Demographic Disparities in CVD Risk Among Nigerian University Students

A cross-sectional analysis of 1,300 students from two universities in North-Central Nigeria

1,300	2	62.1%	22.6%
Students Enrolled	Universities	Mean CVD Knowledge Score	Good Knowledge (≥80%)

Modifiable Risk Factor Prevalence (Low but Present)

2.2%	3.7%	6.7%	1.4%	14.6%
Current Smoking	Alcohol Use	Hypertension	Diabetes	Family History

Gender Disparities

-6.3% ↓ Males score lower than females in CVD knowledge (NSUK) p=0.002

No difference in risk perception or behavioral intentions

Religious Influences (PARADOX)

-5.9% ↓ Muslims: Lower knowledge p=0.008

+2.4% ↑ Muslims: Higher risk perception p=0.007

Academic Level Paradox

-1.2% ↓ Per academic level increase in exercise intentions p=0.003

Year 1: 81.1% → Year 5: 76.8% readiness

High-Risk Subgroup

14.6% Have family history of CVD

BUT only 56.9% recognize family history as a risk factor!

🎯 Key Implications for Public Health Practice

One-size-fits-all CVD prevention is insufficient. Interventions must be: **gender-sensitive** (targeting male knowledge gaps), **culturally tailored** (faith-based partnerships with Muslims), **timing-optimized** (prioritize first-year students), and **risk-stratified** (systematic screening for family history).

📊 **Knowledge correlates with intentions (r=0.23, p<0.001) but NOT risk perception (r=-0.02, p=0.499) → Dual-track interventions needed!**