical activity. A severe lack of infrastructure including fitness centers, walking paths, and sporting facilities makes it difficult for students to integrate exercise into their routines. Moreover, academic workload and exam pressures leave students with little time or energy to prioritize fitness. In some cases, societal norms and peer disinterest in exercise discourage participation, particularly among female students, who may also face safety concerns or cultural restrictions related to outdoor activity.
- Economic Hardship as a Determinant of Unhealthy Lifestyle Choices and Inaccessible Health Resources: The economic realities faced by Nigerian undergraduates significantly influence their ability to pursue healthier lifestyles. Many students struggle with limited financial resources, often having to choose between essential

needs like accommodation and transportation over more costly health-related expenses. The high cost of nutritious foods, gym memberships, regular medical check-ups, and mental health services limits access to resources necessary for maintaining well-being. Furthermore, during periods of national economic hardship, inflation and reduced household income force students to cut back on essential health-related expenditures, including food, medication, and preventive care.

- Cultural Beliefs, Social Norms, and Peer Pressure as Reinforcers of Risky Health Behaviors and Poor Lifestyle Choices: Cultural and social influences shape student behaviors in powerful ways. Peer pressure is a major contributor to unhealthy behaviors, including binge drinking, smoking, substance abuse, and poor dietary habits. In addition, cultural beliefs that associate youth with invincibility often lead students to disregard the long-term consequences of their current health behaviors. Some students believe that they can afford to "eat anything" or "live carelessly" because their youth will protect them. Social trends and group dynamics frequently promote unhealthy practices and stigmatize health-conscious choices, discouraging students from adopting better habits.
- Limited Access to Reliable, Actionable Health Information and the Prevalence of Misinformation: While many students are generally aware of health-related risks, their understanding is often superficial or misinformed. The internet and social media

platforms commonly used by students are flooded with unverified health advice, pseudoscientific claims, and dangerous wellness trends. This can lead to harmful behaviors such as fad dieting, misuse of supplements, and self-medication. Compounding this problem is the lack of structured health education within Nigerian universities. Few institutions offer comprehensive health literacy programs, and existing resources are often poorly publicized, underfunded, or inaccessible to most students.

- Deficiencies in Campus Infrastructure and Institutional Support for Wellness and Preventive Healthcare: The physical and administrative environments of most Nigerian universities do little to support healthy living. Many campuses lack basic infrastructure such as clean dining halls, recreational facilities, and safe walking or jogging areas. Public health services, if available, are often under-equipped or not student-friendly. University policies rarely prioritize health promotion, and wellness programs are typically one-off events rather than ongoing initiatives. The absence of structured institutional support for student health means that individuals are often left to manage their wellness on their own, without guidance or adequate resources.
- Widespread Mental Health Challenges Exacerbated by Academic Stress, Financial Pressure, and Lack of Psychological Support: Mental health issues among Nigerian students are a growing concern but are often ignored due to stigma and lack of

institutional support. High levels of stress stemming from academic workloads, financial insecurity, and personal challenges can lead to depression, anxiety, and other psychological conditions. Unfortunately, cultural stigma surrounding mental health discourages students from seeking help. University counseling centers, where they exist, are often understaffed, lack privacy, or are perceived as ineffective. Students without access to professional care may resort to self-medication or harmful coping strategies like drug and alcohol use, poor eating habits, and social withdrawal.

- Gender Disparities and Gender-Specific Challenges in Accessing Health Resources and Engaging in Healthy Practices: Female students in particular face unique barriers to adopting healthy lifestyles. These include safety concerns while exercising outdoors, cultural norms that discourage women from participating in sports, and lack of gender-sensitive health resources on campuses. Reproductive health is also often neglected or stigmatized, making it difficult for female students to access essential services. Gender-based violence, harassment, and social discrimination further complicate efforts to create a health-supportive environment for women in Nigerian universities.

The challenges that prevent Nigerian undergraduate students from adopting healthier lifestyles are deeply rooted in social, economic, infrastructural, and cultural systems. While

awareness of health practices is increasing, the ability to act on this knowledge is significantly limited by these barriers. To bridge the gap between knowledge and behavior, there is a need for comprehensive, multilevel interventions. These should include national policy reforms, university-led health promotion programs, expanded student support services, infrastructure improvements, and targeted education initiatives. Only through coordinated efforts can Nigerian institutions foster environments where students are truly empowered to make and sustain healthy lifestyle choices.

Summary of Reviewed Literature

The reviewed literature reveals a complex interplay of factors that influence the health behaviour of undergraduate students in Nigeria. Despite being in a learning environment where awareness of health risks should be heightened, many students continue to engage in unhealthy behaviours such as poor dietary habits, physical inactivity, substance abuse, and unsafe sexual practices. Several studies have highlighted the role of socio-demographic factors such as age, gender, and level of study, noting that older and more senior students often demonstrate better health behaviours. Peer influence, academic stress, economic hardship, and cultural expectations also emerge as significant determinants, shaping students' decisions about diet, exercise, healthcare use, and mental well-being.

