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Knowledge, Perception, and Attitude of Nursing Students towards Peptic Ulcer Disease: A Cross-Sectional Study in Ado Ekiti, Nigeria

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Abstract:

Peptic ulcer disease (PUD) remains a significant public health burden in Nigeria, yet knowledge gaps and misconceptions about its etiology and management persist among nursing students who will constitute frontline healthcare providers. The study assessed the knowledge, perception, and attitude of nursing students towards PUD at the College of Nursing Sciences, EKSUTH, Ado Ekiti, and examined the influence of selected socio-demographic variables. A descriptive cross-sectional design was employed. A convenience sample of 144 nursing students was selected using Taro Yamane's formula from ND 2 and HND 1 levels. Data were collected using an adapted, validated questionnaire and analyzed with SPSS version 27. Chi-square tests were conducted at $p < 0.05$ significance level. The majority of respondents were female (78.5%) and aged 21–25 years (47.2%). Overall, 67.4% demonstrated good knowledge of PUD, with 74.3% correctly identifying Helicobacter pylori as the primary cause and 93.1% recognizing antibiotics and proton pump inhibitors as first-line treatment. Good perception was recorded in 57.6% of respondents. Preventive attitudes were largely positive, with 93.0% avoiding unnecessary over-the-counter analgesic use. Age was significantly associated with PUD perception ($\chi^2 = 10.064$, $p = 0.018$), while academic level showed no significant relationship with knowledge ($\chi^2 = 3.352$, $p = 0.670$). Nursing students demonstrated relatively good knowledge and positive attitudes towards PUD; however, persistent misconceptions regarding dietary and stress-related causation, as well as cultural influences on perception, underscore the need for evidence-based, culturally sensitive curriculum integration and expanded clinical gastroenterology exposure.

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Introduction

Peptic ulcer disease (PUD) involves an ulceration of the gastrointestinal mucosal lining, with open sores in the stomach (gastric ulcer), duodenum (duodenal ulcer), or, less commonly, the oesophagus. Helicobacter pylori (H. pylori) bacterial infection and long-term use of nonsteroidal anti-inflammatory drugs (NSAIDs) are the two most important etiological factors, which act by disrupting the protective barrier of the gastric mucosa to gastric acids (Chen et al., 2023; Malik et al., 2022). Although deaths from PUD have decreased globally, PUD is still a significant morbidity burden, especially in sub-Saharan Africa. Recent systematic review estimated the prevalence of PUD in Africa to be 15.2% and a high burden was observed in West Africa with a high epidemiological association with H. pylori infection (Shi et al., 2025).

High H. pylori seroprevalence, which is due to poor sanitation, inadequate access to safe water, and low socioeconomic conditions, and widespread self-medication with NSAIDs in Nigeria further exacerbates the problem of PUD (Adeniyi et al., 2023; Okeke & Ibrahim, 2022). A cross-sectional study conducted in a teaching hospital in Nigeria found that 13.7% of clinical students had a PUD symptom and only 64% had a correct answer to the causes of PUD (Omokaro & Nwosu, 2024). The most commonly mentioned risk factors were spicy food (46.7%) and H. pylori (26.7%) indicating a partially accurate but incomplete understanding of the disease by health science students in Saudi Arabia (Alzahrani et al., 2023).

The nurse is the first person to meet with patients with chronic gastrointestinal disorders and plays a key role as a front-line clinician, patient educator, and patient advocate (Agbonjinmi et al., 2022). Their performance in these capacities is directly dependent upon the correctness of their knowledge, the clarity of their perception and the positivity of their clinical attitude. The study has shown that there are still some misconceptions among nursing students around the world regarding PUD, such as attributing the cause of PUD to stress or diet while underestimating the bacterial cause (Aluko et al., 2022; Wang et al., 2023; Osunmakinde & Gbenga-Epebinu 2020). Lack of this information can lead to sharing incorrect information during patient education and could inhibit timely clinical action.

