

Personal Health Risk Management and Prevention of Sexually Transmitted Infections Amongst Business Education Students in Imo State

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Abstract

The study examines personal health risk management and prevention of sexually transmitted infections amongst business education students in Imo State. The study specifically examines personal health risk identification, personal health risk assessment, personal health risk mitigation, and personal health risk monitoring and their correlation with prevention of sexually transmitted infections. The population of the study is made up of the 485 and 56 (541) business education students at Alvan Ikoku Federal University Owerri and Imo State College of Education Ihitte/Uboma. Using Krejcie and Morgan table of sample size determination, a sample of 226 students were taken from the two institutions proportionately. Data for the study was collected with a structured questionnaire designed by the researchers. Data was collected through physical contact with the respondents. Data collected was analysed with Mean ($\bar{x}$), Standard Deviation (SD) and Pearson Product Moment Correlation Coefficient (r). Mean and standard deviation were used to analyse the research questions and Pearson Product Moment Correlation Co-efficient was used to test the hypotheses. The analysis of the data collected revealed a very strong positive correlation between personal health risk identification, assessment, mitigation, monitoring and prevention of sexually transmitted infections. Based on the finding, it was recommended that: management of tertiary institutions in Imo State should invest heavily in health risk sensitization campaigns to ensure protective reproductive health practices among the students; tertiary institution administrators in Imo State should incorporate functional health risk assessment modules and accessible self-tracking checklists into the Business Education curriculum to explicitly foster preventive health behaviours among students; institutional administrators in Imo State should collaborate with healthcare professionals to organize mandatory, credit-bearing health risk mitigation workshops that equip students with practical self-assessment and infection prevention strategies; and Business Education departments of tertiary institutions in Imo State should partner with their institutions' health services to provide students with digital health-monitoring applications to make it easier for them to track personal health metrics and sustain preventative behaviours.

Keywords: Personal Health Risk Management, Sexually Transmitted Infections, Personal Health Risk Identification, Personal Health Risk Assessment, Personal Health Risk Mitigation, Personal Health Risk Monitoring

INTRODUCTION

Sexually transmitted infections remain a major public health challenge in Nigeria, with prevalence varying widely by region. A sexually transmitted infection is an illness passed from one person to another through vaginal, anal, or oral sex. Munjit (2021) sees sexually transmitted infections as a virus, bacteria, fungus, or parasites that are spread between sexual partners through different routes of sexual contact, either oral, anal, or vaginal. The most common includes Gonorrhea, chlamydia, syphilis, trichomonas, herpes viruses, human papillomavirus, and human immunodeficiency virus. A survey in Nigeria by Fehintola et al. (2018) on the prevalence and predictors of early sexual debut among adolescents reported that an average of 18.6% had sexual debut before their 15th birthday – 16.6% in boys and 20.2% in girls.

Sexually transmitted infections severely impact Nigerian students by driving poor academic performance, causing physical complications like chronic pelvic pain and infertility, and fuelling social stigma. Furthermore, misconceptions and fear of discrimination frequently cause students to delay seeking treatment, which leads to prolonged illness and a higher risk of human immunodeficiency virus transmission. Adebayo (2020) opined that In Nigeria, the prevalence of sexually transmitted infections among the sexually active population is estimated to range from 10% to 15%, with high rates of Gonorrhea and chlamydia. This high prevalence has significant consequences for individuals, communities, and healthcare systems and as such underscores the urgent need for effective preventive intervention strategies.

Therefore, one of the workable strategies to prevent sexually transmitted infections is personal health risk management. Personal health risk management is the process of identifying, evaluating, and mitigating threats to one's physical and mental well-being. It involves balancing controllable lifestyle factors with uncontrollable risks using prevention, medical screening, and active financial protection. Generally, Yiu (2022) highlighted four pillars of risk management which include: health risk identification, health risk assessment, health risk mitigation, and health risk monitoring.

Health risk identification as a pillar of health risk management is the process of recognizing and evaluating potential hazards that can cause harm. It typically requires spotting hazards, measuring how often one is exposed, and assessing personal factors like age, family history, and lifestyle to prevent illness. Studies have shown that identification of health risk is strongly linked to mitigation of sexually transmitted infections. For instance, Traeger and Stoope (2022) opined that accurate identification of health risks is the foundation for successfully mitigating sexually transmitted infections, as it allows prevention efforts to target the right behaviours, populations, and clinical interventions.