University health services are established to support students' health needs, but their effectiveness is frequently undermined by systemic challenges. Common barriers include limited access to medications, long waiting times, unfriendly attitudes of healthcare workers, and insufficient mental health support. While students generally have positive perceptions of campus health services, actual utilization remains low. This underuse is further exacerbated by a lack of awareness, digital misinformation, and stigma, particularly around mental health issues. Research also points to inadequate facilities for physical activity, high food costs, and social pressure as obstacles preventing students from adopting healthier lifestyles, even when they are knowledgeable about the benefits.

Despite this growing body of evidence, significant gaps remain in the literature. Most studies focus on broad, generalized populations of Nigerian undergraduates without accounting for the unique socio-cultural and institutional contexts of specific universities. There is limited localized data on the University of Benin, particularly regarding how institutional factors, cultural norms, and personal motivations intersect to influence student health behaviour. Moreover, while numerous studies examine risk behaviours, fewer provide insights into protective behaviours or the role of digital health interventions. Mental health, though increasingly recognized, is still under-researched in relation to formal support systems and coping strategies within university settings. Additionally, there is a lack of longitudinal studies that track behaviour change over time, making it difficult to assess the lasting impact

of health interventions or university health programs. Addressing these gaps through focused, context-specific research will be essential for designing effective, evidence-based strategies to promote healthier lifestyles among Nigerian undergraduates.

CHAPTER THREE

METHODOLOGY

This chapter outlines the research methodology that will be employed in carrying out the study. It details the approach used in designing the study, selecting participants, collecting data, and analyzing findings. The goal is to ensure the process is systematic, replicable, and capable of providing valid and reliable results. The methodology is structured under the following subheadings:

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

- Method of Data Collection
- Method of Data Analysis

Research Design

This study adopts a descriptive survey research design. A descriptive survey research design is one in which a group of people or items is studied by collecting and analysing data from only a few people or items considered to be representative of the entire group (Nworgu, 2015). It allows the researcher to describe, observe, and document aspects of a situation as it naturally occurs without manipulating any variables. This design is appropriate for this research because it seeks to explore and understand the range of factors influencing health behavior among undergraduates at the University of Benin. The descriptive survey enables the collection of quantitative data on students' health practices, knowledge, access to services, and behavioral influences. It is particularly suitable because it helps in capturing students' perceptions and the prevalence of healthy or unhealthy behaviors among a diverse population. Given the large undergraduate population, this design supports generalization from a representative sample and helps identify trends, patterns, and relationships among variables.

Population of the Study

The population of this study is 43,446 which consists of all undergraduate students of the University of Benin across all faculties. This population includes students from both the

Ugbowo and Ekehuan campuses, cutting across all levels (100 to 500 levels) and disciplines (Academic planning division, University of Benin, 2025).

Sample and Sampling Technique

Using proportionate sampling techniques, 0.35% of the total population was selected. This gave a total sample size of 150 respondent selected as participants for this study from the total population of 43,446 students of the University of Benin. Although small in proportion, it is adequate for the purpose of this descriptive survey, allowing for detailed and manageable data collection across different faculties.

Research Instrument

The primary instrument for data collection in this study is a self-structured questionnaire. This instrument is appropriate for collecting a large volume of data efficiently and allows students to respond honestly and privately.

The questionnaire is titled: **"**Survey on Factors Influencing Health Behavior Among Undergraduates in the University of Benin**."** The questionnaire is divided into two main sections:

Section A: Demographic Information

This section collects personal background data such as age, gender, faculty, level of study, and residential status. These variables may influence or interact with health behavior.

Section B: Main Items

This section addresses the three research questions using 18 carefully constructed statements. Each research question is covered by five related items. Respondents will indicate their level of agreement using a 4-point Likert scale: Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD). The use of a Likert scale provides a standardized method for measuring attitudes, opinions, and behaviors.

Validation of the Instrument

To ensure the instrument measures what it is intended to measure, it would undergo content validation. This involves expert review by the researcher's supervisor and two other experts from the Department of Health Safety and environmental Education. These reviewers would assess the questionnaire for clarity, language appropriateness, relevance to the research questions, and coverage of the subject matter. Their feedback was used to refine and revise the instrument to ensure its content is accurate, comprehensive, and free from ambiguity. This step is essential to establish face and content validity, ensuring that the questionnaire is both scientifically credible and understandable to respondents.

Reliability of the Instrument

Reliability refers to the consistency of the instrument in measuring the intended variables over time and across different contexts. To test reliability, a pilot study was conducted using 20 undergraduate students from Ambrose Alli University, Ekpoma (who were not be part of

the main study). The responses from the pilot were analyzed using the Cronbach Alpha coefficient, a statistical measure of internal consistency. A Cronbach Alpha score of 0.708 was obtained and the instrument was deemed reliable.

Method of Data Collection

Data collection was conducted through direct administration of questionnaires to the selected sample. The researcher and trained assistants visited classrooms, hostels, and designated faculty buildings to distribute the questionnaires. Prior to administering the instrument, the purpose of the study will be explained to the participants, and they were assured of the confidentiality and anonymity of their responses. Participation was entirely voluntary, and no incentives or coercion was used. Completed questionnaires were collected on the spot to ensure a high response rate and reduce the chances of data loss or manipulation. Where necessary, assistance was provided in understanding and interpreting the questionnaire items without influencing the participants' answers.