Despite the acknowledged importance of nursing competence in PUD management, empirical data on this topic from southern Nigeria remain sparse. This study, therefore, assessed the knowledge, perception, and attitudes of nursing students at the College of Nursing Sciences, Ekiti State University Teaching Hospital (EKSUTH), Ado Ekiti, toward PUD. Specifically, it sought to: (1) assess the level of PUD knowledge among the students; (2) evaluate their perceptions of PUD; (3) identify factors influencing their preventive attitude; and (4) examine the influence of selected socio-demographic variables on knowledge and perception.

Methods

A descriptive cross-sectional survey design was adopted. The study was conducted at the College of Nursing Sciences, EKSUTH, Ado Ekiti, located in the South-Western geopolitical zone of Nigeria. The institution offers a National Diploma (ND) and Higher National Diploma (HND) nursing programme. As of May 2025, the total student population was 398. The target population comprised ND 2 and HND 1 nursing students (n = 225) who were selected because they had received foundational coursework on gastrointestinal disorders. The sample size of 144 was derived using Taro Yamane's (1967) formula at a 5% margin of error: $n = N / [1 + N(e^2)]$, yielding $n = 225 / [1 + 225(0.0025)] = 144$. Participants were recruited using convenience sampling at the time of questionnaire distribution.

A 26-item structured questionnaire adapted from validated instruments (Abiola et al., 2022; Adeyemi et al., 2022; Boateng et al., 2024; Okoro & Eze, 2021) was used. It comprised five sections: (A) socio-demographic data; (B) knowledge of PUD (5 items); (C) perception of PUD (5 Likert-scale items); (D) factors influencing attitudes toward PUD prevention (5 Likert-scale items); and (E) influence of socio-demographic factors on PUD perception (6 items). Face and content validity were confirmed by the research supervisor. Reliability was established through a pilot study with 10% of the sample (excluded from the main study). Completed questionnaires were analyzed using SPSS version 27. Descriptive statistics (frequencies and percentages) were computed for all variables. Mean scores were used to categorize knowledge (good vs. poor) and perception (good vs. poor). Chi-square tests were applied to test hypothesized associations between socio-demographic variables and knowledge or perception. Statistical significance was set at $p < 0.05$.

Ethical approval was obtained from the Research Ethics Committee of EKSUTH, Ado Ekiti. Participation was voluntary; written informed consent was obtained from all respondents. Anonymity and confidentiality of responses were assured, and participants were informed of their right to withdraw at any stage.

Results

Of the 144 respondents (100% response rate), the majority were female (n = 113, 78.5%). The dominant age group was 21–25 years (n = 68, 47.2%), followed by 16–20 years (n = 44, 30.6%). Most participants were in ND 2 (n = 83, 57.6%) with the remainder in HND 1 (n = 61, 42.4%). A substantial proportion (n = 119, 82.6%) had received formal teaching on PUD, while 64 (44.4%) reported a positive family history of the disease. Full socio-demographic details are presented in Table 1.

Table 1. Socio-Demographic Characteristics of Respondents (N = 144)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	23	16.0
	Female	113	78.5
	Not indicated	8	5.6
Age (years)	16–20	44	30.6
	21–25	68	47.2
	26–30	20	13.9
	31 and above	12	8.3
Academic Level	ND 2	83	57.6
	HND 1	61	42.4
Formal PUD Teaching	Yes	119	82.6
	No	25	17.4
Family History of PUD	Yes	64	44.4

	No	77	53.5

Knowledge of Peptic Ulcer Disease

Overall, 97 (67.4%) of respondents demonstrated good knowledge of PUD (mean score = 1.96 ± 0.18). The majority (n = 107, 74.3%) correctly identified H. pylori infection as the primary cause of PUD. A high proportion (n = 130, 90.3%) affirmed that frequent NSAID use can lead to PUD, and 116 (80.6%) accurately identified regular physical exercise as not being a risk factor. Regarding causation, 100 (69.4%) recognized bacterial infection and medication use as underlying causes, while 42 (29.2%) incorrectly attributed PUD solely to excess stomach acid. Concerning treatment, 134 (93.1%) correctly identified antibiotics and proton pump inhibitors as the primary therapeutic approach (Table 2 and 3).