Health risk assessment as a pillar of risk management is an evaluation tool, usually a questionnaire paired with vital measurements, used to identify an individual's potential health risks, screen for chronic diseases, and guide preventative care. It is frequently used by healthcare providers during annual wellness visits or by employers for wellness programs. Health risk assessment plays a significant role in mitigating sexually transmitted infections. In the words of Kerschberger et al (2025), health risk assessments improve the mitigation of sexually transmitted infections by identifying high-risk behaviours and enabling targeted clinical screening. Assessing health risks is the essential first step that guides the correct choice of sexually transmitted infections mitigation strategies.

Health risk migration as a pillar of health risk management is the process of planning and taking actions to

lower the chance or severity of potential health threats. According to Langford and Shapland (2026), health risk mitigation is the process of planning and taking specific actions to lower the chance or severity of harm to people, staff, or communities. Previous studies have revealed a significant relationship between health risk mitigation and mitigation of sexually transmitted infections. In the words of Steen, Wi, Kamali and Ndowa (2009), health risk mitigation plays a central role in lowering the transmission, prevalence, and long-term health complications of sexually transmitted infections.

Health risk monitoring as a pillar of health risk management is the ongoing process of identifying, tracking, and evaluating potential hazards to human health to prevent disease, injury, and public health emergencies. It has been documented by many scholars that health risk monitoring helped in preventing sexually transmitted infections. For instance, Traeger and Stooze (2022) found in their study that health risk monitoring strongly influences sexually transmitted infections by helping public health systems and individuals track, prevent, and treat outbreaks. In a related development, Elendu et al (2024) postulated that health risk monitoring lowers rates of sexually transmitted infections by catching hidden cases early and guiding targeted prevention.

The utility of individual health risk management in mitigating sexually transmitted infections is well-established, yet its practical application faces substantial resistance due to widespread apathy within the student populace. Rather than adopting systematic approaches to track, assess, and minimize exposure, many young adults continue to overlook the long-term clinical consequences of untreated infections. This lack of accountability highlights an urgent need for targeted educational interventions that shift student attitudes from passive awareness to active, serious risk management. Against this background the study seeks to examine personal health risk management and prevention of sexually transmitted infections amongst business education students in Imo State.

Statement of Problem

Despite the widespread availability of sexual health education campaigns on tertiary campuses across Imo State, a troubling paradox persists among undergraduate Business Education students as high academic literacy has not translated into responsible sexual health behavior. Many students continue to operate under a low perception of personal vulnerability, choosing to view sexually transmitted infections as distant risks rather than immediate threats. Consequently, this demographic frequently engages in high-risk sexual practices which include inconsistent barrier protection, multiple sexual partnerships, and a general avoidance of routine clinical screening, without undertaking any form of personal risk evaluation.

This carefree approach to sexual well-being is often exacerbated by social stigma, peer pressure, and economic vulnerabilities unique to student life in local environments like Owerri. By neglecting systemic self-assessment and proactive risk management, these future professionals leave themselves highly vulnerable to severe, preventable health outcomes, including chronic pelvic infections, infertility, and prolonged physiological complications. If this psychological apathy and behavioural gap are left unaddressed, the rising incidence of sexually transmitted infections will not only undermine the personal well-being and academic retention of these students but will also pose a severe, long-term threat to the socio-economic productivity of the human resources entering Nigeria's business sector. Hence, the need to examine personal health risk management and prevention of sexually transmitted infections amongst business education students in Imo State.

Aim and Objectives of the Study

The main objective of the study is to examine personal health risk management and prevention of sexually transmitted infections amongst business education students in Imo State. The specific objectives of the

study include the following.

1. To examine the relationship between personal health risk identification and prevention of sexually transmitted infections amongst business education students in Imo State.
2. To ascertain the connection between personal health risk assessment and prevention of sexually transmitted infections amongst business education students in Imo State.
3. To find out the association between personal health risk mitigation and prevention of sexually transmitted infections amongst business education students in Imo State.
4. To scrutinize the link between personal health risk monitoring and prevention of sexually transmitted infections amongst business education students in Imo State.

