The Practice of Safe Sexual Behaviour Among St.Mary's University College Students in Addis Ababa, Ethiopia

MSW Dissertation Research Project (MSWP-001)

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April, 2013

Addis Ababa, Ethiopia

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December, 2012

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DECLARATION

I *hereby declare that the dissertation entitled THE PRACTICE of SAFE SEXUAL BEHAVIOR AMONG St.MARY'S UNIVERSITY COLLEGE STUDENTS IN ADDIS ABABA, ETHIOPIA submitted by me for the partial fulfillment of the MSW to Indira Gandhi National Open University (IGNOU) New Delhi is my own original work and has not submitted earlier, either to IGNOU or to any other institution for the fulfillment of the requirement for any other programme of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.*

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CERTIFICATE

This is to certify that Mr. Zelalem Gizachew Yeneneh student of MSW from Indira Gandhi National Open University, New Delhi was working under my supervision and guidance for his project work for the course <u>MSWP-001.</u> *His project work entitled THE PRACTICE of SAFE SEXUAL BEHAVIOR AMONG St.MARY'S UNIVERSITY COLLEGE STUDENTS IN ADDIS ABABA, ETHIOPIA which he is submitting, is his genuine and original work.*

Place: _____   *Signature: _____*

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Date: _____   *Address of the Supervisor _____*

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ACKNOWLEDGEMENT

ABBREVIATIONS AND ACRONYMS

AIDS   Acquired Immunodeficiency Syndrome

ARC   AIDS Resource Center

BSS   Behavioral surveillance survey
CBOs   Community Based Organizations
CSOs   Civil Sociey Organizations
EDHS   Ethiopia Demographic Health Survey
FBOs   Faith Based Organizations
FGD   Focus Group Discussion

FSW   Female Sex Workers

HAPCO   HIV/AIDS Prevention and Control Office
HEIs   Higher Education Institutions
ISY   In School Youth

KAP   Knowledge Attitude Practice

MARPs   Most at Risk Populations

MoE   Ministry of Education
NGOs   Non Governmental Organizations

PLWHA   People Living With HIV/AIDS

RH   Reproductive Health

SISTA   Sisters Informing Sisters about Topics on AIDS

SMUC   St.Mary's University College
TVET   Technical and Vocational Education and Training
WHO   World Health Organization

LIST OF TABLES

ABSTRACT

This exploratory study examined the practice of safe sexual behaviors St.Mary's University College regular students. There were 46 (61.3%) males and 29 (38.7%) female respondents. The mean age of the respondents was failed under the age interval of (20 up to 24) ±0.64 years. Males mean age was between 20 and 26 ± 0.714 years and females mean age was between 16up to 19 ± 0.412 years. The primary purpose of this research was to explore the practice of safe sexual behavior among St.Mary's University College students.

The results of this research outlined that Significant number of students (38.3%) reported that their most important people did not worry about whether the students practice safe sexual practice or not. On the other extreme 24.1% of respondents confirmed that reported doing what their peers/friends do is absolutely important to them. And similarly the findings of the study explored that a majority (48.3 %) of students have positive attitude towards practicing safe sexual that means they believe that overall practicing safe sexual behavior is strongly beneficial/right thing to do/pleasant/good practice which is expected from them. The result of the study also showed that majority of the students reflected that there is strong positive social pressure (parental and peer influence) from their important personals on practicing safe sexual behavior. The best portion of part of the students reflect that a moderate level of negative control over practicing safe sexual behavior. The study also documented greater sexual risk-taking behaviors among female when compared to male students. This exploratory study helps fill the void in the literature about the sexual behaviors of St.Mary's University College students.

CHAPTER I: INTRODUCTION

1.1. Background of the Problem

This study will play a central role in outlining the pattern, situation and determinant factors associated with safe sexual experience among students in St.Mary's University College in particular and private and public Universities all over Ethiopia in general. This research will have a say on the general interventions/programs and pave a way to design or redesign new interventions with new-fangled approach on HIV/AIDS and other STIs responses in private Universities in Ethiopia.

According to Amhara regional HAPCO (2009) recent estimates indicate that 17.0% of the global population, 20.0% of Sub-Saharan Africa and 17.9% of Ethiopian population is composed of youth aged 15-24 years. Nearly half of new HIV infections worldwide occur among young people aged 15–24 years, doing and changing sexual behaviour of this group will be crucial in tackling the pandemic.

According to CSA (2008) the national adult HIV prevalence in Ethiopia in 2008 is 2.2 percent (1.8 percent for males and 2.6 for females). There is an estimated 1.3 million people living with HIV/AIDS (PLWHA), including 68,136 children less than 15 years old. The highest rate of infection is registered among the 15-to-24 age groups with 58 percent of the new infections occurring among women. Demographic, occupational, behavioural, and social factors place people at various risks for contracting HIV. Certain population segments are at higher risks of contracting HIV because of their sex, mobility, economic and social vulnerabilities.

The frequently cited most-at-risk population (MARP) groups in Ethiopia include female sex workers (FSWs), youths (people 14 to 24 years old), truck drivers, uniformed men, migrant workers, and day labourers.Regular students in universities are youth i.e. sexually active and this makes them at greater risk of HIV. (Amhara Regional HAPCO, 2009).

Compared to older adults, adolescents (10- to 19-year-olds) and young adults (20- to 24-year-olds) are at higher risk for acquiring STIs for a number of reasons: they may be more likely to have multiple (sequential or concurrent) sexual partners rather than a single, long-term relationship; they may be more likely to engage in unprotected intercourse; and they may select partners at higher risk. During the past two decades, the age of initiation of sexual activity has steadily decreased and age at first marriage has increased, resulting in increases in premarital sexual experience among adolescent women and in an enlarging pool of young women at risk. In addition, the higher .prevalence of STIs among adolescents reflects multiple barriers to quality STIs prevention services, including lack of insurance or other ability to pay, lack of transportation, discomfort with facilities and services designed for adults, and concerns about confidentiality (SVENSON, 1997).

Noticeably, the situations of the current health, social/psychological and economic impacts of the HIV/AIDS, teenage pregnancies and other STIs on young generation is huge and frequently observed social problem in many developing countries. Many young people in developing countries are also suffering from lack of self-esteem and future hope, victims of different forms of violence and abuse, or are obliged to live with harmful habits like smoking, drug abuse and alcoholism. Therefore, today more than ever, societies and their leaders must be sensitised by the

situation in which the young people are living and attempt to fulfil their generation's responsibilities.

Most of the studies on sexual behaviour in most cases were conducted on sexual behaviour with high inclination towards the riskier sexual behaviours or the negative side of the issue with less/ mere attention given to the positive or healthy sexual behaviours practiced among the target population.

Thus, it is imperative to study on the Practice of Safe Sexual Behavior Among Students in St.Mary University College in Addis Ababa, Ethiopia.

1.2. Statement of the Problem

The main aim of this study was to assess and to determine what influences the sexual judgment of St.Mary's University college students in order to practice safe sexual behavior in Addis Ababa, Ethiopia. Questions such as Among the independent variables identified which are the best factor to influence or predict students to practice safe sexual behavior? & what determinants predict safe sexual activity in St.Marry's University college students? were got addressed in this study.

According to BSS (2005), over the last years Ethiopia has been working hard to contain the HIV/AIDS and other STIs and the achievements so far have been encouraging. As one of its major duties, the government has issued a National HIV/AIDS and other STIs Prevention and Control policy and several technical guidelines was developed to promote sex and sex related health of the society. In addition, a range of institutional arrangements have been made to create

effective leadership to coordinate the programs and mobilize resources for these. However, Ethiopia's response to the AIDS and STIs has shown considerable progress and achieved encouraging results though continue to pose formidable social and economic challenges at individual, family, community and national levels.

Particularly in relation to the students of higher institutions where this study targeted on and fall in the youth age, heightened and active change agents for positive progress in social, economic and politics of one country so long as they are well managed and directed to the appropriate end. Therefore, they are assets of the society, change agents in filling the gap in the past and on whom the future generation is based. So it is very important conducting relevant studies targeting on this section of the society like what is now intended to conduct on.

Noticeably in the case of Ethiopia, studies on sex and sexual related health habits of students in higher educations, especially in private higher educational institutions are almost limited. As ingredient of monitoring and evaluating the impact and trend of the HIV/AIDS and other STIs, the government of Ethiopia have been conducting Behavioural Surveillance Survey (BSS) and Demographic Health survey on the most at risk population like public Universities, in collaboration with partners and stakeholders.

But the studies mentioned above have been conducted focusing mainly on risky sexual behaviours and with worthless or mere focus on safe sexual behaviour prevailed in public Universities though the context of higher education institutions in general and Universities in particular is not only museum of risky sexual behavior. But it is also expected that there is plenty of experiences of safe sexual behavior exercised by students and/or university community. And

in addition BSS has been conducted with no focus on private higher educations even so the case is equally prevailed in private institutions too.

Therefore, to monitor the epidemic trends, to evaluate the impact of multi sectoral interventions in containing the spread of HIV, teenage pregnancy and other STIs, to design new intervention programs, it is unquestionably mandatory conducting a research focusing on safe sexual behaviour in university set up. This study indisputably will play a pivotal role in showing direction and indicating the favourable conditions prevailed in university settings to tackle the epidemic. This paper will take part in an instigation role for other researchers and policy makers /program designers for other additional studies on the area for further informed action.

Thus, conducting study on the Practice of Safe Sexual Behavior Among Students in St.Mary's University College is very important in filling the aforementioned gaps, providing relevant situational information for planners, policy makers, program activists, researchers and advocating leaders in public and Private higher educations.

1.3. Research Questions

The study tried to investigate and determine factors of safe sexual behaviors of St.Marry's University College students in the course of answering the research questions listed here below.

1. Among the following factors (gender, age, alcohol use, chat use, listening to rap music and watching rap videos, peer influence, and parental influence) which are the best factors to influence or associate with students to practice safe sexual behavior?

2. What determinants predict safe sexual activity among St.Marry's University college students?

1.4. Objective of the Study

1.4.1. General objective

The general objective of this study was to assess and to determine what influences the sexual judgment of St.Marry's University college students in order to practice safe sexual behavior in Addis Ababa, Ethiopia.

1.3.2. Specific objectives

Specific objectives of the study were to:

- Assess sexual behaviors of students in St.Mary's University College in Addis ababa

- Explore factors that play a role in St.Marry's University College students' decisions to choose safer sex practices; and

- Determine those factors (i.e. alcohol and chat use, parental and peer influences, listening to rap music and watching rap videos and rap music and video) have influenced the students sexual attitudes, gender and age which in turn best predict their engagement in safer sex.

1.5. Definition of Terms

.The following is a list of terms and variables used in the study along with their definition.

Abstinence: - Avoidance of any type of sexual intercourse. abstinence included not engaging in vaginal or anal intercourse, and oral sex. (Conklin, 2007).

Higher Risk Sexual Behaviors:- Any classification of sexual behaviors that placed an individual at higher risk for acquiring a sexually transmitted infection and/or HIV infection such as vaginal-penile and/or anal intercourse without a barrier such as latex condom or female condom; oral stimulation of the genitals (fellatio and/or cunnilingus) without use of latex condom or female condom; engaging in sexual activity and/or intercourse under the influence of alcohol and other drugs, and injecting drugs; unprotected sexual intercourse and/or sexual activity with multiple partners without use of condom (Saunders, 2009).

Safer Sex: - Safer sex means sexual contact that does **not** involve any blood, semen or vaginal fluids being passed between partners (http://www.cyh.com/HealthTopics/Health May 11:2013).

Subjective Norms: - Student's belief that specific individuals or groups think he/she should or should not perform the behavior. Generally speaking, a student who believed that most referents with whom he was motivated to comply think he should perform the behavior will perceive under social pressure to do so (AJZEN, 1991).

Perceived behavioral control: - It refers to student's perception of the ease or difficulty of performing the behavior of interest that is safe sexual behavior (AJZEN, 1991)

Substance Use: - Substance use referred to the use of illicit drugs including alcohol, chat and tobacco. For the purpose of this study, substance use referred to alcohol and *chat* [1] use (CSA, 2006).

[1] Chat is a mildly narcotic plant that has been chewed and enjoyed socially for centuries in the Horn of Africa

1.6. Limitation of the Study

Limitation of this study was:-

The first limitation was that the sample was drawn from one University College that may not be representative of Ethiopian University or higher education students. This research was conducted in one University College because of shortage of money and other related resources. Future studies could be conducted at large scale in higher education of Ethiopian students to fill the gap.