Method of Data Analysis

Data gathered from the completed questionnaires were coded and analyzed using the Statistical Package for the Social Sciences (SPSS) software, which is widely accepted for social science research. Descriptive statistics such as frequency distributions, percentages, mean score were used to summarize responses while inferential statistics such as chi-square

test were applied to test relationships between selected variables (e.g gender and health behaviour, peer influence and health habits). The level of significance was set at 0.05.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSION OF FINDINGS

Introduction

This chapter presents and interprets the data collected from the field through the use of a structured questionnaire administered to undergraduate students of the University of Benin. The purpose of this analysis is to provide answers to the research questions earlier formulated and to identify the factors affecting students' health behaviour.

A total of 150 questionnaires were distributed to respondents across various faculties were selected using a proportionate sampling technique, ensuring that each faculty was represented according to its population size. Out of these, 142 copies were correctly filled and returned, representing a 94.7% response rate, which is considered adequate for the purpose of this analysis. The data collected were analyzed using descriptive statistics such as frequency counts, simple percentages, and mean scores of the undergraduate population of the University of Benin.

Presentation Of Results

Table1: Descriptive Statistic of the Demographic Characteristics of Respondents

Variables	Category	Frequency (F)	Percentage (%)
Gender	Male	68	47.9
	Female	74	52.1
Total		142	100.0
Age	16–20 years	42	29.6
	21–25 years	73	51.4
	26–30 years	19	13.4
	Above 30 years	8	5.6
Total		142	100.0
Level of Study	100 Level	28	19.7
	200 Level	33	23.2

Variables	Category	Frequency (F)	Percentage (%)
	300 Level	37	26.1
	400 Level	31	21.8
	500 Level	13	9.2
Total		142	100.0

Table 1. shows that 68 (47.9%) of the respondents were male, while 74 (52.1%) were female. This shows that females constituted a slightly higher proportion of the study population. The table also indicates that the majority of respondents (51.4%) were aged between 21 and 25 years, representing the typical age group of active undergraduates. In addition, respondents were fairly distributed across the different levels of study, suggesting a balanced representation of the undergraduate population of the University of Benin.

Research Question 1: What are the Positive health behaviours common among undergraduate in the university of Benin?

Table 2: Descriptive statistic of the positive health behaviour commonly observed among undergraduate in the university of Benin

S/N	Statement	SA	A	D	SD	Mean	Remark
1.	I eat a balanced diet regularly.	60(40%)	51(34%)	23(15.3%)	8(5.3%)	3.15	Accepted
2.	I exercise at least three times a week.	19(12.7%)	41(27.3%)	45(30%)	37(24.7%)	2.3	Rejected
3.	I avoid smoking and/or abuse drug.	88(58.7%)	36(24%)	10(6.7%)	8(5.3%)	3.3	Accepted
4.	I get adequate sleep and/or rest.	10(6.7%)	23(15.3%)	50(33.3%)	59(39.3%)	1.89	Rejected
5.	I regularly go for medical check-ups.	20(13.3%)	47(31.3%)	43(28.7%)	32(21.3%)	2.39	Rejected

***Scoring: Mean of 2.5 and above shows Acceptance, while Mean of 2.4 and below shows rejection**

Source: Field Survey, 2025.

Table (2) shows the descriptive statistic of the positive health behaviour commonly observed among undergraduate in the university of Benin**.** This indicates that, most respondents maintain positive health behaviours such as eating balanced diet (mean =3.15) and avoding smoking (mean =3.30). Also, student reportedly reject positive health behaviour such as exercising at least three times a week (mean = 2.30) as well as, getting adequate sleep/ rest (mean = 1.89) and regularly going for medical checkup (mean = 2.39), implying that respondents do not adequately rest or go for routine medical examinations. Therefore, it can be concluded, that common positive health behaviours among undergraduate at the university of Benin are, consuming balanced diet and not engaging in smoking.

Research Question 2: What are the negative health behaviors common among undergraduate of the university Benin?

Table 3: Descriptive statistics of the negative health behaviour commonly observed among undergraduate of the university of Benin

S/N	Statement	SA	A	D	SD	Mean	Remark
6	I consume junk food more than healthy meals.	7 (4.7%)	19 (12.7%)	55 (36.7%)	61 (40.7%)	1.8	Rejected
7	I engage in excessive alcohol consumption.	18 (12%)	31 (20.7%)	61 (40.7%)	32 (21.3%)	2.13	Rejected
8	I use medication without a doctor's prescription.	54 (36%)	49 (32.7%)	27 (18%)	27 (18%)	3.02	Accepted
9	I often stay awake all night due to academic stress and/or social activities.	74 (49.3%)	48 (32%)	15 (10%)	5 (3.3%)	3.35	Accepted
10.	I spend excessive time on my phone and/or internet to the detriment of my health.	82 (54.7%)	40 (26.7%)	12 (8%)	8 (5.3%)	3.38	Accepted