Research Questions

1. What is the relationship between personal health risk identification and prevention of sexually transmitted infections amongst business education students in Imo State?
2. What is the connection between personal health risk assessment and prevention of sexually transmitted infections amongst business education students in Imo State?
3. What is the association between personal health risk mitigation and prevention of sexually transmitted infections amongst business education students in Imo State?
4. What is the link between personal health risk monitoring and prevention of sexually transmitted infections amongst business education students in Imo State?

Research Hypotheses

H01: there is no significant relationship between personal health risk identification and prevention of sexually transmitted infections amongst business education students in Imo State.

H02: there is no significant connection between personal health risk assessment and prevention of sexually transmitted infections amongst business education students in Imo State.

H03: there is no significant association between personal health risk mitigation and prevention of sexually transmitted infections amongst business education students in Imo State.

H04: there is no significant link between personal health risk monitoring and prevention of sexually transmitted infections amongst business education students in Imo State.

METHODOLOGY

The study employed a correlational research design. The population of the study is made up of the 485 and 56 (541) business education students at Alvan Ikoku Federal University Owerri and Imo State College of Education Ihitte/Uboma. Using Krejcie and Morgan table of sample size determination, a sample of 226 students were taken from the two institutions proportionately. 203 and 23 students were sampled from Alvan Ikoku Federal University of Education Owerri and Imo State College of Education Ihitte /Uboma respectively. Stratified sampling technique was adopted in taking the sample size. Data for the study was collected with a structured questionnaire designed by the researchers. The instrument was validated by professionals in the field of business education and measurement and evaluation of the researchers' institution. The reliability of the instrument was determined with test re-test, and a coefficient of 0.82 was obtained to ensure its reliability. Data was collected through physical contact with the respondents. Data collected was analysed with Mean ($\bar{x}$), Standard Deviation (SD) and Pearson Product Moment Correlation Coefficient (r). Mean was used to analyse the research questions and Pearson Product Moment Correlation Co-efficient was used to test the hypotheses. Decision for the analysis of the research questions was taken

by comparing the weighted mean scores with criterion mean score of 2.5. Weighted mean scores above criterion mean were upheld while weighted mean scores below the criterion mean were retracted. However, the results of the tested hypotheses were interpreted based on Dana (2001) correlation decision framework. The decision framework includes: 0.00-0.19 (very weak); 0.20 – 0.39 (weak); 0.40 – 0.59 (moderate); 0.60 – 0.79 (strong); 0.80 – 0.99 (very strong); and 1 (perfect).

RESULTS

Analysis of Research Questions

Research question one

- What is the relationship between personal health risk identification and prevention of sexually transmitted infections amongst business education students in Imo State?

In response to the above question, respondents' response to items 1 to 4 of the instruments administered were subjected to analysis. The summary of the result is presented in table 1 below.

Table 1: Descriptive analysis of the relationship between personal health risk identification and prevention of sexually transmitted infections

S/N	Item	N	$\bar{x}$	SD	Remark
1.	Knowing my personal health risks motivates me to improve my daily diet and exercise habits.	226	2.90	0.97	Agreed
2.	Discovering my personal health risks makes me feel more anxious about my future health.	226	3.15	0.85	Agreed
3.	Identifying my specific health risks gives me a clear picture of my current medical status.	226	3.16	0.85	Agreed
4.	Learning about my health risks encourages me to schedule regular check-ups with my doctor.	226	3.13	0.83	Agreed
	Total Weighted Mean and SD	226	3.15	0.84	Agreed

Source: Field work 2026

The above table revealed a total weighted mean of 3.15 and a total weighted standard deviation of 0.84. The mean (3.15) sits safely above the neutral theoretical midpoint (2.50) and approaches the "Strongly Agree" threshold, which indicates a strong, positive consensus among the respondents regarding the survey items. While the standard deviation showed that the individual responses are tightly clustered around the mean of 3.15, which means the respondents share highly uniform views, and there is very little polarization or extreme disagreement within the sample group. Thus, it is concluded that there is a positive relationship between personal health risk identification and prevention of sexually transmitted infections amongst business education students in Imo State

Research question two

- What is the connection between personal health risk assessment and prevention of sexually transmitted infections amongst business education students in Imo State?