The second limitation of the study may have been that there were specific questions regarding students' sexual behaviors and practices. Since sexual practice is strictly hidden or not open, some respondents may have been hesitant /shy to answer all questions honestly or may have answered the questions in a socially acceptable way. Here the researcher is expected to add items that would check and identify respondents that are answering items in a manner mentioned above. This was not done in a proper way due to the fear that the questionnaires become too long to be properly addressed by respondents.

1.7. Organization of the Study

The organizations of this study are divided into chapters. This study has organized with five chapters and a number of sub titles within each chapters. Chapter one of the studies is titled as introduction with the subtitles - background of the problem, statement of the problem, research questions, Objective of the Study, definition of terms, limitations of the study and organization of the Study.

The second section or chapter of this study is literature review. Under this part of the study subdivisions like theoretical framework, peer influence, health compromising sexual behaviors, alcohol and chat use, alcohol and sex in men, alcohol and sex in women, rap music and rap music videos, parental influences, sexual behaviors, conducive environment in St.Mary's University College and summary are organized in this chapter.

Research design and methodology of this study is organized under chapter three of the study. Description of the study area, research design and methods, universe of the study, sampling technique, sample size determination, data collection techniques and procedures data processing and analysis are sub titles that are placed under this section of the study.

The Interpretation and discussion part of the study was placed under chapter four of the study with subtitles – socio-demographic characteristics of the respondents, subjective and social norms on sexual behavior; attitude towards safe sex; frequencies of chat and alcohol use ; influence of rap music and videos on sexual attitudes; predictive factors for practice of safe sexual activity; best predictive factor(s) for safer sexual behaviors and; interventions on sexual behavior and related issues.

The other section of this study is that the conclusion and recommendation of the study which is organized under chapter five of the study.

The materials which were reviewed in the due process of conducting this study are presented immediately after this chapter under the title references.   A number of annexes are part of this study. These are:-Annex I- Interview schedule for respondents), Annex II- interview Guide for key informants), Annex III- Focus Group Discussion schedule/Checklist, Annex IV- Observation schedule /Checklist, and Annex V- List of NGOs/CBOs/CSOs/ FBOs in Kirkos Subcity of Addis Ababa, Ethiopia.

CHAPTER II: LITERATURE REVIEW

The literature review focused specifically on higher education students in Ethiopia in general and St.Marry's University College students, the population whose sexual behaviors were examined. The purpose of the literature review was to understand factors that may contribute to adolescent and college youth experimentation with sexual risk behaviors. The review of literature included: alcohol and chat Use, rap music and rap, music videos, parental influences, peer influences, theoretical framework, sexual Behaviors, Peer Influences and health compromising behaviors.

It is known that safer sex is important for protection against STIs (sexually transmitted diseases) including HIV/AIDS (Human Immunodeficiency virus/acquired immunodeficiency syndrome). Consistent and correct condom usages along with a monogamous relationship are two important aspects for STI and HIV/AIDS prevention.

Tariku Dingeta (2010) discussed that HIV/AIDS is continuing to be a global challenge. Sub-Sahara Africa with an estimated 22.9 million people living with HIV in 2010 is the most affected part of the world. Young people are among the most vulnerable groups; half of new infections in this region in the year 2009 occurred among those in the age range of 15 to 24 The common, risky, sexual practices in this age group include early sexual intercourse, multiple sexual partners, unprotected sexual intercourse, engaging in sex with older partners and non-regular partners such as commercial sex workers Monitoring and changing the behavior of this vulnerable group is paramount in order to control the HIV pandemic.

Mr.Tariku Dingeta (2010) Also noted that:-

As part of the young age bracket, undergraduate university students are an important group exposed to a range of risky behaviors. The increased privacy afforded by living outside of their parents? Home provides greater opportunity for sexual expression. Risky behavior among undergraduate students may be further worsened by the fact that they mostly live in campuses without boundaries or security; peer pressure; economic problems and lack of youth friendly recreational facilities. Particularly, risky behavior such as the consumption of alcohol, cigarette smoking, or the use of illicit drugs by adolescents has been shown to be associated with increased risks of sexual intercourse, multiple sexual partners and lower rates of condom use.

Amar Kanekar, Manoj (2010) the recent studies examined that determinants of HIV/AIDS related risky behaviors among adolescents, lower self-esteem and emotional distress significantly predicted unprotected sex and multiple partners and similarly the other predictors of HIV/AIDS risk among college students, showed gender to be the strongest predictor of condom use and race to be the strongest predictor of number of sexual partners. Based on the study of these determinants some of the suggestions made were of reinforcing knowledge about HIV/AIDS, promoting social norms and skills for condom usage, and address number of sexual partners as a risk factor for African-American population. Similar factors emerged significant in a study which looked as demographic and personality factors in HIV/STIs partner specific risk perceptions among young adults. Some of the risk factors for engaging in unsafe sexual activities among the college students are use of alcohol partner characteristics such as steady versus non steady partner, and substance abuse.

According to Manoj (2010) pregnancy prevention rather than disease prevention was the impetus for condom use. Health education in the form of information about pregnancy prevention can unintentionally increase condom use. HIV/AIDS knowledge provided to individuals does not help in generating behavior change.

In a recent study conducted among undergraduates, it was seen that students who had very good knowledge about HIV/AIDS, had low condom use to prevent its transmission. Further evidence of knowledge-behavior gap comes from a study, which used a random sample survey of students in which the level of student knowledge was very high but did not lead to protective condom behaviors. However knowledge was found to be an enabling factor in maintaining a comfort level when asking partners about their sexual histories and in requesting their partners to take an AIDS test (Manoj, 2010).

It is also easily understandable that the University environment offers great opportunity for HIV high risk behaviors, including unsafe sex. However, there is scarcity of information about the prevalence of HIV and the pattern of risk factors among university students. The world known researcher of HIV in the education sector, Kelly noted that:-

> *Reports coming from universities in Africa speak of the absence of good information on the extent and impact of the HIV/AIDS on campus. In practical terms, there is much denial and secrecy, but this cannot mask the increase in the number of deaths, more extensive sickness, and some faltering in teaching and research functions (with older members of staff having to fill in for the absence—through sickness or death—of their younger colleagues.*

Despite much research focusing on school going and out-of-school youth, little research has been done on the sexual risk behavior of university students in Ethiopia. But Tariku Dingeta (2010), conducted institution based descriptive cross sectional study in Haramaya University which is one of the 21 governmental universities in Ethiopia.

And according to Tariku Dingeta (2010),   among students who reported to have ever had sexual intercourse, 220 (64.1%) had used a condom at least once and less than half (116, 32.7%) had used condoms during their first sexual encounters and condom use was high in most recent

sexual relations (49.4%). Tariku Dingeta (2010), also discussed that close to a third of the students had their first sexual encounter at a mean age of 17.5 years, half of these had sex in the past 12 months. About one fifth (22.8%) of the students who previously had sex reported to have had their first sexual encounter after they joined university. About six percent of students who ever had sex reported to have had intercourse with same-sex partners. Male gender was significantly associated with sexual debut (OR 4.8; 95% CI 3.4-6.8). Half of the males with sexual experience had intercourse with a commercial sex worker. About 60% of the students reported to have used a condom infrequently.

To compound the risk, the culture of campus life in many residential universities appears to be ambivalent about, or even open to, a wide variety of high risk activities—"sugar daddy" arrangements, sexual experimentation, prostitution on campus, unprotected casual sex, frequent partner change, and considerable physical and psychological violence against women.

2.1. Theoretical Framework

According to the theory of planned behavior, human action is guided by three kinds of considerations: beliefs about the likely outcomes of the behavior and the evaluations of these outcomes (behavioral beliefs), beliefs about the normative expectations of others and motivation to comply with these expectations (normative beliefs), and beliefs about the presence of factors that may facilitate or impede performance of the behavior and the perceived power of these factors (control beliefs).

The above mentioned considerations in their respective aggregates, behavioral beliefs produce a favorable or unfavorable attitude toward the behavior; normative beliefs result in perceived

social pressure or subjective norm; and control beliefs give rise to perceived behavioral control. In combination, attitude toward the behavior, subjective norm, and perception of behavioral control lead to the formation of a behavioral intention. As a general rule, the more favorable the attitude and subjective norm, and the greater the perceived control, the stronger should be the person's intention to perform the behavior in question. Finally, given a sufficient degree of actual control over the behavior, people are expected to carry out their intentions when the opportunity arises. Intention is thus assumed to be the immediate antecedent of behavior. However, because many behaviors pose difficulties of execution that may limit volitional control, it is useful to consider perceived behavioral control in addition to intention. To the extent that perceived behavioral control is veridical, it can serve as a proxy for actual control and contribute to the prediction of the behavior in question (Ajzen, 1991)

The Theory of Planned Behavior Saunders (2009) is the theoretical framework provides a conceptual model to study attitudes, intentions, subjective norms, and control beliefs related to specific behaviors. The decision to engage in behavior like sexual activity (like using barrier protection tools like condom) does not occur in isolation for adolescences and youth adults. Sexual decision-making is not an activity that is completely under one's volitional control. The decision of whether or not to engage in an activity such as sexual behavior is contingent, at least in part, on the decision of another person.

Thus, Theory of Planned Behavior provided a framework to stare at other factors that influence behaviors, particularly behaviors that are not completely under one's control. This study also tried to explore attitudes, social norms, and behavior control predictors in St.Marry's University College students' sexual behaviors.

2.2. Peer Influences

Peer influences can be both negative and positive, and varied by gender for peer youth or students. In contrast to sub-Saharan Africa, there is a robust body of research from the United States suggesting that, for teenagers there, friend and peer influences are important determinants of sexual behaviors. The broader literature on adolescent development and behavior has long emphasized the growing importance of friends and peers as socializing agents during this   stage of the life course (Bingenheimer,2011)

Bingenheimer(2011)   also discussed that among the most consistent findings in research on adolescent sexual behaviors in the United States is the strong statistical association between adolescents' self-reported sexual initiation and their perceptions of the sexual activity of their close friends.

2.3. Health Compromising Sexual Behaviors

In particular, two international issues have a profound impact on young people's lives: family planning and HIV/AIDS which highly linked to sexual behavior. Teenage women are twice as likely to die from pregnancy-related health complications as are women in their twenties. Current statistics on HIV/AIDS indicate that one-half of all new HIV infections worldwide occur among young people ages 15 to 24 mostly due to our sexual behavior. Every minute, five young people worldwide become infected with HIV/AIDS. This is over 7,000 young people each day. The

socioeconomic and political consequences of the HIV epidemic place these youth at further risk as the infrastructure in their countries comes under enormous strain (Solomon, 2004)

Health and mortality are strongly affected by behaviors such as smoking, poor diet, hysical inactivity, excessive alcohol consumption, motor-vehicle accidents, risky sexual behaviors, and illicit drug use; these behaviors are therefore considered as health-compromising. Because of its negative cumulative effect on health, investigating the clustering of such health related behaviors is very important (joophox.net/publist/PrevMed09.pdf, 2012).

As it is clearly outlined on ((joophox.net/publist/PrevMed09.pdf, 2012) interventions that aim to change these individual health-compromising behaviors seem to target overlapping groups, as recent studies have shown that several health-compromising behaviors co-occur in adolescents.

Adolescents make up a significant proportion of any population. Owing to its untouched resource potentials, this segment forms the future hope of the nation as well. This is often due to one or a combination of the following reasons: their large number, their predominantly healthy looking appearance using the morbidity oriented disease burden estimates. Nonetheless, today more than ever, societies and their leaders must be sensitized by the situation in which the young people are living and attempt to fulfill their generation's responsibilities. To mention a few of these situations, the current health, social/psychological and economic impacts of the HIV/AIDS pandemic and teenage pregnancies might suffice. Many young people in developing countries are also suffering from lack of self esteem and future hope, victims of different forms of violence and abuse, or are obliged to live with harmful habits like smoking, drug abuse and alcoholism (WHO, 2006).

In 2007, 45% new HIV infections worldwide occur among young people aged 15–24 years. Given the assumption that the majority of university students are in between this age group there might be vulnerable to HIV infection through sexual risk taking as most of the youth. Assessing their knowledge, perceptions and practices of sexual activities and the predisposing factors of this group is very mandatory in the HIV/AIDS prevention programs (UNAIDS, 2008).