***Scoring: Mean of 2.5 and above shows Acceptance, while Mean of 2.4 and below shows rejection**

Source: Field Survey, 2025

Table 3**:** shows the descriptive statistics of the negative health behaviour commonly observed among undergraduate of the university of Benin. The result indicates that certain negative health behaviours are prevalent among the respondents, such as using medication without a doctor's prescription (mean = 3.02), staying awake all night due to academic stress or social activities (mean = 3.35), and spending excessive time on phones and/or the internet to the detriment of their health (mean = 3.38). These findings imply that many undergraduates frequently indulge in self-medication, sleep deprivation, and excessive screen time, which could negatively affect their overall well-being. Also, the respondents rejected negative health behaviours such as consuming junk food more than healthy meals (mean = 1.80) and engaging in excessive alcohol consumption (mean = 2.13). Therefore, it can be concluded that the negative health behaviours practice among undergraduates of the University of Benin are, self-medication, lack of sleep and excessive use of phones.

Research Question 3: What are the factors influencing health behaviour of undergraduate university of Benin Students?

Table 4: Descriptive statistics on the factors influencing the health behaviours of undergraduates in the University of Benin.

S/N	Statement	SA	A	D	SD	Mean	Remark
11	I regularly make healthy lifestyle choices because I have enough knowledge about nutrition, exercise, and health.	69 (46%)	48 (32%)	17 (11.3%)	8 (5.3%)	3.25	Accepted
12	I find it difficult to eat healthy food on campus due to high prices and limited availability of nutritious options.	73 (48.7%)	54 (36%)	54 (36%)	5 (3.3%)	3.37	Accepted
13	My peers influence my health behaviour, including eating habits, substance use, and exercise.	68 (45.3%)	50 (33.3%)	18 (12%)	6 (4%)	3.26	Accepted
14	Financial constraints prevent me from	84 (56%)	45 (30%)	9 (6%)	4(2.7%)	3.40	Accepted

	eating healthy						
15	Cultural or religious beliefs influence my health decisions	47 (31.3%)	60 (40%)	25 (16.7%)	10 (6.7%)	3.01	Accepted
16.	Lack of time due to academic workload limits my healthy practices.	79 (52.7%)	46 (30.7%)	13 (8.7%)	4 (2.7%)	3.40	Accepted
17.	I find it hard to access quality health information.	58 (38.7%)	55(36.7%)	19 (12.7%)	10 (6.7%)	3.13	Accepted
18.	I don't trust quality of university health service.	42 (28%)	56 (37.3%)	28 (18.7%)	16 (10.7%	2.91	Accepted

***Scoring: Mean of 2.5 and above shows Acceptance, while Mean of 2.4 and below shows rejection**

Source: Field Survey, 2025

Table 4: shows the descriptive statistics on the factors influencing the health behaviours of undergraduates in the University of Benin. The findings show that most respondents acknowledged several personal, social, and environmental factors that affect their health-related decisions and practices.

A majority of the respondents agreed that they make healthy lifestyle choices because they possess adequate knowledge about nutrition, exercise, and health (mean = 3.25), indicating that awareness and knowledge play a crucial role in guiding positive health behaviours. Similarly, students agreed that high food prices and limited availability of nutritious options on campus (mean = 3.37) and financial constraints (mean = 3.40) make it difficult to maintain healthy eating habits. This suggests that economic and environmental limitations significantly hinder students from practicing healthy lifestyles.

In addition, respondents agreed that peer influence (mean = 3.26), cultural or religious beliefs (mean = 3.01), and lack of time due to academic workload (mean = 3.40) affect their health behaviours. This implies that students' social environment, cultural background, and academic pressures play a major role in shaping their daily health practices. Furthermore, difficulty in accessing quality health information (mean = 3.13) and lack of trust in university health services (mean = 2.91) were also identified as factors that negatively affect students' health decisions and their willingness to seek professional healthcare.

Therefore, it can be concluded that undergraduates' health behaviours are influenced by a combination of knowledge, financial capability, peer and cultural factors, academic stress, and accessibility to reliable health services.

Discussion of Findings

The aim of this study was to investigate the factors affecting the health behaviour of undergraduate students of the University of Benin. The discussion of findings presented here is based on the results from the analyzed data and how they relate to existing literature, theoretical frameworks, and real-life implications for student health. The findings revealed that undergraduates at the University of Benin exhibited a mixed pattern of positive health behaviours. Many respondents reported that they regularly ate a balanced diet and avoided smoking or drug abuse, with mean scores of 3.15 and 3.30 respectively. This indicates that a significant number of students are conscious of their nutritional habits and the health risks associated with substance use. This observation agrees with Okechukwu and Dangana (2021), who found that Nigerian students are increasingly aware of healthy living practices due to improved access to health information through media and campus awareness campaigns. However, the study also showed that students did not consistently engage in other positive health practices such as exercising regularly, getting adequate rest, or attending routine medical checkups. These behaviours recorded mean scores below the acceptance level (2.30, 1.89, and 2.39 respectively), signifying that although students know what constitutes good health habits, they often fail to practice them. This aligns with Ajzen's (1991) Theory of Planned Behaviour, which posits that behaviour is determined not only by knowledge or intention but also by perceived control and situational factors. In this context, academic workload, stress, and lack of time management skills could act as barriers preventing students