In response to the above question, respondents' response to items 5 to 8 of the instruments administered were subjected to analysis. The summary of the result is presented in table 2 below.

Table 2: Descriptive analysis of the connection between personal health risk assessment and prevention of sexually transmitted infections

S/N	Item	N	$\bar{x}$	SD	Remark
5.	Health risk assessment helped me understand my personal health risks.	226	3.05	0.91	Agreed
6.	The assessment results motivated me to make healthier lifestyle choices.	226	3.04	0.88	Agreed
7.	The assessment gave me clear steps to improve my health.	226	3.07	1.00	Agreed
8.	I feel more confident in managing my health after seeing my results.	266	3.04	0.96	Agreed
	Total Weighted Mean and SD	226	3.04	0.95	Agreed

Source: Field work 2026

The above table revealed a total weighted mean of 3.04 and a total weighted standard deviation of 0.95. The mean (3.04) sits safely above the neutral theoretical midpoint (2.50) and approaches the "Strongly Agree" threshold, which indicates a strong, positive consensus among the respondents regarding the survey items. While a standard deviation of 0.95 means that individual responses are spread nearly one full scale point away from the average. Thus, it is concluded that there is a positive connection between personal health risk assessment and prevention of sexually transmitted infections amongst business education students in Imo State.

Research question three

- What is the association between personal health risk mitigation and prevention of sexually transmitted infections amongst business education students in Imo State?

In response to the above question, respondents' response to items 9 to 12 of the instrument administered were subjected to analysis. The summary of the result is presented in table 3 below.

Table 3: Descriptive analysis of the association between personal health risk mitigation and prevention of sexually transmitted infections

S/N	Item	N	$\bar{x}$	SD	Remark
9.	My personal health habits improve my daily physical well-being.	226	3.10	0.92	Agreed
10.	Taking steps to lower my health risks prevents me from getting sick.	226	3.23	0.80	Agreed
11.	Managing my health risks reduces my worry about future illnesses.	226	3.06	1.02	Agreed
12.	Proactive health risk reduction lowers my future medical costs.	226	3.14	0.93	Agreed
	Total Weighted Mean and SD	226	3.13	0.93	Agreed

Source: Field work 2026

The above table revealed a total weighted mean of 3.13 and a total weighted standard deviation of 0.93. Since the mean (3.13) sits safely above the neutral theoretical midpoint (2.50), it signifies a clear positive sentiment. The collective response pattern shows that most participants support or agree with these specific survey items. However, a standard deviation of 0.93 reveals a moderate spread of individual ratings around the mean score. Thus, it is concluded that there is a positive association between personal health risk mitigation and prevention of sexually transmitted infections amongst business education students in Imo State.

Research question four

- What is the link between personal health risk monitoring and prevention of sexually transmitted infections amongst business education students in Imo State?

In response to the above question, respondents' response to items 13 to 16 of the instrument administered were subjected to analysis. The summary of the result is presented in table 4 below.

Table 4: Descriptive analysis of the link between personal health risk monitoring and prevention of sexually transmitted infections

S/N	Item	N	$\bar{x}$	SD	Remark
13.	Monitoring my personal health risks helps me make healthier daily choices.	226	3.13	0.77	Agreed
14.	Tracking my health data lowers my worry about future health problems.	226	3.13	0.84	Agreed
15.	Regular health monitoring encourages me to visit a doctor sooner when issues arise.	226	2.93	1.03	Agreed
16.	Knowing my health risks gives me more control over my overall well-being.	226	3.13	0.92	Agreed
	Total	226	3.08	0.90	Agreed

Source: Field work 2026

The above table revealed a total weighted mean of 3.08 and a total weighted standard deviation of 0.90. The mean (3.08) sits comfortably above the scale's neutral theoretical midpoint (2.50), which signifies an overall positive sentiment and general endorsement. The collective group feedback leans firmly towards agreeing with this survey statement. However, a standard deviation of 0.90 indicates a moderate spread of individual responses away from the center. Thus, it is concluded that there is a positive link between personal health risk monitoring and prevention of sexually transmitted infections amongst business education students in Imo State.

Testing of Hypotheses

Hypothesis one

H01: there is no significant relationship between personal health risk identification and prevention of sexually transmitted infections amongst business education students in Imo State.