According to Central Statistical Agency (2000) out of 890 male and 3,988 female youth, 25.5% of males and 16.1% of females ever had sexual intercourse. Among these, 65.8% males and 24.6% females had two or more sexual partners in the last 12 months. Condom use in the last sexual act was reported by 22.7% and 10% of male and female youth. 19.4% of male and 22.2% of female youth who ever had sexual intercourse ever used family planning method. Although the majority of youth is aware of HIV/AIDS, awareness about other STIs is low. And the odds of ever having sexual intercourse were higher for the employed and older youth. Central Statistical Agency of Ethiopia (2000) also discussed that male urban youth was more likely to ever have sexual intercourse than male rural youth. Male youth with some form of education were more likely to use condom (Central Statistical Agency of Ethiopia (2000). Female youth with some form of education, the risk of ever having sexual intercourse was reduced by 50% but they were more likely to report having two sexual partners in the last 12 months (Central Statistical Agency of Ethiopia, 2000). Female youth who had media exposure were more likely to report having two sexual partners in the last 12 months (Central Statistical Agency of Ethiopia, 2000) but more likely to use condom during last sexual intercourse (Central Statistical Agency of Ethiopia, 2000). Among single Ethiopian youth the overall sexual activity is relatively lower than reported

from other African countries but high risk sexual behavior is common. Socio-demographic factors influence youth sexual behavior.

2.4. Alcohol and Chat Use

Alcohol use and unsafe sex are common behaviours and are responsible for a large proportion of the overall burden of diseases. There is generally an increase in alcohol use by teenagers and women. Men, however, generally have more social liberties than women, with respect to alcohol use as well as sexual activities. Furthermore, the literature shows that the age for initiating alcohol use and experimenting with sex is on the decline, but the age for marriage is on the rise (e.g. the Russian Federation, India). Teenage pregnancies are also on the rise. Sexual experimentation outside marriage is increasing (WHO, 2005).

According to WHO (2005), alcohol use is associated with certain types of sexual activity. Crime often plays a role in unprotected casual sex, group sex and anal sex when participants in these activities are under the influence of alcohol. Alcohol use has also been linked to early sexual experiences (e.g. Belarus, the Russian Federation, Kenya and South Africa). As it is clearly outlined in WHO study on alcohol use and sex alcohol use and sexual risk behaviours are particularly prevalent in settings such as nightclubs, bars, dark houses, high way eating joints and motels, and brothels.

Furthermore, the above WHO study also confirm that alcohol is commonly used as a disinhibitor, a sex facilitator, a symbol of masculinity, and a means of relaxation, recreation, socializing and improving communication skills (e.g. in Mexico and Romania). Alcoholic beverages are also used as a facilitator in approaching the opposite sex. "Masculinity" is often

linked to the ability to have multiple partners, imbibe alcohol and engage in promiscuous behavior.

Similarly among women, alcohol use increases involvement in risky sexual encounters and sexual victimization, exposing them to the risk of unwanted pregnancies and STIs (e.g. in the Russian Federation and South Africa). It has also been shown that alcohol use and sexual risk behaviours increase during certain festivities and celebrations across countries (e.g. in South Africa, Kenya and Romania). Alcohol use and promiscuity are customary during funerals among certain population groups in Kenya. In contrast, certain religions and religious sects prohibit the use of alcohol and indulgence in risky sexual practices. Dry sex (a preference among certain rural tribes in Zambia and South Africa), sexual cleansing and levirate marriage (Zambia) increase the risk of STIs in Africa. The media (electronic and print) play an important role in shaping and influencing sexual behaviour and alcohol use patterns. Certain advertisements, pornographic movies, thrillers and romantic programmes glamorize and promote engagement in these activities. (WHO, 2005)

Alcohol consumption has a number of effects on sexual intercourse and sexual behavior. The effects of alcohol are balanced between its suppressive effects on sexual physiology, which will decrease sexual activity, and its suppression of psychological inhibitions, which will increase the desire for sex Crowe and George, 1989).

Alcohol is a depressant. After consumption, alcohol causes the body's systems to slow down. Often, feelings of drunkenness are associated with elation and happiness but other feelings of anger or depression can arise. Balance, judgment, and coordination are also negatively affected.

One of the most significant side short term effects of alcohol is reduced inhibition. Reduced inhibitions can lead to an increase in sexual behavior (George, 1989)

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2.4.1.   Alcohol and Sex in Men

Men's sexual behaviors can be affected dramatically by alcohol. Both chronic and acute alcohol consumption have been shown in most (Ortega,2002) but not all studies to inhibit testosterone production in the testes. This is believed to be caused by the metabolism of alcohol reducing the NAD+/NADH ratio both in the liver and the testes; since the synthesis of testosterone requires NAD+, this tends to reduce testosterone production (Varanelli, 1979). As testosterone is critical for libido and physical arousal, alcohol tends to have deleterious effects on male sexual performance. Studies have been conducted that indicate increasing levels of alcohol intoxication produce a significant degradation in male masturbatory effectiveness (MME). This degradation was measured by measuring blood alcohol concentration (BAC) and ejaculation latency

2.4.2.   Alcohol and sex in women

In many women, alcohol increases sexual arousal and desire, although it does lower the physiological signs of arousal (Beckman & Ackerman, (1995). Women have a different response to alcohol intoxication. Studies have shown that acute alcohol consumption tends to cause increased levels of testosterone and estradiol (Ellingboe, 1987). Since testosterone controls in part the strength of libido on women, this tends to cause an increase in interest in sex. Also, because women have a higher percentage of body fat and less water in their bodies, alcohol

can have a quicker, more severe impact. Women's bodies take longer to process the alcohol which often takes one-third longer to eliminate the substance (Crowe and George, 1989).

Some women report a greater sexual arousal with increased alcohol consumption as well as increased sensations of pleasure during orgasm. Because ejaculatory response is visual and can more easily be measured in males, orgasmic response must be measured more intimately. In studies of the female orgasm under the influence of alcohol, orgasmic latencies were measured using a vaginal photo plethysmograph which essentially measures vaginal blood volume (Beckman, 1995). Psychologically, alcohol has also played a role on sexual behavior. It has been reported that women who were intoxicated believed they were more sexually aroused than before consumption of alcohol (Ackerman, 1995).

Ackerman (1995) also discussed that this psychological effect contrasts with the physiological effects measured, but refers back to the loss of inhibitions because of alcohol. Often alcohol can influence the capacity for a woman to feel more relaxed and in turn, be more sexual. Alcohol may be considered by some women to be a sexual "disinhibitor".

Alcohol intoxication is associated with an increased risk that people will become involved in risky sexual behaviours, such as unprotected sex (Halpernfelsher, Millstein and Ellen, 1996).) It is unclear whether the two are linked or the personality types of people who often drink large amounts of alcohol are more tolerant of risk-taking.

Alcohol is linked to a large proportion of unwanted outcomes associated with sex such as date rape, unwanted pregnancy and sexually transmitted diseases. (Hanson, Venturelli and Fleckenstein, 2005).

Anemaw Asrat (2009), discussed that the use of Khat and alcohol and other substances is significantly and independently associated with risky sexual behavior among Ethiopian youths. Over 1.4% of in-school Ethiopian youth had unprotected sex during the 12-month period prior to the interview. The odds of unprotected sex were slightly higher among males compared to females. Daily Khat intake was also associated with unprotected sex. There was a significant and linear association between alcohol intake and unprotected sex with those using alcohol daily having.

2.5. Rap Music and Rap Music Videos

Music plays an important role in the socialization of children and adolescents. Listening to popular music is considered by society to be a part of growing up. Music provides entertainment and distraction from problems and serves as a way to relieve tension and boredom. Experimental results showed that women exposed to sexual and sexist media content offer stronger endorsement of casual and stereotypical attitudes about sex than do women exposed to nonsexual content (Ward, 2005).

Gordon (2004) found that among high school girls, stronger identification with more objectifying music artists was associated with greater support of sexually objectifying attitudes toward women, while stronger identification with less objectifying music artists was associated with less support of these attitudes.

Rap music videos are a media genre that is attracting considerable attention. Rap music has evolved from African American music forms, with influences from rhythm and blues, fusion, contemporary gospel, and bebop (DiClemente, 1996). Although there is considerable concern

regarding the themes and images expressed in rap music videos, limited empirical research has examined the effect of rap music videos on adolescents' behavior (Jones, 1997).

Pardun, Engle, & Brown (2005) recruited a sample of 3,261 7th and 8th graders from three public school districts in the Southeastern United States to participate in the Teen Media study. A sub-sample of 1,074 respondents also participated in a 45-minute in-home health and sexuality survey to investigate the link of sexual activity and future intentions to be sexually active with media consumption and content. Content analysis of the sexual imagery across six different media revealed that 11% of the media content was sexual in nature. Music contained dramatically more sexual content (40%) than any other medium. Over 75 percent of the relationship content involved couples who were not married. Seventeen percent of the sexual content in music emphasized divorce or generally deteriorating relationships. Messages that are explicitly healthy (i.e., pubertal development, abstinence, or condom use) are seen in only 6% of the total sexual content.

Another content analysis comparing videos in different musical genres found that rap videos are especially likely to be sexist, with females depicted as sexual objects (Saunders, 2009). Images presented in this media genre often give the illusion of promiscuous sexual behavior without adverse consequences.

A study by Wingood (2003) provides further evidence of the potential negative effect of rap music on adolescent sexual behaviors. The study enrolled 522 single African American females between the ages of 14-18 and documented their level of exposure to rap music videos at baseline and 12 months later. Of those enrolled in the study, 92% completed 12 month follow-up

assessments. The median exposure reported to viewing rap videos per week at baseline and at 6 and 12 month follow up were 14 hours and 12 hours respectively. Over the 12-month follow-up, 37% of adolescent females reported acquiring a new sexually transmitted disease, 14% reported having sexual intercourse with a steady partner, 44% reported using drugs, and 44% reported consuming alcohol. Adolescents who had greater exposure to rap music compared to those that reported less exposure to rap music were two times as likely to have multiple sex partners, and more than 1.5 times as likely to have acquired a new sexually transmitted disease, use drugs, and use alcohol over the 12 month follow-up.

2.6. Parental Influences

The teenagers are tomorrow's parents. The reproductive and sexual health decisions these young people make today will affect the health and well being of their countries and of their world for decades to come.

The literature associates parenting style, the quality of parental relationships with their children, and parental beliefs as strong influences of adolescent sexual behaviors (Saunders, 2009). These correlates have been measured in terms of the degree of monitoring, nurturance, communications, and values parents ascribed to in child rearing. The review of literature pertaining to familial influences and adolescent risk-taking specified the importance of this predictor in general and in examining African American youth decisions to be abstinent, practice safer sex or to engage in higher risk sexual behaviors. Studies pertaining to the impact of parents on health compromising behaviors and Ethiopian youth sexual behaviors are elucidated in this section.

Adolescents who can openly communicate with their parents about sexual issues, who have parents that are more authoritative, and whose parents are intrinsically involved in their lives, report fewer sexual partners and they are more apt to use condoms and other contraceptive methods regularly and consistently. They also have a reduced likelihood of early sexual initiation (Saunders, 2009).

Parental values also affected sexual debut. Teens whose parents hold strong religious beliefs and attend religious services frequently are less likely to have sex before age 18 (National Campaign to Prevent Teen Pregnancy, 2005). Additionally, teens whose parents had strong religious beliefs and who enjoy a strong mother-teen relationship were more likely to delay sex than those teens who have parents with strong religious beliefs but lack a strong mother/child relationship (Saunders, 2009).

Solomon (2004) conferred that parent-teen interactions can affect adolescents' behavior over and above the influence of socioeconomic and demographic factors, such as income, family structure and parent education. The familial environment is not a unitary dimension. Rather it is a multidimensional construct comprised of heterogeneous psychological and social factors. Factors such as family connectedness, parent-teen communications, parental monitoring, and parental modeling, have been identified as influencing adolescents' health behavior and psychosocial health.

Solomon (2004) also discussed that parental monitoring there is no uniform definition of parental monitoring. However, there seems to be consensus that two important aspects of parental monitoring are adolescents' perception of their parents' knowledge about whom they are with

and where they are spending their time when they are not at home or attending school. Less perceived parental monitoring has been associated with more sexual-risk taking and more frequent substance use.

2.6.1. Family connectedness

The concept of parent-teen connectedness overlaps considerably with that of attachment. Solomon (2004) defined that parent-teen connectedness is characterized by the quality of the emotional bond between parent and child and by the degree to which this bond is both mutual and sustained over time. Solomon (2004) outlined that parent-teen connectedness has been linked to a wide variety of outcomes including personal traits (self confidence, coping skills, motivation, overall wellbeing), mental health (depression, suicide, adjustment, identity), specific risk behaviors (violence, drugs and alcohol use, tobacco use, unprotected sex), pregnancy, HIV/STI infection, conduct disorders (aggression and delinquency), school achievement or performance, and social skills (including the quality and stability of peer and intimate relationships).