from translating their intentions into consistent healthy practices. Practically, it reflects that many students prioritize academic success over their personal health, sacrificing sleep, exercise, and regular medical care to meet academic demands. This finding is consistent also with the study of Bamidele et al. (2022**)**, who reported that university students generally possess a satisfactory level of health knowledge due to exposure to mass media, internet resources, and academic learning. Similarly, Okonkwo et al. (2020) found that awareness of healthy practices such as proper diet and hygiene was widespread among Nigerian undergraduates. However, despite the high level of awareness observed, the results also suggest that knowledge alone does not always translate into consistent practice. From my personal perspective, this finding reflects the reality of life on campus, where students frequently sacrifice rest, exercise, and medical check-ups in pursuit of academic success. Many undergraduates believe that youth equate to good health, and this often leads to complacency in preventive care. Additionally, financial challenges may discourage students from accessing private fitness centers or seeking medical services. Thus, even though the intention to live healthily exists, practical constraints such as time, resources, and motivation often prevent students from maintaining consistent healthy behaviours.

The study also identified negative health behaviours commonly observed among students. The results revealed that certain unhealthy habits are widespread. Many students reported using medication without a doctor's prescription (mean = 3.02), staying awake all night due to academic stress or social activities (mean = 3.35), and spending excessive time on phones and the internet (mean = 3.38). These

findings point to a troubling pattern of self-medication, sleep deprivation, and excessive screen use among undergraduates. Such behaviours may be driven by the need to cope with academic workload, manage stress, or stay socially connected in the digital age. Umeh and Nwankwo (2020) similarly observed that self-medication and unhealthy coping mechanisms are increasingly common among Nigerian students due to limited access to affordable healthcare and the pressure to perform academically.

Conversely, the respondents largely rejected negative habits such as consuming junk food more than healthy meals (mean = 1.80) and engaging in excessive alcohol consumption (mean = 2.13). This could imply that awareness campaigns and religious or cultural norms against substance misuse have had some positive influence. It is encouraging that despite exposure to various risky behaviours, many students still uphold moderate and health-conscious choices in areas like alcohol and diet.

From a personal standpoint, it is understandable why some unhealthy behaviours, such as excessive phone use or late-night studying, have become normalized. The modern university environment demands long study hours, online learning, and constant connectivity. Many students also resort to self-prescribed drugs to stay awake or relieve minor ailments, either due to long waiting times at the university clinic or lack of trust in campus healthcare services. Unfortunately, these behaviours, though seemingly harmless in the short term, can lead to long-term issues such as mental fatigue, addiction, or poor physical health. These findings, therefore, highlight an urgent need for universities to intensify health education, regulate on-campus drug access, and promote digital wellness and time management among students. Personally, it is easy to see why many students depend on self-prescribed drugs or late-night study sessions, they are trying to meet expectations in a highly

competitive academic environment. Unfortunately, these habits, though seemingly harmless at first, can have long-term consequences on mental and physical health. This calls for improved health counselling and awareness campaigns on campus to address risky coping behaviours.

Finally, the results highlighted that knowledge about nutrition and health strongly influences students' choices, yet structural and environmental barriers also play a major role, indicating that awareness is present. This aligns with studies showing that higher health literacy correlates with more health-promoting behaviour (Fehintola et al., 2022). Still, knowledge alone did not guarantee consistent healthy behaviour. Financial constraints and limited access to nutritious food on campus scored means of 3.40 and 3.37 respectively in your data, pointing to practical obstacles. Recent research in Nigerian universities confirms that food availability and affordability significantly affect students' ability to eat healthily (Idowu et al., 2024). Thus, while students may *know* what to do, the campus environment and socio-economic conditions limit their ability to act.

Peer influence, cultural/religious beliefs, and academic time pressures emerged as key social and personal determinants. The *Theory of Planned Behaviour* (Ajzen, 1991) suggests that subjective norms, what students perceive others expect of them — shape behaviour. In your data, peer influence being high suggests that students' health decisions are shaped by friends' habits and group norms. Cultural and religious beliefs also shape attitudes toward behaviours like substance use, exercise, or medical check-ups. Further, the heavy academic workload that many students cited reflects how time-pressure undermines healthy practices. Supporting this, a recent cross-sectional survey on Nigerian undergraduates found that physical inactivity and poor sleep were significantly associated with

academic demands and time-use patterns (Idowu et al., 2024). In short, even with good intentions, students' social environment and academic demands may override health-promoting choices.

Finally, institutional trust and access to health services also influenced student behaviour. A 2024 Nigerian study found that utilisation of university health services was significantly impacted by students' perceptions of staff attitude, cost, and timeliness (Gerald et al., 2024). Thus, even where health services exist, students may avoid them if they believe they are inefficient or unwelcoming. Practically, this means that universities must not only provide services but also build trust and awareness among students, the fact that students accepted these barriers reinforces the need for institutional intervention, such as improving campus health centre quality, making information accessible, and scheduling services when students are free if positive health behaviours are to be sustained.