Table 2: Knowledge Regarding Peptic Ulcer Disease

Variable	Category	Frequency	Percentage (%)
Which of the following is a primary cause of peptic ulcer disease?	Emotional stress	21	14.6
	Helicobacter pylori infection	107	74.3
	Spicy food	9	6.3
	Cold weather	7	4.9
	Total	144	100.0
Frequent use of non-steroidal anti-inflammatory drugs (NSAIDs) can lead to PUD	True	130	90.3
	False	14	9.7
	Total	144	100.0
Which of the following is NOT a known risk factor for developing PUD?	Cigarette smoking	1	0.7
	Alcohol consumption	14	9.7
	Regular physical exercise	116	80.6
	Skipping meals	13	9.0
	Total	144	100.0
Peptic ulcers can be caused by	Excess stomach acid alone	42	29.2
	Bacterial infection and medication use	100	69.4
	Genetics only	0	0.0
	None	2	1.4
	Total	144	100.0
PUD is primarily treated by	Herbal remedies	8	5.6
	Antibiotics and proton pump inhibitors	134	93.1
	Surgery only	1	0.7
	Bed rest and fasting	1	0.7
	Total	144	100.0

Table 3. Summary of Knowledge Responses Regarding Peptic Ulcer Disease

Item	Response	% Correct/Accurate
Primary cause of PUD	H. pylori infection	74.3
NSAID use leads to PUD	True	90.3
NOT a risk factor	Regular physical exercise	80.6
Causation of peptic ulcer	Bacterial infection & medication use	69.4
Primary treatment	Antibiotics & proton pump inhibitors	93.1
Overall Good Knowledge Level	—	67.4

Perception of Peptic Ulcer Disease

Good perception of PUD was recorded in 83 (57.6%) of respondents (mean score = 2.12 ± 0.41). The majority (89.6%) rejected the view that PUD is a minor condition, and 75.0% disagreed that ulcers are caused by spiritual or traditional factors. Strong preventive perceptions were evident, with 92.4% agreeing that PUD can be prevented through proper lifestyle habits. Conversely, 93.8% endorsed dietary restriction specifically avoiding spicy foods as part of management, reflecting a persistent dietary misconception. Most respondents (89.6%) correctly perceived PUD as a serious condition warranting medical attention (see Table 4)

Table 4: Perception of Peptic Ulcer Disease

VARIABLE	SA	A	D	SD	TOTAL
	%	%	%	%	%
Peptic ulcer is a minor health issue and rarely causes complications	19	55	62	8	144
	13.2	38.2	43.1	5.6	100.0
Ulcers are caused mostly by spiritual or traditional factors	22	14	64	44	144
	15.3	9.7	44.4	30.6	100.0
PUD can be prevented with proper lifestyle habits	56	77	7	4	144
	38.9	53.5	4.9	2.8	100.0
Students with ulcers should avoid eating spicy foods to heal	41	94	5	4	144
	28.5	65.3	3.5	2.8	100.0
I perceive PUD as a serious health condition requiring medical care	53	76	11	4	144
	36.8	52.8	7.6	2.8	100.0

SA: Strongly agree, A: Agree, D: Disagree, SD: Strongly disagree

Attitude Towards PUD Prevention

Respondents demonstrated generally positive preventive attitudes. Ninety-three percent (93.0%) agreed that they avoid taking over-the-counter analgesics unnecessarily, and 91.7% reported educating peers about PUD causes and prevention. A large majority (88.9%) rejected the superiority of traditional remedies over orthodox treatment, and 93.1% acknowledged that their knowledge level motivates preventive behaviors. Additionally,

94.5% confirmed that institutional education had shaped their attitudes toward ulcer prevention (see Table 5).