2.6.2. Parent-teen communication

According to Solomon (2004), in sub-Saharan Africa, as in other regions of the world, a culture of silence surrounds most reproductive health and sexual intercourse issues. Many adults are uncomfortable talking about sexuality with their children. Others lack accurate sexual health knowledge. Many Africans feel unable to discuss across perceived barriers of gender and age differences.

2.7. Sexual Behaviors

As it is clearly stated on (http://www.ncbi.nlm.nih.gov, 2012) delaying sexual initiation has been promoted as one of the methods of decreasing risks of HIV among young people. In traditional countries, such as Ethiopia, retaining virginity until marriage is the norm. However, no one has examined the impact of this traditional norm on sexual behaviour and risk of HIV in marriage. This study examined the effect of virginity norm on having sex before marriage and sexual behaviour after marriage among rural Ethiopian youth.

The above website also discussed that maintaining virginity is still a way of securing marriage for girls, especially in rural areas; the odds of belief and intention to marry a virgin among boys was 3-4 times higher among rural young males. As age increased, the likelihood of remaining a virgin decreased. There was no significant difference between married and unmarried young people in terms of number of partners and visiting commercial sex workers. Married men were twice more likely to have multiple sexual partners than their female counterparts.

2.8. Conducive Environment: General overview at higher education

For the purpose of this review and documentation, the HIV and AIDS policy, intervention good practices, Anti-Sexual Harassment policy, HIV/AIDS Task Force in the University College TOR, Gender and sexuality training Manuals, annual Plan performance report of the Gender of the university College other related IEC/BCC materials were assessed and presented. Based on the findings, systematic analysis was conducted and a report is prepared. Therefore, the

qualitative study on the good practices and documentations of the University College's practice on sexuality, gender, HIV/AIDS and STIs is presented here below.

Saint Mary University College is one of the well-established and leading private higher institutions in Ethiopia. The university college is providing quality education and engaging in research and community service. The university is extending distance learning to some of the inmates of the prisons in the country and in fact, is the first of its kind to start distance education for prisoners.

2.8.1. Issues relating to Student Support services

As it is clearly outlined on (www.smuc.edu.et, 2011), the university college has established the student support services office which oversees all nonacademic programs and activities including but not limited to: students activities ,recreation, and student guidance and counseling. It also serves as a counseling center for students in all aspects of their university college lives. In addition to advising individuals and groups on matters pertaining to personal problems, educational and vocational objectives, and financial assistance, it directs and assists them in planning social and extra-curricular activities. The office also reviews reports of student misconduct cases that require disciplinary action to ensure recommendations conform to the university college norms and formal rules.

The office in collaboration with the pertinent offices within the university college or outside the university college, it formulates and develops student related policies. It also serves as a liaison between students, alumni, parents, university college management and external community. But

the primary objective of the office is to ensure that each student adjusts to thrive within the educational environment.

2.8.2. Gender-Based Violence, Sexual Abuse and Harassment

From the field observation, the researcher noticed that the SMUC had anti-harassment policy, a well-established and functional gender office. The university college has developed anti-sexual harassment policy in 2011. According to the policy, sexual harassment is defined to include, but is not limited to, unwelcome sexual advances, requests for sexual favors, and other behaviors of a sexual nature. It is noticed that the university college has been implementing the policy by establishing gender and HIV/AIDS office under the vice president of the university college.

2.8.3. SISTA Intervention Program for Female Students in the University College

As it is clearly discussed on HIV/AIDS prevention Good practice report (2012) of the university college, SISTA intervention is the first in its kind to be implemented especially targeting female students. It is based on social cognitive theory and theory of gender and power. St.Mary's university college in collaboration with NASTAD Ethiopia is implementing the intervention in the university college for female students.

The report also described that Ethiopia's SISTA is a peer-led, social skills building, group level intervention designed to reduce sexual HIV risk behaviors among heterosexual Ethiopian women, ages 18 to 29. The group sessions consist of 20 to 25 female students.

As the report made it clear SISTA is delivered in five, two hour sessions followed by two optional booster sessions. The topics are gender specific and culturally- relevant sessions include ethnic and gender pride, HIV risk-reduction information, assertiveness skills training, behavioral self-management, and coping skills. In the sessions, women participate in facilitator –led group discussions, role-play and behavioral skills-building activities. They also view an HIV prevention video and are given take-home activities. SISTA sessions, practicing assertive communication skills and safer sex negotiation builds the participants' confidence in their ability to negotiate and practice risk reduction in real-life sexual situation.

2.8.4. HIV and AIDS Policy of the University College

According to Ministry of education and SUPREME Consult PLC (2012), SMUC has developed HIV and AIDS policy document, which was at its draft stage pending the approval of management of their respective institution. However, all of them were flexible in using the draft document in their interventions. It was reported that they were working towards having an approved policy document as soon as possible. It is believed that having the institutional policy document will be quite supportive and facilitative for HIV and AIDS interventions. Similarly the researcher noticed that the final version of the policy is produced and it is under implementation. It is also noticed that there is anti-HIV/AIDS club in the campus of University College.

2.8.5. Structure, Strategy and Approaches for HIV/AIDS Interventions in the University College

The HIV and AIDS program interventions in SMUC were coordinated partly under the students' wellness and development unit and partly under the gender unit. There was no focal department or person for the HIV and AIDS activities. SMUC was in the process of developing strategic document for HIV and AIDS care and support interventions. At the time, the document was at a proposal level, pending for approval by the management. In the absence of formal working document for the HIV and AIDS interventions, as reported by the focal persons, SMUC was following three pronged HIV and AIDS intervention incorporating prevention, care and support and treatment services. Moreover, the university college was making an effort to mainstream HIV and AIDS in the annual work plan of each faculty as well as integration of the issues in the curriculum (Ministry of education and SUPREME Consult PLC, 2012).

2.8.6. HIV/AIDS Task Force in the University College

As it is clearly discussed on the guide for the University College HIV/AIDS task force, one of the key ways to realize university college ownership is through creating a means where the university college can be involved in the response as leader and key actor. As result establishing task force which are composed of the university college community to lead the intervention. It was noticed that the TOR is prepared for the task force. The members of the task force are university college focal person/representative from the university college HAPCO, NASTAD University college project officer, representative from student council, representative from

University college management, representative from Gender office and representative from other partners working with the university college.

2.8.7. Good Practices or habit in the university college

As it is clearly discussed on HIV/AIDS prevention Good practice report (2012) of the university college, the university college has organized HIV and AIDS prevention intervention called "Friday Talk-show". This program was found to be one of the good practices of the university college. It was a unique exercise to the SMUC and was a forum by which students; teaching and administrative staff members took part and addressed diverse academic, administrative and social issues, in general, and HIV and AIDS, in particular. The talk-show was conducted once every week on Friday mid-day for two hours. The forum has been going on for the last six years without interruption. It has been the most effective forum of awareness raising and behavioral change for students as far as HIV and AIDS interventions were concerned. The primary objectives of the talk-show were to help students and the other university community members get diverse knowledge and information on HIV and AIDS and other relevant issues, enable them develop self-confidence and skills in expressing themselves in public forums.

The program was found to be a good tool in drawing out talents and potentials from students. During the talk-show, events such as singing, dancing and musical play were exercised and such activities were reported to be the best tools for entertainment education. Various discussion and debates have enhanced knowledge of students broadening their views on societal problems, current affairs, academic and administrative related issues, rights and governance matters. SMUC has been conducting awareness raising on HIV voluntary counseling and SMUC has

been conducting awareness raising on HIV voluntary counseling and testing (VCT) and extending the services to the university community in collaboration with Zewditu Hospital. The HIV/VCT and post-test club members of the hospital were providing technical and advisory supports through training and sharing of their life experiences with the students on different forums through the existing smooth working relationships.

Every fortnight, on Friday evening, the institute organized "Literature Night" for the university community. The literature night was a forum on which students, the teaching and administrative staff members had an opportunity to entertain as well as participate in diverse academic, economic and social affairs including HIV and AIDS. The literature forum helped students to have a space in which they can present their creative works. Students and staff members presented their literary works on the forum and also attended the works of well-known invited guests (Ministry of education and SUPREME Consult PLC (2012).

As it is clearly discussed on the report of SMUC on good practices and best experiences to prevent and control the spread of the epidemic (2012), SMUC organized "welcome" ceremonies for new students and "goodbye" ceremonies for graduates. The welcome ceremony was to orient the new comers to the university environment and tradition. New students were given the opportunity to have full information and orientation on the campus and the surrounding, including the risk factors in their learning environment. This orientation created awareness of the university environment and helped students to take care of themselves and avoid risky situations and practices. The goodbye ceremony was intended to provide experience-sharing, evidence-based information and orientation on the world of work for the outgoing students. The

ceremonial farewells focused on what the outgoing students should expect from the outside world and how they can deal with their work life.

In summing up, the university college coined the "Friday Talk-show" had the required aspects of innovation and it was the first of its type in the higher educational institutions in Ethiopia. None of the HEI implemented such a continuous and regular discussion forum that involved the entire community of its institution week after week for over four years. The students take the responsibility to coordinate the talk-show, select the topics of discussion and facilitate the processes of implementation. The commitment and participation of the leadership were strong and unprecedented. Such trends rendered the talk-show to come up with innovative approach to deal with behavioral change communication on HIV and AIDS in HEIs. It was believed that with the persistent and consistent application of the talk-show and having the appropriate topics for discussion can address behavioral change issues on a mass scale.

2.9. Summary

In the literature review issues like alcohol and chat use, listening to rap music and viewing rap videos, parental influences and peer views, health compromising sexual behaviors, sexual behaviors and contusive environment at higher educational institutions   have all been recognized in the literature as influencing and regulating sexual behaviors.

 As it is presented in the literature above the risk, the culture of campus life in many residential universities appears to be ambivalent about, or even open to, a wide variety of high risk activities—"sugar daddy" arrangements, sexual experimentation, prostitution on campus,

unprotected casual sex, frequent partner change, and considerable physical and psychological violence against women. The literature also shows that alcohol use and unsafe sex are common behaviors now days and are responsible for large portion of the burden of diseases. And generally an increase in alcohol use by youths Furthermore, the literature shows that the age for initiating alcohol use and experimenting with sex is on the decline, but the age for marriage is on the rise. Teenage pregnancies are also on the rise. Sexual experimentation outside marriage is increasing.

The literature on adolescent development and sexual behavior has long emphasized the growing importance of friends and peers as socializing agents during this stage of the life course. Among the most consistent findings in the literature on adolescent sexual behaviors is the strong statistical association between adolescents' self-reported sexual initiation and their perceptions of the sexual activity of their close friends.

The literature also addressed that music plays an important role in the socialization of children and adolescents. In the literature the studies showed that strong positive association between exposure to sexual content music/media and sexual activity and initiation. And further more the literature raised that adolescents who had greater exposure to rap music compared to those that reported less exposure to rap music were two times as likely to have multiple sex partners, and more than times as likely 1.5 times as likely to have acquire new sexually transmitted diseases, use drugs, and use alcohol.

For the above review it can be conclude that SMUC organized various sex and sexual related interventions and made them functional and beneficial to the university community. Especially, to the regular students the University College has been organizing a program called "Friday

Talk-show." This talk-show was unique to the SMUC and it was a forum on which students and teaching and administrative staff members take part and address diverse academic, administrative and social issues in general and HIV and AIDS in particular.

The university college has been also implementing SISTA intervention first in its kind especially targeting female students. It is based on social cognitive theory and theory of gender and power. St.Mary's university college in collaboration with NASTAD Ethiopia is implementing the intervention in the university college for female students.

The review of the literatures on peer influence, the association between alcohol and chat use versus sexual behavior, the relationship between rap music and videos and sexual behaviors and the influence of parental views on sexual behaviors implies that further studies should be conducted especially in the context of Africa in general and in Ethiopia in particular as the studies are limited in these areas.

CHAPTER III: RESEARCH DESIGN AND METHODOLOGY

This section of the study focused on the methodological contemplation of conducting this study, including description of the study area, research design and methods, universe of the study, sampling technique, sample size determination, data collection tools and procedures and data processing and analysis. The most important purpose of this study was to examine the practices of safe sexual activity among St.Marry's University College Students.

3.1. Description of the Study area

The study area of this study was St.Marry University College which is located in Addis Ababa, Ethiopia. It is a privately owned University College founded in 1998. The main campus of the University College is located at Kirkos Sub- City near Wabishebele Hotel, Addis Ababa Ethiopia.

St. Mary's University College (SMUC) has been offering regular, extension and distance education. The University College has four academic faculties of degree and TVET academic programmes. It also offers various programmes in its College of Open and Distance Learning (CODL). In addition to running more than nine masters programmes in cooperation with Indira Gandhi National Open University, the University College currently has been offering Master of Business Administration (MBA) programme and has finalized its preparation to open a graduate programme in Rural Development, Agri-Business, and Agricultural Economics.