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary

The study examined the factors affecting the health behaviour of undergraduate students of the University of Benin. It sought to identify the students' knowledge, attitudes, and practices regarding health; the factors influencing their behaviour; and the barriers preventing them from maintaining healthy lifestyles.

A descriptive survey design was adopted for the study. The population consisted of 43,446 undergraduate students, from which a sample size of 150 respondents was drawn using a proportionate sampling technique, ensuring equal representation of students from all faculties according to their population sizes. A structured questionnaire, validated by experts, served as the instrument for data collection. Out of the 150 questionnaires distributed, 142 were correctly filled and returned, representing a 94.7% response rate.

Data were analyzed using frequency counts, simple percentages, and mean scores. The analysis was guided by the research questions, which focused on the level of awareness, common health practices, influencing factors, and barriers to healthy behaviour among undergraduates.

Findings

The findings revealed that most students are well informed about what constitutes healthy living and the importance of good habits such as balanced nutrition, regular exercise, and avoidance of drugs. However, this knowledge does not always translate into consistent practice due to several limiting factors such as financial constraints, academic workload, peer influence, and time limitations.

The findings of the study were as follows;

1. It can be traced that the common positive health behaviours among undergraduate at the university of Benin are, consuming balanced diet and not engaging in smoking.

2. It also drawn from the finding of this study that, the negative health behaviours practice among undergraduates of the University of Benin are, self-medication, lack of sleep and excessive use of phones.
3. Knowledge about healthy lifestyle choices (including nutrition and exercise), high prices of goods, peer influence, financial constraints, cultural/religious belief, lack of time due to academic workload, access to quality health information and access to quality of university health services are factors influencing the health behaviours of undergraduates in the University of Benin.

Conclusion

Based on the findings of this study, it can be concluded that undergraduate students of the University of Benin possess a relatively high level of knowledge about healthy living and its importance to overall well-being. Most students understand the benefits of balanced nutrition, adequate rest, personal hygiene, exercise, and abstaining from harmful practices such as smoking and drug abuse. However, there remains a significant gap between their health knowledge and their actual health behaviours. The study established that while students have positive attitudes toward maintaining healthy lifestyles, they face several barriers that hinder them from translating this awareness into consistent practice. Financial limitations emerged as a major constraint, making it difficult for many students to afford nutritious meals. Academic workload and time pressure were also identified as key factors that discourage

regular exercise and adequate rest. Furthermore, peer influence and limited access to reliable health information often shape students' daily health decisions in ways that do not always promote wellness.

Institutional and environmental factors further complicate the situation. Many students expressed distrust in the university's health services and highlighted the lack of accessible and student-friendly health facilities or wellness programs. This indicates that the university environment may not be sufficiently supportive of students' health needs. Despite these challenges, the positive attitude demonstrated by students suggests a strong potential for behavioural improvement if the right support systems are put in place.

conclusively, the study reaffirms that knowledge alone does not guarantee healthy behaviour among undergraduates. Health behaviour is influenced by a combination of personal, social, economic, and environmental factors. To foster healthier lifestyles among students, there is a need for targeted interventions that address these barriers—such as promoting health education campaigns, improving access to affordable healthy food, and creating more opportunities for physical activity and wellness engagement on campus. With adequate institutional support and personal commitment, students can better align their health knowledge with their daily practices, leading to improved well-being and academic performance.

Recommendations

Based on the findings and conclusions of this study, the following recommendations are proposed to improve the health behaviours of undergraduate students of the University of Benin:

Strengthen Health Education and Behavioural Awareness Programs; Although students demonstrated high knowledge of healthy living, the study revealed a significant gap between awareness and practice. Therefore, the University of Benin should intensify health promotion and awareness programs that emphasize the importance of translating knowledge into daily action. This can be achieved through seminars, workshops, and peer-led health campaigns focused on nutrition, exercise, rest, and preventive health behaviour. These initiatives would help students make informed and consistent health decisions despite academic and social pressures

Improve Access to Health-Supportive Resources and Facilities; The findings indicated that financial limitations, limited access to nutritious food, and distrust in university health services hinder students from maintaining healthy lifestyles. To address these barriers, the university should create an enabling environment that supports health-promoting behaviours. This includes improving the affordability and availability of healthy meals on campus, strengthening university health services to ensure accessibility and trust, and providing safe, well-equipped recreational spaces for physical activities.

Address Academic and Environmental Factors Affecting Health Practices: The study found that academic workload, time constraints, and peer influence significantly affect students' ability to engage in healthy practices such as regular exercise and adequate sleep. The university should promote balanced academic scheduling and introduce programs that teach students effective time management and stress-coping skills. In addition, fostering a supportive social environment where positive peer influence and wellness culture are encouraged can enhance the overall health behaviour of undergraduates.

Suggestions for Further Studies

1. Future studies should explore the long-term impact of academic workload and stress on students' health behaviours across different universities in Nigeria. This will help identify how institutional structures influence students' ability to maintain healthy lifestyles over time. A longitudinal study should be conducted to examine the long-term impact of health behaviors on students' academic and personal development.
2. Researchers may also consider examining the role of digital media and technology use in shaping students' health practices, particularly regarding sleep patterns, nutrition, and exercise habits. Since mobile phone and internet use were found to contribute to unhealthy routines, such studies could provide deeper insights into behavioural modification strategies.