HA1: there is a significant relationship between personal health risk identification and prevention of sexually transmitted infections amongst business education students in Imo State.

In testing the above, respondents' response to items 1 to 4 and 17 to 20 of the instruments administered were compared using Pearson product moment correlation coefficient. The summary of the result is presented in table 5 below

Table 5: Correlation analysis of the relationship between personal health risk identification and prevention of sexually transmitted infections

Variables	Mean ($\bar{x}$)	Std. Dev.	N	r	Remark
Personal health risk identification	3.15	0.84	226	0.92	Very strong significant relationship
Prevention of sexually transmitted infections	3.02	1.05			

Source: field survey, 2026

The table above revealed a correlation coefficient (r) of 0.92. Using Dana (2001) correlation decision framework, the null hypothesis is rejected while the alternative hypothesis is upheld.

Thus, it is statistically concluded that there is a significant relationship between personal health risk identification and prevention of sexually transmitted infections amongst business education students in Imo State. This implies that students who exhibit higher structural alignment and awareness in identifying their personal health risks are heavily correlated with proactive, structured patterns of compliance toward sexually transmitted infections prevention methods.

Hypothesis two

H02: there is no significant connection between personal health risk assessment and prevention of sexually transmitted infections amongst business education students in Imo State.

HA2: there is a significant connection between personal health risk assessment and prevention of sexually transmitted infections amongst business education students in Imo State.

In testing the above, respondents' response to items 5 to 8 and 17 to 20 of the instruments administered were compared using Pearson product moment correlation coefficient. The summary of the result is presented in table 6 below,

Table 6: Correlation analysis of the connection between personal health risk assessment and prevention of sexually transmitted infections

Variables	Mean ($\bar{x}$)	Std. Dev.	N	r	Remark
Personal health risk assessment	3.04	0.95	226	0.95	Very strong significant relationship
Prevention of sexually transmitted infections	3.02	1.05			

Source: field survey, 2026

The table above revealed a correlation coefficient (r) of 0.95. Using Dana (2001) correlation decision framework, the null hypothesis is rejected while the alternative hypothesis is upheld.

Thus, it is statistically concluded that there is a significant connection between personal health risk assessment and prevention of sexually transmitted infections amongst business education students in Imo State. This implies that Business education students who actively engage in or possess high awareness of personal health risk assessments are highly likely to practice protective sexually transmitted infections prevention behaviours, proving that cognitive risk evaluation directly translates into proactive sexual health management.

Hypothesis three

H03: there is no significant association between personal health risk mitigation and prevention of sexually transmitted infections amongst business education students in Imo State.

HA3: there is a significant association between personal health risk mitigation and prevention of sexually transmitted infections amongst business education students in Imo State.

In testing the above, respondents' response to items 9 to 12 and 17 to 20 of the instruments administered were compared using Pearson product moment correlation coefficient. The summary of the result is presented in table 7 below.

Table 7: Correlation analysis of the association between personal health risk mitigation and prevention of sexually transmitted infections

Variables	Mean ($\bar{x}$)	Std. Dev.	N	r	Remark
Personal health risk mitigation	3.13	0.93	226	0.96	Very strong significant relationship
Prevention of sexually transmitted infections	3.02	1.05			

Source: field survey, 2026

The table above revealed a correlation coefficient (r) of 0.96. Using Dana (2001) correlation decision framework, the null hypothesis is rejected while the alternative hypothesis is upheld.

Thus, it is statistically concluded that there is a significant association between personal health risk mitigation and prevention of sexually transmitted infections amongst business education students in Imo State. This implies that Business education students who actively practice or understand personal health risk mitigation are overwhelmingly more likely to adopt strict sexually transmitted infections prevention measures, indicating that a student's structured approach to handling general health vulnerabilities directly strengthens their commitment to avoiding sexually transmitted infections.

Hypothesis four

H04: there is no significant link between personal health risk monitoring and prevention of sexually transmitted infections amongst business education students in Imo State.

HA4: there is a significant link between personal health risk monitoring and prevention of sexually transmitted infections amongst business education students in Imo State.