On the Other hand the University College has a number of extracurricular programmes on various issues like HIV/AIDS and other STIs, Gender, environment sanitation and preservation e.tc and other community outreach programmes.

3.2. Research Design and methods

A non- experimental research design was used to explore the practice of safe sexual behaviors of students in the University College. The research method involved both quantitative and qualitative research approaches. For the quantitative research approach a cross sectional study was employed and data was collected using structured questionnaires. Similarly for the qualitative research approach focus group discussion, in-depth interview with key informants, observation and document review were employed as data collection tools. Semi-structured interview, FGD schedule/checklist, observation checklist for services related to sexual behaviors HIV/AIDS STIs were developed to collect qualitative data.

3.3. Universe of the study

The study area was St.Marry University College which is located in Addis Ababa, Ethiopia. The target population was all undergraduate regular students in St.Marry Univesity College in Addis Ababa, Ethiopia. According to St.Marry University registrar, there are a total of 1038(Accounting = 698 students, Management = 140 students, Marketing= 227 students and Computer Sciences = 113 students) undergraduate regular students in December 2012 academic year. The study participants were students sampled from St.Marry University campuses based on multistage sampling technique.

3.4. Sampling technique

The research method involved both quantitative and qualitative approaches. For the quantitative method two stages stratified sampling technique was used which was based on students' field of study and year of study. Two layers or stratum were created by basing up on students' year of study and field of study. Here to determine the total number of stratum, the researcher multiplied the total number of field of studies (departments) by maximum year of study. In addition the researcher took three years as the maximum year of study. According to St.Marry University College registrar office, the University College has four departments in December 2012. Therefore, the researcher had a total of 12 stratums and from each stratum he took proportionate respondents by calculating the percentage of the total size of each stratum against the total population and sample size of the study. The researcher used both simple random and purposive sampling technique to select respondents from each 12 strata. The qualitative methods include focus group discussion, in-depth interview with key informants, observation and document review as data collection tools in this study.

3.5. Sample size determination

According to Krejcie and Morgan (1970) sample size Table, the sample size of this study is 317 regular students who are selected from a total of 1038 population of regular students in St.Mary's University College. Due to shortage of resource the researcher took 60 regular students as a sample size. Since the homogeneity of the population of the study is high, the size of the sample is representative enough to generalize for the population.

The sample size was determined with the following assumptions: These are (1) total student population in St.Marry university College is 1038 regular students,(2) the margin of error, or the error the researcher is willing to accept is 5% and (3) anticipated response rate is 95%.

3.6. Data collection tools and procedures

Quantitative tools: A structured self-administer questionnaire was employed and the questionnaire was administered in English.

Qualitative tools: Focus group discussion, in-depth interview with key informants, observation and document review was used as data collection tools in this study. The researcher developed guides for focus group discussion and in-depth interview with key informants. In addition to the guides mentioned above, checklists for field observation was also developed and used to assess existing interventions, programs, rules and regulations in relation to sexuality HIV/AIDS and related situations in the University College.

3.6.1. Data Collection and Data Collectors

Data were collected using and the subsequent procedures. For quantitative tools members of the student council was involved in the facilitation of data collection. Theoretical and practical orientations were given for study participants on questionnaire administration and how to fill out the questionnaires. During filling out the questionnaires, female and male study participants was separated and placed in different rooms and participants took their seat randomly to avoid side talks and discussions among friends. Male data collectors were assigned for male study participants and female data collectors for female study participants.

For qualitative tools, the researcher conducted FGDs and in-depth interviews. The researcher conducted FGD among male and female FGD participants. Female FGD facilitators assigned to facilitate FGD among female participants and similarly male FGD facilitator assigned for male FGD participants. Silent and comfortable rooms were selected for FGD and In-depth interview. Tape recorders were used to record FGDs and in-depth interviews. The researcher and FGD facilitators were also responsible to undertake checklist assessment and document review. In addition the researcher himself was responsible to conduct field observation and review of documents based on the field observation and document review checklists respectively

3.7. Data Processing and Analysis

Quantitative data was analyzed using SPSS 20 Windows. Spearman's correlation was used to scrutinize which variables were most influential in predicting sexual behavior outcomes. Logistic regression was used because this study included two or more categorical or continuous independent variables with a dichotomous dependent variable in this study. Scale analyses were also done to determine the degree the predictors were related to the outcome variables. The correlation of the independent variables with each other was assessed through a correlation matrix.

Frequency distributions for discreet categorical variables and univariate descriptive statistics for continuous variables (i.e., mean and standard deviations) were computed. The variables that were examined in analysis included age, gender, alcohol use, chat use, parental and peer influences and the influence of rap music and rap music video on sexual attitudes towards safer sex behaviors.

For Qualitative section in-depth interviews and FGDs were thoroughly listened and transcribed. Then major findings were narrated and summarized based on thematic areas. And similarly the data collected from field observation and document review systematically analysed and presented in the thematic area where it makes sense.

CHAPTER IV: RESULTS, INTERPRETATIONS &DISCUSSION

This chapter presents results of the data analysis, and interpretations according to research questions posed in the study. In addition, it discusses the major findings in the light of the findings of other findings undertaken everywhere in the world. Accordingly the results of the study are organized into:

- ✓ Socio- demographic characteristics of the respondents;

- ✓ Influence of subjective and social norms on sexual behavior;

- ✓ Attitude towards safe sex;

- ✓ Frequency of alcohol and chat use;

- ✓ Influence of RAP music and videos on sexual attitudes;

- ✓ Predictive factors for practice of safe sexual activity; and

- ✓ Best predictive factors for safer sexual behaviors interventions on sexual behavior and related issues

4.1. Socio-Demographic Characteristics

Out of the 60 students sampled from the University college, 60 (100%) of students responded eligibly. There were 46 (61.3%) males and 29 (38.7%) female respondents. The mean age of the respondents was failed under the age interval of (20 up to 24) ±0.64 years. Males mean age was between 20 and 26 ± 0.714 years and females mean age was between 16up to 19 ± 0.412 years (Table 4.1).

Table 4.1: Frequency and percentage of Sex and Age of respondents

Table 1: Frequency and percentage of Sex and Age of respondents						
			Age			
	Variables		**16 up to 19 years old**	**20 up to 26 years old**	**27 and above years**	**Total**
Sex	**Male**	Count	24	16	6	46
		% within Sex	52.20%	34.80%	13.00%	100.00%
		% within Age	51.10%	72.70%	100.00%	61.30%
		% of Total	32.00%	21.30%	8.00%	61.30%
	Female	Count	23	6	0	29
		% within Sex	79.30%	20.70%	0.00%	100.00%
		% within Age	48.90%	27.30%	0.00%	38.70%
		% of Total	30.70%	8.00%	0.00%	38.70%
Total		Count	47	22	6	75
		% within Sex	62.70%	29.30%	8.00%	100.00%
		% within Age	100.00%	100.00%	100.00%	100.00%
		% of Total	62.70%	29.30%	8.00%	100.00%

Table (4. 2) below outlined that most respondents were third Year (70.0%) which was followed by first year (14.7%) and the rest 8.0% and 6.7% were second year and fourth year respectively Table (4.2). The majorities were single (82.7%) and divorced (9.3%) followed by married (8.0%) In relation to place of accommodation of students, majority of the respondents were reside outside campus (with parents guardians or relatives (86.7%) and the rest were resided outside campus (13.3%)

Table 4.2: Frequency and percentage of Academic year of Study and Current place of accommodation of respondents

	Variables		Current Place of Accommodation		
			Outside campus(with Parents, guardians or relatives)	Outside campus (Rented)	Total
Academic year of Study	Year I	Count	11	0	11
		% within Academic year of Study	100.00%	0.00%	100.00%
		% within Current place of accommodation	16.90%	0.00%	14.70%
		% of Total	14.70%	0.00%	14.70%
		Std. Residual	0.5	-1.2	
	Year II	Count	3	3	6
		% within Academic year of Study	50.00%	50.00%	100.00%
		% within Current place of accommodation	4.60%	30.00%	8.00%
		% of Total	4.00%	4.00%	8.00%
		Std. Residual	-1	2.5	
	Year III	Count	46	7	53
		% within Academic year of Study	86.80%	13.20%	100.00%
		% within Current place of accommodation	70.80%	70.00%	70.70%
		% of Total	61.30%	9.30%	70.70%
		Std. Residual	0	0	
	Year IV	Count	5	0	5
		% within Academic year of Study	100.00%	0.00%	100.00%
		% within Current place of accommodation	7.70%	0.00%	6.70%
		% of Total	6.70%	0.00%	6.70%
		Std. Residual	0.3	-0.8	

			In Your opinion, is your living area risk prone to unsafe sexual intercourse?			
Total	Count		65	10	75	
	% within Academic year of Study		86.70%	13.30%	100.00%	
	% within Current place of accommodation		100.00%	100.00%	100.00%	
	% of Total		86.70%	13.30%	100.00%	

Table (4.3) below depicted that most of the respondents (88.1%) believe that the area where they are living is not prone to unsafe sexual behavior. But a few section of respondents (6.8%) addressed that the environment where they are living is prone to unsafe sexual practices and 5.1 % of respondents they did know whether their living area is exposed to unsafe sexual practice or not.

Table 4.3:- Sex *   In Your opinion, is your living area risk prone to unsafe sexual intercourse? Cross tabulation

			In Your opinion, is your living area risk prone to unsafe sexual intercourse?			
			yes	no	I do not know	Total
Sex	Male	Count	3	29	1	33
		% within Sex	9.1%	87.9%	3.0%	100.0%
		% within In Your opinion, is your living area risk prone to unsafe sexual intercourse?	75.0%	55.8%	33.3%	55.9%
		% of Total	5.1%	49.2%	1.7%	55.9%
	Female	Count	1	23	2	26
		% within Sex	3.8%	88.5%	7.7%	100.0%
		% within In Your opinion, is your living area risk prone to unsafe sexual intercourse?	25.0%	44.2%	66.7%	44.1%
		% of Total	1.7%	39.0%	3.4%	44.1%
Total		Count	4	52	3	59
		% within Sex	6.8%	88.1%	5.1%	100.0%
		% within In Your opinion, is your living area risk prone to unsafe sexual intercourse?	100.0%	100.0%	100.0%	100.0%
		% of Total	6.8%	88.1%	5.1%	100.0%

4.2. Subjective and Social Norms on Sexual Behavior

For the question 'most people who are important to me think that I …. Safe sexual intercourse' 38.3% of the participants reported that their most important people did not worry about whether the participants practice safe sexual practice or not. On the other extreme 13.3% of the participants believed most people who are important to them think that should strongly practice safe sexual behavior. The detail is presented here below in (Table 4.4).

The other question presented for the participants was "It is expected of me that I practice safe sexual intercourse". For this seven point scale question 26.7% of participants reported that they strongly disagree with, 8.3% of participants disagree, 6.7% of participants agree and 33.3%of participants strongly agree with statement (Table 4.4).

The third scale question was 'People who are important to me want me to practice safe sexual intercourse'. Table (4.4) discussed that 26.7%of participants strongly disagrees with the aforementioned statement and on the other side 30.0% of them strongly agree with the statement. 36.7% of participants reported that their parents may not strongly be anxious whether he/she should practice safe sexual intercourse or not and on the opposite side 30.0% of participants strongly agreed that their parents think he/she should practice safe sexual behavior.

On the other side 21.7% of participants stated strongly disapprove their sexual intercourse and 28.3% of them strongly approve and support their sexual practice. 23.3% and 21.7% of participants reported that their friends have never ever and do continually practiced safe sex respectively. And some section of the participants (28.3%) conform that their friends practice safe sex though it is irregular.

Table (4.4) presented that most respondents (36.7%) reported that the importance of parents' approval of their sexual practice to them is absolutely not at all and 15.0% of them answered that the importance of parents' approval of their sexual practice to them is absolutely necessary. 28.3% of respondents said that what their peers/friends think he/she should do absolutely do not matters them and some of the respondents (21.7%) assured that what their peers/friends think they should do absolutely matters them how to behave.

Most of the respondents (27.6%) reported doing what their peers/friends do is not absolutely important to them. On the other extreme 24.1% of respondents confirmed that reported doing what their peers/friends do is absolutely important to them. The detail is presented here below in (Table 4.4).