Further studies should explore the role of digital health platforms in shaping student health decisions and self-care practices.

3. Researchers should investigate faculty-specific trends to determine if certain academic programs experience higher health-related challenges than others.
4. Future studies could investigate the impact of mental health and stress on the overall health behaviour of undergraduates.

Contribution to Knowledge

1. This study provides empirical evidence on the patterns of health behavior among undergraduates in the University of Benin, highlighting both strengths and gaps.
2. It identifies a combination of individual, socio-cultural, academic, and institutional factors that influence student health behavior in a Nigerian university context.
3. The study contributes a validated instrument for assessing health behavior that may be adapted for use in similar academic environments.
4. By integrating students' perspectives, it provides a student-centered basis for designing campus-wide health interventions and policies.

REFERENCES

Achi, T. (2020). Unhealthy lifestyles among Nigerian undergraduates: A growing public health challenge. Nigerian Journal of Health Education, 24(1), 45–56.

Adewoyin, F., & Ayo-Ajayi, O. (2025). Patterns of sedentary behavior among university students in Nigeria: Implications for non-communicable diseases. African Journal of Physical Health, 10(2), 78–91.

Awopetu, M., Johnson, E., & Ojo, A. (2024). Social media addiction and its impact on the mental health of Nigerian undergraduates. Journal of Digital Health Studies, 6(1), 14–27.

Bamidele, E., Adeyemo, S., & Onajobi, F. (2023). Health-seeking behaviour and utilization of health services among students of Babcock University, Ogun State. Nigerian Journal of Public Health, 7(3), 221–234.

Coker, A., Olaleye, K., & Odu, A. (2020). Prevalence of unhealthy lifestyle practices among Lagos university students. West African Journal of Health Sciences, 5(1), 33–47.

Ejembi, C. L., & Otu, A. A. (2004). Sexual behavior and contraceptive use among university students in Nigeria. African Journal of Reproductive Health, 8(2), 19–25.

Ejembi, C. L., & Otu, A. A. (2005). Reproductive health awareness and utilization of services among university students in Nigeria. African Journal of Reproductive Health, 9(1), 45–56.

Emmanuel, S., Ekwenchi, C., & Adum, V. (2015). E-health use and health information-seeking behaviour among Nigerian university students. International Journal of Health Informatics, 2(4), 112–121.

Erumi, D., & Edjere, O. (2024). Psychological and personal factors influencing health-seeking behaviour among young adults in Delta State tertiary institutions. Nigerian Journal of Behavioral Science, 11(2), 55–68.

Igbinosa, I., & Yusuf, M. (2020). Health behaviour patterns among dental students in Nigerian universities. Journal of Preventive Health and Hygiene, 12(1), 43–54.

Ikpeama, V., & Onalu, C. (2025). Knowledge and access to mental health services among undergraduates of University of Nigeria, Nsukka. Nigerian Journal of Mental Health Promotion, 4(1), 22–34.

Ilo, C., Onwunaka, C., & Nwimo, I. (2015). Health risk behaviours among university students in southeastern Nigeria. International Journal of Health Promotion, 3(1), 29–39.

Israel, O., & Samuel, K. (2020). Health information-seeking behaviour among undergraduates at the Federal University of Technology, Akure. Journal of Library and Information Science, 12(2), 45–59.

Ishaku, A., & Matsumoto, T. (2017). Comparative study of health behaviours and psychological distress among Nigerian and Japanese students. Journal of Cross-Cultural Psychology, 48(7), 1012–1023.

Kukoyi, A., Akande, T., & Adebayo, B. (2022). Attitude and health-seeking behaviour towards mental health services among students of Afe Babalola University, Ado-Ekiti. Journal of Public Health and Education, 9(4), 87–101.

Obasola, O. I., & Agunbiade, O. M. (2016). Online health information seeking and self-care practices among university students in Nigeria. Health Informatics International, 5(3), 122–133.

Obinechina, E., & Ekenedo, G. (2018). Self-medication and its health implications among undergraduates in southeastern Nigeria. Nigerian Journal of Health Sciences, 8(2), 55–67.

Ogundele, A., Abdulkarim, R., & Enyinnaya, A. (2014). Students' perception and utilization of university health centre services at the University of Ibadan. Nigerian Journal of Clinical Health, 2(3), 63–73.

Ogundipe, A., & Omotosho, B. (2025). Awareness and attitude towards digital mental health platforms among undergraduates in University of Ibadan. Journal of E-Health and Education, 3(1), 71–83.

Ojo, P., Afolabi, O., & Ajayi, F. (2022). Clinic visit patterns and health complaints among law students of Babcock University, Nigeria. Journal of University Health Research, 5(2), 102–113.

Okonkwo, R. U., Nwosu, E., & Nwafor, J. (2005). Peer influence and risky sexual behaviour among female undergraduates in Anambra State. African Journal of Reproductive Studies, 6(1), 25–36.