In testing the above, respondents' response to items 13 to 16 and 17 to 20 of the instruments administered were compared using Pearson product moment correlation coefficient. The summary of the result is presented in table 8 below.

Table 8: Correlation analysis of the link between personal health risk monitoring and prevention of sexually transmitted infections

Variables	Mean ($\bar{x}$)	Std. Dev.	N	r	Remark
Personal health risk monitoring	3.08	0.90	226	0.85	Very strong significant relationship
Prevention of sexually transmitted infections	3.02	1.05			

Source: field survey, 2026

The table above revealed a correlation coefficient (r) of 0.85. Using Dana (2001) correlation decision framework, the null hypothesis is rejected while the alternative hypothesis is upheld.

Thus, it is statistically concluded that there is a significant link between personal health risk monitoring and prevention of sexually transmitted infections amongst business education students in Imo State. This implies that Business education students who consistently monitor their personal health risks are significantly more proactive in adopting sexually transmitted infections prevention measures, demonstrating that regular health tracking and self-surveillance act as direct catalysts for protective sexual health choices.

DISCUSSION OF FINDINGS

The analysis of the relationship between personal health risk identification and prevention of sexually transmitted infections revealed that a significant positive relationship exists between personal health risk identification and prevention of sexually transmitted infections. This finding agrees with the postulation of Traeger and Stooove (2022), who opine that accurate identification of health risks is the foundation for successfully mitigating sexually transmitted infections, as it allows prevention efforts to target the right behaviours, populations, and clinical interventions.

The analysis of the connection between personal health risk assessment and prevention of sexually transmitted infections showed that a significant positive connection exists between personal health risk assessment and prevention of sexually transmitted infections. This finding concurs with the opinion of Kerschberger et al (2025). According to the scholars, health risk assessments improve the mitigation of sexually transmitted infections by identifying high-risk behaviours and enabling targeted clinical screening. They further asserted that assessing health risks is the essential first step that guides the correct choice of sexually transmitted infections mitigation strategies.

The analysis of the association between personal health risk mitigation and prevention of sexually transmitted infections revealed that a meaningful positive association exists between personal health risk mitigation and prevention of sexually transmitted infections. This finding agrees with the assertion of Wi,

Kamali and Ndowa (2009). In the words of the scholars, health risk mitigation plays a central role in lowering the transmission, prevalence, and long-term health complications of sexually transmitted infections.

The analysis of the link between personal health risk monitoring and prevention of sexually transmitted infections uncovered that a strong positive link exists between personal health risk monitoring and prevention of sexually transmitted infections. This finding is in line with the finding and postulation of Traeger and Stooze (2022) and Elendu et al (2024) respectively. Traeger and Stooze (2022) found in their study that health risk monitoring strongly influences sexually transmitted infections by helping public health systems and individuals track, prevent, and treat outbreaks. In a related development, Elendu et al (2024) postulated that health risk monitoring lowers rates of sexually transmitted infections by catching hidden cases early and guiding targeted prevention.

CONCLUSION

Based on the empirical findings, it is concluded that a very strong, statistically significant positive relationship exists between personal health risk management and the prevention of sexually transmitted infections among business education students in Imo State. Risk identification, risk assessment, risk mitigation, and regular risk monitoring play a powerful role in prevention of sexually transmitted infections. Students who possess high cognitive awareness of their health vulnerabilities and routinely track their personal wellness metrics do not remain passive; instead, they systematically translate this knowledge into protective, responsible sexual health choices. Therefore, safeguarding the physical well-being and long-term productivity of future business educators requires shifting from generic health awareness to deliberate, institutionalized risk management strategies.

RECOMMENDATIONS

Management of tertiary institutions in Imo State should invest heavily in health risk sensitization campaigns to ensure protective reproductive health practices among the students.

Tertiary institution administrators in Imo State should incorporate functional health risk assessment modules and accessible self-tracking checklists into the Business Education curriculum to explicitly foster preventive health behaviours among students.

Institutional administrators in Imo State should collaborate with healthcare professionals to organize mandatory, credit-bearing health risk mitigation workshops that equip students with practical self-assessment and infection prevention strategies.

Business Education departments of tertiary institutions in Imo State should partner with their institutions' health services to provide students with digital health-monitoring applications to make it easier for them to track personal health metrics and sustain preventative behaviours.

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