Table 4.4: - Survey Items Measuring Parental & Friends Approval for Safe Sexual Behavior

			Most people who are important to me think that I …. Safe sexual intercourse.							Total
			strongly should not	should not	slightly should not	undecided	slightly should	should	strongly should	
Sex	Male	Count	12	6	1	2	4	2	5	34
		% within Most people who are important to me think that	52.2%	85.7%	25.0%	33.3%	80.0%	40.0%	62.5%	56.7%
		% of Total	20.0%	10.0%	1.7%	3.3%	6.7%	3.3%	8.3%	56.7%
	Female	Count	11	1	3	4	1	3	3	26
		% within Most people who are important to me think that	47.8%	14.3%	75.0%	66.7%	20.0%	60.0%	37.5%	43.3%
		% of Total	18.3%	1.7%	5.0%	6.7%	1.7%	5.0%	5.0%	43.3%
Total		Count	23	7	4	6	5	5	8	60
		% within Most people who are important to me think that	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	38.3%	11.7%	6.7%	10.0%	8.3%	8.3%	13.3%	100.0%
			It is expected of me that i practice safe sexual intercourse							Total
			strongly disagree	Disagree	slightly disagree	undecided	Slightly agree	Agree	Strongly agree	
Sex	Male	Count	9	4	2	6	2	2	9	34
		% within it is expected of	56.3%	80.0%	66.7%	66.7%	66.7%	50.0%	45.0%	56.7%

			strongly Disagree	Disagree	Slightly disagree	Undecided	slightly agree	Agree	strongly agree	Total
		me that i practice safe sexual intercourse								
		% of Total	15.0%	6.7%	3.3%	10.0%	3.3%	3.3%	15.0%	56.7%
	Fe ma le	Count	7	1	1	3	1	2	11	26
		% within it is expected of me that i practice safe sexual intercourse	43.8%	20.0%	33.3%	33.3%	33.3%	50.0%	55.0%	43.3%
		% of Total	11.7%	1.7%	1.7%	5.0%	1.7%	3.3%	18.3%	43.3%
Total		Count	16	5	3	9	3	4	20	60
		% within it is expected of me that i practice safe sexual intercourse	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	26.7%	8.3%	5.0%	15.0%	5.0%	6.7%	33.3%	100.0%

			People who are important to me want me to practice safe sexual intercourse.							Total
			strongly Disagree	Disagree	Slightly disagree	Undecided	slightly agree	Agree	strongly agree	
Sex	Ma le	Count	8	7	5	2	0	1	9	34
		% within people who are important to me want me to practice safe sexual intercourse.	50.0%	77.8%	71.4%	50.0%	.0%	33.3%	50.0%	56.7%
		% of Total	13.3%	11.7%	8.3%	3.3%	.0%	1.7%	15.0%	56.7%
	Fe ma le	Count	8	2	2	2	1	2	9	26
		% within people who are important to me want me to practice safe sexual	50.0%	22.2%	28.6%	50.0%	100.0%	66.7%	50.0%	43.3%

		intercourse.							
		% of Total	13.3%	3.3%	3.3%	3.3%	1.7%	3.3%	15.0%	43.3%

Total		Count	16	9	7	4	1	3	18	60
		% within people who are important to me want me to practice safe sexual intercourse.	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	26.7%	15.0%	11.7%	6.7%	1.7%	5.0%	30.0%	100.0%

			My parents think I.... practice safe sexual intercourse.						Total
			strongly should not	should not	slightly should not	undecided	slightly should	should	stronly should	
Sex	Male	Count	8	1	1	3	5	3	12	34
		% within My parents think i.... practice safe sexual intercourse.	36.4%	50.0%	100.0%	75.0%	83.3%	75.0%	66.7%	56.7%
		% of Total	13.3%	1.7%	1.7%	5.0%	8.3%	5.0%	20.0%	56.7%
	Female	Count	14	1	0	1	1	1	6	26
		% within My parents think i.... practice safe sexual intercourse.	63.6%	50.0%	.0%	25.0%	16.7%	25.0%	33.3%	43.3%
		% of Total	23.3%	1.7%	.0%	1.7%	1.7%	1.7%	10.0%	43.3%
Total		Count	22	2	1	4	6	4	18	60
		% within My parents think i.... practice safe sexual intercourse.	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

			My peers/friends would.... of my sexual intercourse							Total
		% of Total	36.7%	3.3%	1.7%	6.7%	10.0%	6.7%	30.0%	100.0%

			My peers/friends would.... of my sexual intercourse							Total
			mostly disapprove	disapprove	slightly disapprove	undecided	slightly approve	approve	mostly approve	
Sex	Male	Count	6	2	0	3	8	5	8	34
		% within My peers/friends would .... of my sexual intercourse	46.2%	66.7%	.0%	75.0%	72.7%	83.3%	47.1%	56.7%
		% of Total	10.0%	3.3%	.0%	5.0%	13.3%	8.3%	13.3%	56.7%
	Female	Count	7	1	3	1	3	1	9	26
		% within My peers/friends would .... of my sexual intercourse	53.8%	33.3%	100.0%	25.0%	27.3%	16.7%	52.9%	43.3%
		% of Total	11.7%	1.7%	5.0%	1.7%	5.0%	1.7%	15.0%	43.3%
Total		Count	13	3	3	4	11	6	17	60
		% within My peers/friends would .... of my sexual intercourse	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	21.7%	5.0%	5.0%	6.7%	18.3%	10.0%	28.3%	100.0%

			My peers/friends would.... of my sexual intercourse							
			mostly disapprove	disapprove	slightly disapprove	undecided	slightly approve	approve	mostly approve	Total
Sex	Male	Count	6	2	0	3	8	5	8	34

		% within Sex	17.6%	5.9%	.0%	8.8%	23.5%	14.7%	23.5%	100.0%
		% within My peers/friends would.... of my sexual intercourse	46.2%	66.7%	.0%	75.0%	72.7%	83.3%	47.1%	56.7%
		% of Total	10.0%	3.3%	.0%	5.0%	13.3%	8.3%	13.3%	56.7%
	Female	Count	7	1	3	1	3	1	9	26
		% within Sex	26.9%	3.8%	11.5%	3.8%	11.5%	3.8%	34.6%	100.0%
		% within My peers/friends would.... of my sexual intercourse	53.8%	33.3%	100.0%	25.0%	27.3%	16.7%	52.9%	43.3%
		% of Total	11.7%	1.7%	5.0%	1.7%	5.0%	1.7%	15.0%	43.3%
Total		Count	13	3	3	4	11	6	17	60
		% within Sex	21.7%	5.0%	5.0%	6.7%	18.3%	10.0%	28.3%	100.0%
		% within My peers/friends would.... of my sexual intercourse	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	21.7%	5.0%	5.0%	6.7%	18.3%	10.0%	28.3%	100.0%

			My peers / friends..... Practiced safe sexual intercourse.						
			mostly do not	slightly do not	undecided	slightly do	do	Mostly do	Total
Sex	Ma	Count	7	2	3	3	11	5	T34

									Total
le	% within Sex		20.6%	5.9%	8.8%	8.8%	32.4%	14.7%	100.0%
	% within My peers / friends..... Practiced safe sexual intercourse.		50.0%	100.0%	60.0%	60.0%	64.7%	38.5%	56.7%
	% of Total		11.7%	3.3%	5.0%	5.0%	18.3%	8.3%	56.7%
Fe ma le	Count		7	0	2	2	6	8	26
	% within Sex		26.9%	.0%	7.7%	7.7%	23.1%	30.8%	100.0%
	% within My peers / friends..... Practiced safe sexual intercourse.		50.0%	.0%	40.0%	40.0%	35.3%	61.5%	43.3%
	% of Total		11.7%	.0%	3.3%	3.3%	10.0%	13.3%	43.3%
Total	Count		14	2	5	5	17	13	60
	% within Sex		23.3%	3.3%	8.3%	8.3%	28.3%	21.7%	100.0%
	% within My peers / friends..... Practiced safe sexual intercourse.		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total		23.3%	3.3%	8.3%	8.3%	28.3%	21.7%	100.0%

			Parents' approval of my practice is important to me						
			undecided	absolutely not at all	Not at all	slightly not at all	slightly good	good	very much	Total
Sex	Ma le	Count	1	8	5	2	2	3	6	34
		% within Sex	2.9%	23.5%	14.7%	5.9%	5.9%	8.8%	17.6%	100.0%

			absolutely not at all	Not at all	slightly not at all	undecided	slightly good	good	very much	Total
		% within Parents' approval of my practice is important to me	100.0%	36.4%	83.3%	40.0%	100.0%	75.0%	66.7%	56.7%
		% of Total	1.7%	13.3%	8.3%	3.3%	3.3%	5.0%	10.0%	56.7%
	Female	Count	0	14	1	3	0	1	3	26
		% within Sex	.0%	53.8%	3.8%	11.5%	.0%	3.8%	11.5%	100.0%
		% within Parents' approval of my practice is important to me	.0%	63.6%	16.7%	60.0%	.0%	25.0%	33.3%	43.3%
		% of Total	.0%	23.3%	1.7%	5.0%	.0%	1.7%	5.0%	43.3%
Total		Count	1	22	6	5	2	4	9	60
		% within Sex	1.7%	36.7%	10.0%	8.3%	3.3%	6.7%	15.0%	100.0%
		% within Parents' approval of my practice is important to me	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	1.7%	36.7%	10.0%	8.3%	3.3%	6.7%	15.0%	100.0%

			what my peers/friends think I should do matters me							
			absolutely not at all	Not at all	slightly not at all	undecided	slightly good	good	very much	Total
Sex	Male	Count	6	3	3	6	7	2	6	34
		% within Sex	17.6	8.8%	8.8%	17.6%	20.6%	5.9%	17.6%	100.0%

			%							
		% within what my peers/friends think i should do matters me.	35.3%	100.0%	75.0%	54.5%	100.0%	66.7%	46.2%	56.7%
		% of Total	10.0%	5.0%	5.0%	10.0%	11.7%	3.3%	10.0%	56.7%
	Female	Count	11	0	1	5	0	1	7	26
		% within Sex	42.3%	.0%	3.8%	19.2%	.0%	3.8%	26.9%	100.0%
		% within what my peers/friends think i should do matters me.	64.7%	.0%	25.0%	45.5%	.0%	33.3%	53.8%	43.3%
		% of Total	18.3%	.0%	1.7%	8.3%	.0%	1.7%	11.7%	43.3%
Total		Count	17	3	4	11	7	3	13	60
		% within Sex	28.3%	5.0%	6.7%	18.3%	11.7%	5.0%	21.7%	100.0%
		% within what my peers/friends think i should do matters me.	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	28.3%	5.0%	6.7%	18.3%	11.7%	5.0%	21.7%	100.0%

			Doing what my peers/friends do is important to me.							
			absolutely not at all	Not at all	slightly not at all	undecided	slightly good	good	very much	Total

Sex	**Ma le**	**Count**	**3**	**5**	**6**	**3**	**3**	**4**	**8**	**32**
		% within Sex	**9.4 %**	**15.6%**	**18.8%**	**9.4%**	**9.4%**	**12.5%**	**25.0%**	**100.0%**
		% within Doing what my peers/friends do is important to me.	**18.8 %**	**71.4%**	**75.0%**	**100.0%**	**50.0%**	**100.0%**	**57.1%**	**55.2%**
		% of Total	**5.2 %**	**8.6%**	**10.3%**	**5.2%**	**5.2%**	**6.9%**	**13.8%**	**55.2%**
	Fe ma le	**Count**	**13**	**2**	**2**	**0**	**3**	**0**	**6**	**26**
		% within Sex	**50.0 %**	**7.7%**	**7.7%**	**.0%**	**11.5%**	**.0%**	**23.1%**	**100.0%**
		% within Doing what my peers/friends do is important to me.	**81.3 %**	**28.6%**	**25.0%**	**.0%**	**50.0%**	**.0%**	**42.9%**	**44.8%**
		% of Total	**22.4 %**	**3.4%**	**3.4%**	**.0%**	**5.2%**	**.0%**	**10.3%**	**44.8%**
Total		**Count**	**16**	**7**	**8**	**3**	**6**	**4**	**14**	**58**
		% within Sex	**27.6 %**	**12.1%**	**13.8%**	**5.2%**	**10.3%**	**6.9%**	**24.1%**	**100.0%**
		% within Doing what my peers/friends do is important to me.	**100. 0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
		% of Total	**27.6 %**	**12.1%**	**13.8%**	**5.2%**	**10.3%**	**6.9%**	**24.1%**	**100.0%**

4.3. Attitude Towards Safe Sex

Table 4.5: Overall practicing safe sexual behavior is ….*Cross tabulation

			Overall practicing safe sexual behavior is							Total
			highly harmful/ unpleasant/wrong thing to do/bad practice	harmful/unpleasant/wrong thing to do/bad practice	Slightly harmful/unpleasant/ wrong thing to do/bad practice	Undecided	slightly beneficial/ pleasant/ right thing to do/good practice	Beneficial/pleasant/right thing to do/good practice	strongly beneficial/right thing to do/pleasant/ good practice	
Sex	Male	Count	1	1	7	3	4	2	16	34
		% within Sex	0.029	0.029	0.206	0.088	0.118	0.059	0.471	1
		% within Overall practicing safe sexual behavior is	0.333	1	0.7	0.75	0.8	0.25	0.552	0.567
		% of Total	0.017	0.017	0.117	0.05	0.067	0.033	0.267	0.567
	Female	Count	2	0	3	1	1	6	13	26
		% within Sex	0.077	0	0.115	0.038	0.038	0.231	0.5	1
		% within Overall practicing safe sexual behavior is	0.667	0	0.3	0.25	0.2	0.75	0.448	0.433
		% of Total	0.033	0	0.05	0.017	0.017	0.1	0.217	0.433
Total		Count	3	1	10	4	5	8	29	60
		% within Sex	0.05	0.017	0.167	0.067	0.083	0.133	0.483	1
		% within Overall practicing safe sexual behavior is	1	1	1	1	1	1	1	1
		% of Total	0.05	0.017	0.167	0.067	0.083	0.133	0.483	1

A majority of respondents have positive attitude towards practicing safe sexual. Table (4.5) above 48.3 % of respondents reported that overall practicing safe sexual behavior is strongly beneficial/right thing to do/pleasant/good practice which is expected from them and very little

number of respondents (5% and 1.7%) reported that it is highly harmful/unpleasant/wrong thing to do/bad practice and harmful/unpleasant/wrong thing to do/bad practice respectively.