Table 5: Attitude towards Peptic Ulcer Disease Prevention

Variable	SA	A	D	SD	Total
	%	%	%	%	%
I avoid taking over-the-counter painkillers unnecessarily	65	69	10	0	144
	45.1	47.9	6.9	0.0	100.0
I try to educate others about the causes and prevention of PUD	40	92	12	0	144
	27.8	63.9	8.3	0.0	100.0
I believe traditional remedies are more effective than hospital treatment for ulcers	6	10	80	48	144
	4.2	6.9	55.6	33.3	100.0
My knowledge level motivates me to engage in ulcer prevention behaviors	42	92	8	2	144
	29.2	63.9	5.6	1.4	100.0
Institutional education has shaped my attitude towards ulcer prevention	58	78	6	2	144
	40.3	54.2	4.2	1.4	100.0

Socio-Demographic Influences on Perception

Urban-background respondents constituted the largest group (n = 64, 44.4%), followed by semi-urban (n = 48, 33.3%) and rural backgrounds (n = 32, 22.2%). Christianity was the predominant religious affiliation (90.3%). Clinical exposure in a gastroenterology unit was reported by 65.3% of respondents. Over half (51.4%) believed their personal background including family beliefs and cultural orientation influenced their PUD perception.

Table 6: Influence of Socio-Demographic Factors on Perception of Peptic Ulcer Disease

Variable	Category	Frequency	Percentage (%)
Place of residence or upbringing	Urban	64	44.4
	Semi-Urban	48	33.3
	Rural	32	22.2
	Total	144	100.0
What is your religious affiliation?	Christianity	130	90.3
	Islam	10	6.9
	Traditional believe	4	2.8
	Others	0	0.0
	Total	144	100.0
Have you had clinical exposure in a gastroenterology unit?	Yes	94	65.3
	No	50	34.7
	Total	144	100.0
Do you believe your personal background (e.g., family beliefs, religion, culture) influences your perception of PUD?	Yes	74	51.4
	No	42	29.2
	Not sure	28	19.4
	Total	144	100.0
Have you ever received any formal health education about peptic ulcer disease?	Yes	124	86.1
	No	20	13.9
	Total	144	100.0
Do you believe gender plays a	Yes	54	37.5

role in how individuals perceive and manage PUD?	No	52	36.1
	Not sure	38	26.4
	Total	144	100.0

Hypothesis Testing

Chi-square analysis revealed a statistically significant relationship between age and perception of PUD (χ^2 = 10.064, p = 0.018), with younger respondents (16–25 years) exhibiting better perception than older counterparts. Conversely, no statistically significant relationship was found between academic level (ND 2 vs. HND 1) and PUD knowledge (χ^2 = 3.352, p = 0.670). These results are summarized in Table 7.

Table 7: Chi-Square Results for Hypothesized Relationships

Hypothesis	χ^2 Value	p-value	Decision
Age vs. Perception of PUD	10.064	0.018	Rejected H_0
Academic Level vs. Knowledge of PUD	3.352	0.670	Retained H_0

Discussion

In this study, knowledge, perception and preventive attitude of the nursing students towards PUD was evaluated at a university in Nigeria and the results of the study has important implications for nursing education and curriculum development. Most of the participants had a good overall knowledge (67.4%) and 74.3% correctly identified PUD as a disease caused by H. pylori. This level of accuracy is comparable to that obtained by Aluko et al (2022) who reported 54% accuracy in their study of South-West Nigeria among nursing students who identified HP as a cause; while more than 70% attributed the cause of ulcers to excessive eating of spicy foods. In the present study, there was a high percentage of respondents (82.6%) who had formal PUD instruction, which may partially explain the present study's higher accuracy, as evidence supports that biomedical knowledge is significantly higher among health students who receive formal instruction in PUD in their curricula (Williams & Zhang, 2024).