Oluwafisayo, A., Ogunbayo, D., & Akanni, J. (2023). Health locus of control and preventive health behaviour among Nigerian undergraduates. Journal of Health Psychology and Education, 14(1), 52–68.

Oluwafunmibi, R., & Abimbola, J. (2025). Internet addiction and its impact on academic and mental health among Nigerian undergraduates. Journal of Educational Psychology and Wellness, 8(3), 60–74.

Popoola, A. (2021). Lifestyle and health-risk behaviour among Nigerian university students. Nigerian Journal of Youth Health, 4(2), 38–49.

Seriki, S. (2024). Cultural determinants of food choice and dietary practices among undergraduates in Nasarawa State, Nigeria. African Journal of Cultural Health Studies, 7(1), 91–103.

Udam, P., Etim, J., & Udo, C. (2024). Awareness and utilization of mental health services among students of the University of Calabar. Journal of Mental Health Education, 5(2), 84–97.

Ajzen, I. (1991). *The Theory of Planned Behaviour.* Organizational Behavior and Human Decision Processes, 50(2), 179–211.

Fehintola, F. O., et al. (2022). *Factors influencing health-promoting lifestyles among Obafemi Awolowo University undergraduates in Ile-Ife, Nigeria.* West Africa Journal of Medicine, 39(9), 922–927.

Gerald, P. G., Nja, G. M. E., & Dankogi, I. M. (2024). *Undergraduate students' level of awareness, perceptions and level of utilisation of healthcare services at the medical centre, University of Calabar, Nigeria.* World Scientific News, 190(2), 332-351.

Idowu, O. A., Omoijahe, B., & Fawole, H. O. (2024). *Physical activity information-seeking behaviour and barriers in a sample of university undergraduate emerging adults: A cross-sectional survey.* Bulletin of Faculty of Physical Therapy, 29(20). https://doi.org/10.1186/s43161-024-00187-6

Nwokoro, I. A., Eze, O. U., & Umeh, C. (2019). *Influence of socio-economic and cultural factors on health behaviour among undergraduates in South-East Nigeria.* African Journal of Health Promotion, 7(1), 88–97.

Okechukwu, C., & Dangana, A. (2021). *Health behaviour patterns among tertiary students in Nigeria: Challenges and implications for public health.* Nigerian Journal of Social and Behavioral Sciences, 9(3), 102–114.

Rosenstock, I. M. (1974). *The Health Belief Model and preventive health behavior.* Health Education Monographs, 2(4), 354–386.

Umeh, C. D., & Nwankwo, J. (2020). *Risky health behaviours among Nigerian undergraduates: A study of trends and influencing factors.* Journal of Health Education Research, 8(1), 57–66.

QUESTIONNAIRE

DEPARTMENT OF HEALTH AND PHYSICAL EDUCATION

FACULTY OF EDUCATION

UNIVERSITY OF BENIN

BENIN CITY

Dear Respondent,

I am an undergraduate student of the Department of Health, Safety and Environmental Education, Faculty of Education, University of Benin. I am conducting a research study titled: **"**Factors Influencing the Health Behavior of Undergraduates in the University of Benin." The purpose of this study is to explore various factors such as peer pressure, academic stress,

access to health services, and lifestyle choices that shape students' health behavior. Your participation is voluntary, and all information provided will be treated with utmost confidentiality and used solely for academic purposes. Please answer the questions sincerely.

Thank you for your cooperation.

Yours faithfully,

AIGBODION DANIEL OHIOBOMEN

(Researcher)

SECTION A: Demographic Data

Demographic Variable	**Response**
Gender	Male ( ) Female ( )
Age	_____ years
Faculty	_____

SECTION B: Main Questionnaire

SA = Strongly Agree | A = Agree | D = Disagree | SD = Strongly Disagree

	Items	**SA**	**A**	**D**	**SD**
	What are the Positive health behaviors that undergraduates undertake?				
1.	I eat a balanced diet regularly.				
2.	I exercise at least three times a week.				
3.	I avoid smoking and drug use.				
4.	I get adequate sleep and rest.				
5.	I regularly go for medical check-ups.				
	What are the negative health behaviors that undergraduates undertake?	**SA**	**A**	**D**	**SD**
6.	I consume junk food more than healthy meals.				
7.	I engage in excessive alcohol consumption.				
8.	I use medication without a doctor's prescription.				
9.	I often stay awake all night due to academic stress or social activities.				
10.	I spend excessive time on my phone or internet to the detriment of my health.				

	What are the factors influencing health behavior of university of Benin Students?				
11.	I regularly make healthy lifestyle choices because I have enough knowledge about nutrition, exercise, and health.				
12.	I find it difficult to eat healthy food on campus due to high prices and limited availability of nutritious options.				
13.	My peers influence my health behaviour, including eating habits, substance use, and exercise.				
14.	Financial constraints prevent me from eating healthy				
15.	Cultural or religious beliefs influence my health decisions				
16.	Lack of time due to academic workload limits my healthy practices.				
17.	I find it hard to access credible health information.				
18.	I don't trust the quality of university health services.				