Table 4.6:- Sex * If I practice safe sex, i will feel that I am doing something positive for me. Cross tabulation

			If I practice safe sex, I will feel that I am doing something positive for me.							
			Most unlikely	unlikely	Slightly unlikely	undecided	Slightly likely	likely	most likely	Total
Sex	Male	Count	4	2	4	1	2	5	16	34
		% within Sex	11.80%	5.90%	11.80%	2.90%	5.90%	14.70%	47.10%	100.00%
		% within If I practice safe sex, I will feel that I am doing something positive for me.	30.80%	66.70%	100.00%	50.00%	40.00%	71.40%	61.50%	56.70%
		% of Total	6.70%	3.30%	6.70%	1.70%	3.30%	8.30%	26.70%	56.70%
	Female	Count	9	1	0	1	3	2	10	26
		% within Sex	34.60%	3.80%	0.00%	3.80%	11.50%	7.70%	38.50%	100.00%
		% within If I practice safe sex, I will feel that I am doing something positive for me.	69.20%	33.30%	0.00%	50.00%	60.00%	28.60%	38.50%	43.30%
		% of Total	15.00%	1.70%	0.00%	1.70%	5.00%	3.30%	16.70%	43.30%
Total		Count	13	3	4	2	5	7	26	60
		% within Sex	21.70%	5.00%	6.70%	3.30%	8.30%	11.70%	43.30%	100.00%
		% within If I practice safe sex, I will feel that I am doing something positive for me.	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		% of Total	21.70%		6.70%	3.30%	8.30%	11.70%	43.30%	100.00%

As it is indicated in the Table (4.6) above almost one third of the participants (21.7%) reported that when they do practice safe sex, they didn't feel that they do something positive for them and a majority of the respondents (43.3%) reported that they feel that they are doing positive for them when they practiced safe sex.

Table 4.7:- Sex * It causes a lot of worry and concern for me if i have found to have unsafe sex. Cross tabulation

Table 6:- Sex * It causes a lot of worry and concern for me if i have found to have unsafe sex. Cross tabulation										
			It causes a lot of worry and concern for me if i have found to have unsafe sex.							Total
			More un likely	Unlikely	Slightly unlikely	Undecided	Slightly likely	likely	More likely	Total
Sex	Male	Count	7	2	4	4	1	1	15	34
		% within Sex	20.60%	5.90%	11.80%	11.80%	2.90%	2.90%	44.10%	100.00%
		% within It causes a lot of worry and concern for me if I have found to have unsafe sex.	70.00%	50.00%	66.70%	100.00%	100.00%	20.00%	50.00%	56.70%
		% of Total	11.70%	3.30%	6.70%	6.70%	1.70%	1.70%	25.00%	56.70%
	Female	Count	3	2	2	0	0	4	15	26
		% within Sex	11.50%	7.70%	7.70%	0.00%	0.00%	15.40%	57.70%	100.00%
		% within It causes a lot of worry and concern for me if i have found to have unsafe sex.	30.00%	50.00%	33.30%	0.00%	0.00%	80.00%	50.00%	43.30%
		% of Total	5.00%	3.30%	3.30%	0.00%	0.00%	6.70%	25.00%	43.30%
Total		Count	10	4	6	4	1	5	30	60
		% within Sex	16.70%	6.70%	10.00%	6.70%	1.70%	8.30%	50.00%	100.00%
		% within It causes a lot of worry and concern for me if i have found to have unsafe sex.	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		% of Total	16.70%	6.70%	10.00%	6.70%	1.70%	8.30%	50.00%	100.00%

As it is discussed in the Table (4.7) above only 16.7% of participants reported that it less likely cause a lot of worry and concern for me if they have found to have unsafe sex and 50.0% of respondents reported that it more likely cause a lot of worry and concern for them, if they have found unsafe sex (Table 4.7)

Table 4.8:- Sex * If I exposed accidentally for unsafe sex at an early sexual intercourse, I will continue having it. Cross tabulation

| | | | If I exposed accidentally for unsafe sex at an early sexual intercourse, I will continue having it. | | | | | | | |
			more un likely	un likely	Slightly unlikely	Undecided	Slightly likely	likely	more likely	Total
Sex	Male	Count	13	3	4	5	3	3	3	34
		% within Sex	38.20%	8.80%	11.80%	14.70%	8.80%	8.80%	8.80%	100.00%
		% within if I exposed accidentally for unsafe sex at an early sexual intercourse, I will continue having it.	52.00%	75.00%	57.10%	62.50%	75.00%	100.00%	33.30%	56.70%
		% of Total	21.70%	5.00%	6.70%	8.30%	5.00%	5.00%	5.00%	56.70%
	Female	Count	12	1	3	3	1	0	6	26
		% within Sex	46.20%	3.80%	11.50%	11.50%	3.80%	0.00%	23.10%	100.00%
		% within if I exposed accidentally for unsafe sex at an early sexual intercourse, I will continue having it.	48.00%	25.00%	42.90%	37.50%	25.00%	0.00%	66.70%	43.30%
		% of Total	20.00%	1.70%	5.00%	5.00%	1.70%	0.00%	10.00%	43.30%
Total		Count	25	4	7	8	4	3	9	60
		% within Sex	41.70%	6.70%	11.70%	13.30%	6.70%	5.00%	15.00%	100.00%
		% within if I exposed accidentally for unsafe sex at an early sexual intercourse, I will continue having it.	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		% of Total	41.70%	6.70%	11.70%	13.30%	6.70%	5.00%	15.00%	100.00%

As it is discussed in the Table (4.8) above, almost nearly half of the respondents (41.7%) reported that if he/she exposed accidentally for unsafe sex at an early sexual intercourse, he/she will less unlikely to continue the sexual intercourse. Only limited portion of respondents (15.0%) reported that if he/she exposed accidentally for unsafe sex at an early sexual intercourse, he/she will more likely to continue the sexual intercourse without taking corrective measures.

4.4. Survey Items Measuring Frequency of Alcohol and Chat Use

The qualitative data analysis result also showed that out campus or campus surrounding substance use is a mostly discussed issued in a both FGD sessions. The FGD raised that male students highly victimized by the substance consumption than female students. In campus controlling and preventing is not an ultimate solution. The FGD discussions also find out that consuming hard drugs is less frequent but there are students in the University College who use hard drugs like weed or 'Shisha' outside the campus of the University College.

> *One of the key informants of the study Security guard of the University College responded that "... a number of students are consuming different substances around the campus. Mostly students chew chat, smoke cigarette, and drink alcohol. Most students who have such behavior are male students. The security guard added that "students accessed the substance from the nearby shop and chat house which are settled around the campus of the University College..."*

> *A male instructor of the University College responded that "there are a number of chat houses surrounding the campus which enables the students easily access the substance. There are students who missed classes, there are students interrupt the classes, and there are students who lately join the class due to chat chewing sitting at the chat house..."*

> *The security guard of the University College reported that "nobody is permitted to get entered in the campus with substances and drugs. Chewing chat and smoking cigarette in the campus is forbidden and we patrol to control if there is such practices..."*

The FGD on concerning use of substance among students yields that alcohol (beer) and chat are the commonly consumed substance by the students. In rare cases there are also students who consumed other hard substances like 'shisha' or weed. No substance use in the campus rather it is consumed outside the campus.

One male Security guard of the University College responded that "… most of the time male students smoke cigarette outside the campus sitting and standing at the back of the compound of the campus..." the security guard added that "students commonly use substances like chat and alcohol like beer and there is also rumor that some students use hard substances such as 'shisha' or weed outside the campus."

One male instructor of the university College responded that "substance use have negative effects on safe sexual behavior of students." He added one his class room incidence as "one day when giving lecture for my students, one student come in to the class lately and sat down with one female student and kissed her…."

Both FGD discussants confirmed that using substance in most of the times encourage students to practice unsafe sex and led them to be exposed for HIV/AIDS, other STIs and unwanted pregnancy.

Table 4. 9:- Sex * in the last times, I chewed chat and /or drank alcohol before i had sexual intercourse Cross tabulation

			in the last times, I chewed chat and /or drank alcohol before i had sexual intercourse							
			more unlikely	Unlikely	slightly likely	undecided	slightly likely	likely	more likely	Total
Sex	Male	Count	14	3	2	4	2	3	5	34
		% within Sex	41.2%	8.8%	5.9%	11.8%	5.9%	8.8%	14.7%	100.0%
		% within in the last times, I chewed chat and /or drank alcohol before I had sexual intercourse	51.9%	50.0%	100.0%	66.7%	66.7%	42.9%	62.5%	56.7%
		% of Total	23.3%	5.0%	3.3%	6.7%	3.3%	5.0%	8.3%	56.7%
	Female	Count	13	3	0	2	1	4	3	26
		% within Sex	50.0%	11.5%	.0%	7.7%	3.8%	15.4%	11.5%	100.0%
		% within in the last times, I chewed chat and /or drank alcohol before I had sexual intercourse	48.1%	50.0%	.0%	33.3%	33.3%	57.1%	37.5%	43.3%
		% of Total	21.7%	5.0%	.0%	3.3%	1.7%	6.7%	5.0%	43.3%
Total		Count	27	6	2	6	3	7	8	60
		% within Sex	45.0%	10.0%	3.3%	10.0%	5.0%	11.7%	13.3%	100.0%
		% within in the last times, I chewed chat and /or drank alcohol before I had sexual intercourse	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	45.0%	10.0%	3.3%	10.0%	5.0%	11.7%	13.3%	100.0%

As it is clearly presented in the Table (4.9) above, nearly half of the respondents (45.0%) in the last times they more unlikely chewed chat and /or drank alcohol before they had sexual intercourse. In a similar manner 10.0% of the study participants unable to decide on the question, 11.7% of the respondents reported that they likely chewed chat and /or drank alcohol before they had sexual intercourse and 13.3% of the respondents said that the more likely chewed chat and /or drank alcohol before they had sexual intercourse.