Despite the relatively high overall knowledge score, about one in seven (14.6%) respondents still believed that PUD was caused by emotional stress, and a smaller proportion believed that PUD was caused by spicy food (6.3%) or cold weather (4.9%). Moreover, 29.2% believed that PUD was only caused by excess acid in the stomach, and did not consider the bacterial cause. Such misconceptions are similar to those reported by Ogundipe et al. (2024) and Wang et al. (2023) and indicate that structured education has little impact on changing cultural beliefs related to dietary and psychosocial causes, despite improving factual knowledge. This highlights the limitation of didactic approach in teaching and learning and the need to include case studies in teaching and learning to enhance conceptual learning (Olawale & Eze, 2023).

Findings on the perception side were mixed. Of the respondents, 57.6% showed good overall perception, and most respondents correctly identified PUD as a serious medical condition, but 93.8% agreed that dietary restriction, especially avoiding spicy foods, is an important measure for managing PUD. This excessive focus, although not completely devoid of clinical evidence, might distract from the importance of H. pylori eradication and the discontinuation of NSAID in evidence-based PUD management. This is similar to Singh et al (2024), which revealed that 74% of nursing students thought that PUD was serious but focused more on

dietary changes than antibiotic therapy. These findings underscore the need for correct factual knowledge, as well as the need for hierarchizing and applying evidence in clinical reasoning, to reform perception.

Generally, the attitudes were positive and congruent with best practices in PUD prevention. More than 93% (93.7%) said that they avoided unnecessary use of analgesics, and 91.7% actively educated others about PUD. High negative attitudes towards TRMs (88.9%) compared to orthodox treatment in tandem with the finding of Mensah and Boakye (2023) on the significant positive effect of clinical exposure on evidence-based preventive attitudes among nursing students in Ghana. The high proportion (94.5%) who attribute attitudinal change to the influence of institutional education confirms the key role of formal education in influencing health practice of professionals as reported by Abiola et al. (2022).

The age of the students is significantly associated with the PUD perception ($\chi 2 = 10.064$, $p = 0.018$) which indicates that younger students (16–25 years) perceive the PUD better than older students. This could be the integration of evidence-based content at the various age groups in the programme or because older students in the programme had more entrenched cultural beliefs. Interestingly, there was no significant relationship between academic level and knowledge ($p = 0.670$) which confirms the findings of Eze et al. (2023) and underscores the need for repeated and reinforced training on PUD at all levels of training.

The result that 51.4% of the respondents saw the effect of their personal backgrounds (family beliefs and cultural orientations) on PUD perception supports the relevance of the Health Belief Model (HBM) as a theoretical framework for this study. According to the HBM, perceived susceptibility, perceived severity and barrier are basically influenced by individual and sociocultural contexts (Rosenstock, 1974). Cultural beliefs about illness and attributing gastrointestinal symptoms to spiritual causes are known to be barriers to seeking health and complying with treatment and may need to be addressed during health education, but proactively, to prevent this barrier (Boateng et al., 2024).

There are a number of limitations to this study. Convenience sampling was used in a single institution limiting the generalizability to other nursing schools in Nigeria. Social desirability bias may have been a problem with the self-reported responses. Further, no data were collected about the length of the clinical posting nor about the clinical encounter's depth with PUD. Future multi-institutional, longitudinal studies, following the attitudinal and perceptual change over training years, would provide more data for developing the curriculum.

Conclusion

This study shows that the foundational knowledge of PUD of the students of EKSUTH, Ado Ekiti, College of Nursing Sciences is relatively good and prevention attitudes of the students are generally good. However, there are some misconceptions regarding the role of diet in the etiology of PUD, some perceptual inaccuracies and some cultural background documented to affect the perception of the disease, suggest that more specific educational programs need to be introduced. Age was a significant predictor of PUD perception and academic level alone was not different among knowledge levels. Schools of nursing need to improve gastrointestinal health curricula by incorporating case-based and experiential learning opportunities, increase clinical postings to gastroenterology, and create educational materials and resources that are culturally aware and directly tackle misconceptions. It is essential these measures be taken so that future nurses will be prepared to provide evidence-based patients education and care for PUD.

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