Table 4.10:- Sex * when I had sexual intercourse I drank alcohol and/or chewed chat beforehand am.... practice safe sex Cross tabulation

| | | | when I had sexual intercourse I drank alcohol and/or chewed chat beforehand I am.... to practice safe sex | | | | | | | |
			unlikely	unlikely	slightly unlikely	0	slightly likely	likely	More likely	Total
Sex	Male	Count	6	5	5	7	3	2	6	34
		% within Sex	17.6%	14.7%	14.7%	20.6%	8.8%	5.9%	17.6%	100.0%
		% within when I had sexual intercourse I drank alcohol and/or chewed chat beforehand am.... practice safe sex	35.3%	71.4%	83.3%	43.8%	100.0%	66.7%	75.0%	56.7%
		% of Total	10.0%	8.3%	8.3%	11.7%	5.0%	3.3%	10.0%	56.7%
	Female	Count	11	2	1	9	0	1	2	26
		% within Sex	42.3%	7.7%	3.8%	34.6%	.0%	3.8%	7.7%	100.0%
		% within when I had sexual intercourse I drank alcohol and/or chewed chat beforehand am.... practice safe sex	64.7%	28.6%	16.7%	56.3%	.0%	33.3%	25.0%	43.3%
		% of Total	18.3%	3.3%	1.7%	15.0%	.0%	1.7%	3.3%	43.3%
Total		Count	17	7	6	16	3	3	8	60
		% within Sex	28.3%	11.7%	10.0%	26.7%	5.0%	5.0%	13.3%	100.0%
		% within when I had sexual intercourse I drank alcohol and/or chewed chat beforehand am.... practice safe sex	100.0%	100.0%	100.0	100.0	100.0%	100.0	100.0%	100.0%
		% of Total	28.3%	11.7%	10.0%	26.7%	5.0%	5.0%	13.3%	100.0%

As is indicated in the Table (4.10), 10.0% of male and 18.3% female respondents reported that if they had sexual intercourse after they drank alcohol and/or chewed chat, it will be more unlikely to them to practice safe sex and 10.0% of male and only 3.3% of female respondents can practice safe sexual practice after they drank alcohol and or chewed chat without any difficulty. The Table above also tells us that a total of 28.3% of respondents reported that it is difficult for them to practice safe sex if they drank alcohol/and/ or chewed chat; it will be difficult for them to practice safe sex. On contrary 13.3% of respondents reported that it is more likely to practice safe without any difficulty.

4.5. Influence of Rap Music /VideoS on Sexual Attitudes

The Qualitative studies showed that the students of the University College exposed for watching and/or listening pornographic films/ videos through different means. One male 23 years old student of the University College reported that: *"... students in the University College exposed to pornographic films either through video shows from their mobile phone or I- phone."* The student stressed that *"these films may play important role in enhancing the sexual initiation of students and may have pooling factor for students to engage in sexual practice."*

Table 4.11:- Sex * when I am listening rap music and/or watching rap videos, I feel motivated for sex. Cross tabulation

| | | | When I am listening rap music and/or watching rap videos, i feel motivated for sex. | | | | | | |
			more unlikely	unlikely	slightly likely	undecided	slightly likely	more likely	Total
Sex	Male	Count	11	6	3	2	7	4	33
		% within Sex	33.3%	18.2%	9.1%	6.1%	21.2%	12.1%	100.0%
		% within when I am listening rap music and/or watching rap videos, I feel motivated for sex.	42.3%	66.7%	60.0%	50.0%	100.0%	50.0%	55.9%
		% of Total	18.6%	10.2%	5.1%	3.4%	11.9%	6.8%	55.9%
	Female	Count	15	3	2	2	0	4	26
		% within Sex	57.7%	11.5%	7.7%	7.7%	.0%	15.4%	100.0%
		% within when I am listening rap music and/or watching rap videos, I feel motivated for sex.	57.7%	33.3%	40.0%	50.0%	.0%	50.0%	44.1%
		% of Total	25.4%	5.1%	3.4%	3.4%	.0%	6.8%	44.1%
Total		Count	26	9	5	4	7	8	59
		% within Sex	44.1%	15.3%	8.5%	6.8%	11.9%	13.6%	100.0%
		% within when I am listening rap music and/or watching rap videos, I feel motivated for sex.	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	44.1%	15.3%	8.5%	6.8%	11.9%	13.6%	100.0%

As Table (4.11) above shows, majority of respondents (44.1%) reported that when they are listening rap music and/or watching rap videos, they more unlikely motivated for sex and 13.6% of respondents reported that when they listen music and/or watch rap videos they more likely motivated sexual intercourse.

4.6. Predictive Factors for the Practice of Safe Sexual Activity

4.6.1. **Research Question 1**: What factors predict safe sexual activity in St.Mary's University college students?

The mean scores for each scale /items is computed and a variable with higher scores indicating stronger negative or positive influence on sexual behaviors and similarly, the scales /items with lower mean scores indicate that weak negative or positive influence on students safe sexual behavior.

The study participant's attitude towards safe Sexual Behavior scale with eight items was used to measure the influence of attitude on students' sexual behaviors. For each behavioral belief, the belief score on the unlikely-likely scale is multiplied by the relevant evaluation outcome score on the extremely bad/extremely good scale. The resulting products across are summed all the beliefs to create an overall attitude score. For items which are simply the overall attitude the attitude score is calculated through summing up each scores and dividing it by the number of items. Since the scale is seven points scale the possible mean range is between -21 up to +21. Therefore, mean scores ranged from -21 to +21 for each scale (attitude) with higher scores indicating stronger attitudinal influence on safe sexual behaviors. The detail scale statistical analysis of survey participants' attitude on safe sexual behavior is illustrated below (Table 4.11).

Table 4.12:- Survey Items Assessing Attitude Showing Scales Formed and associated Mean Scores, Cronbach's Alphas, and Pearson Correlation Coefficients.

	Scale and Associated items	**Scale statistics**			
Item	**Statement**	**M**	**SD**	**α**	**r**
	Indirect Measure of Attitudes	**17.733**	**8.0879**	**0.33**	**0.054**
Q11	**If you practice safe sex, you will feel that you are doing something positive for you.**	**4.88**	**2.4382**		
Q15	**Doing something positive for you is**	**1.7467**	**2.054**		
Q11 Vs Q15		**6.6267**	**3.2373**	**0.06**	**0.032**
Q12	**It causes a lot of worry and concern for you if you have found to have unsafe sex.**	**4.7900**	**2.49482**		
Q16	**Causing a lot of worry and concern for you is**	**-.6400**	**2.45302**		
Q12 Vs Q16		**4.15**	**3.812**	**.187**	**.32**
Q13	**If you exposed accidentally for unsafe sex at an early sexual intercourse, You will continue having it.**	**3.21**	**2.3092**		
Q17	**Exposing for unsafe sex at an early stage of sexual intercourse accidentally**	**-.77**	**2.58**		
Q13 Vs Q17		**2.44**	**3.55**	**.051**	**.097**
Q14	**If your life time first sexual intercourse is safe, you have got to practice it always.**	**3.43**	**2.54247**		
Q18	**Having to practice safe sex always is**	**1.09**	**2.41713**		
Q14 Vs Q18		**4.52**	**3.68**	**.18**	**.1**

NB: - The mean of the multiplied score is +141.84/4 = +17.73, the possible mean range is -21 to +21.

As it is depicted in Table (4.12) above, the response scales are unipolar (1 to 7) and bipolar (-3 to +3), which were applicable in the study to measure the probability and evaluation of practicing safe sexual behavior respectively. As it is depicted in the table above the mean attitude score is +17.73.Therefore, the attitude score of the participant reflects a very strong positive attitude towards practicing safe sexual behavior i.e. in favor of practicing safe sexual behavior.

Table 4.13:- Survey Items assessing general measurement score of attitude on Safe sexual behavior.

	Scale and Associated items	Scale statistics			
Item	Statement	M	SD	α	r
	General Attitude	5.4667	1.89118		
Q10	Overall practicing safe sexual Behavior is	5.4667	1.89118		

NB:-The mean scores ranged from 1 to 7 for each scale (subjective norms)

The overall attitude score is calculated by sum up the mean of the item scores. (Table 4.13) above depicts that the mean score is 5.47 with positive polarization. Therefore the overall attitude of participants towards practicing safe sexual behavior is highly pleasant for them or generally participants leveled the behavior as good practice, the right thing to do, and highly beneficial.

Table 4. 14:- Survey Items Assessing Normative Beliefs and Motivation to comply demonstrate Scales Formed and Associated Means, Cronbach's Alphas, and Pearson Correlation Coefficients

	Scale and Associated items		Scale statistics			
Item	Statement		M	SD	α	r
	Normative Beliefs and Motivation to comply		**12.86**	**9.062**	**.627**	**.216**
Q23	**Your parents think you.... practice safe sexual intercourse.**		**.21**	**2.81**		
Q26	**Parents' approval of my practice is important to me**		**3.01**	**2.689**		
Q23 Vs Q26			**3.23**	**4.23**	**.311**	**.184**
Q24	**Your peers/friends would.... of my sexual intercourse**		**.81**	**2.49**		
Q27	**What your peers/friends think i should do matters me.**		**3.91**	**2.42**		
Q24 Vs Q27			**4.72**	**3.17**	**.394**	**-.164**
Q25	**Your peers / friends..... Practiced safe sexual intercourse.**		**.89**	**2.57**		
Q28	**Doing what your peers/friends do is important to you.**		**3.95**	**2.38**		
Q25 Vs Q28			**4.84**	**3.74**	**.249**	**.142**

NB: - The mean of the multiplied score is +77.16/6 = +12.86, the possible mean range is -21 to +21.

The mean normative beliefs and motivation to comply score is 12.86 as it is presented in Table (4.14) above. The response scales are unipolar (1 to 7) and bipolar (-3 to +3), which are applicable in the study to measure the normative belief and motivation to comply with practicing safe sexual behavior respectively. Since the possible range of multiplied mean scores is -21 to +21, the normative belief score of the participant reflects strong positive social pressure (parental and peer influence) on practicing safe sexual behavior.

Table 4.15:- Survey Items Assessing the Influence of Subjective Norms on safe sexual behavior.

	Scale and Associated items	Scale statistics			
Item	**Statement**	**M**	**SD**	**α**	**r**
	Subjective Norms	**15.067**	**5.99**	**.358**	**.122**
Q19	**Most people who are important to me think that I should 1—2—3—4—5—6—7 should not practice safe sex.**	**2.88**	**2.52**		
Q20	**It is expected of me to practice safe sexual intercourse.**	**4.24**	**2.49**		
Q19 Vs Q20		**7.1200**	**3.39300**	**.182**	**-.084**
Q21	**I feel under social pressure to practice safe sexual intercourse**	**4.32**	**2.41**		
Q22	**People who are important to me want me to practice safe sexual intercourse.**	**3.63**	**2.81**		
Q21 Vs Q22		**7.9467**	**4.28351**	**.511**	**.343**

NB:-The mean scores ranged from (4 to 28) for each scale (subjective norms)

As it is discussed in the Table (4.15) above, subjective norms are a participant's own estimate of the social pressure to perform or not perform the target behaviour. Subjective norms are assumed to have two components which work in interaction: beliefs about how other people, who may be in some way important to the participant, would like them to behave (normative beliefs) that is represented by question item 19 and 20 and the positive or negative judgments about each belief (outcome evaluations which are represented by question item 21 and 22 in the Table (4.15). As it is discussed above mean score of normative beliefs is 7.12 with the mean range of 2 to 14.

From this one can confer that the study participants strongly believe that other people would like her/him to be safe when he/she has sexual intercourse. Similarly, the mean outcome evaluation score of each belief is 7.9467 with the range is between 2 to 14. Therefore, the survey

participants also strongly appreciate and judge other people's belief on his/her safe sexual behavior positively.

Since an "undecided" (4) response option was added to this scale, the mean scores ranged from 4 to 28 for each scale (subjective norms) with higher scores indicating stronger subjective belief and the more possibly decided on subjective belief on practicing safe sexual behavior positively.

As it is summarized in the Table (4.15) above the mean score of subjective belief and judgment on the subjective belief is 15.067. This therefore implies that generally the study participants strongly believe that other people would like her/him to be safe when he/she has sexual intercourse and the participants themselves more positively decided that other people's belief on their practice of sexual behavior. That means there is Positive social pressure (parental and peer influence) on practicing safe sexual behavior among participants.

Table 4.16:- Survey Items Assessing Control Belief and Their Perceived power to influence Safe Sexual Behavior

	Scale and Associated items	Scale statistics			
Item	Statement	M	SD	α	r
	Control Belief and Their Perceived power to influence Behavior	**-7.31**	**7.32**	**.589**	**.193**
Q33	**In the last 12 months, I chewed chat and /or drank alcohol before you had sexual intercourse**	**3.24**	**2.49**		
Q36	**When I had sexual intercourse I drank alcohol and/or chewed chat beforehand I am.... practice safe sex**	**-.52**	**2.095**		
Q33 Vs Q36		**2.72**	**3.57**	**.344**	**.208**
Q34	**When I am listening rap music and/or watching rap videos, I feel motivated for sex.**	**3.03**	**2.201**		
Q37	**Increment of feeling of motivation for sexual intercourse makes it ......to practice safe sex**	**-.65**	**2.129**		
Q33 Vs Q36		**2.3784**	**3.46688**	**.439**	**.281**
Q35	**customer handling of professionals at health facilities in my surrounding is not customer friendly**	**-.2400**	**2.19853**		
Q38	**When the customer handling of professionals at health facilities is uncomfortable for me I am ...to visit and consult them on how to practice safe sex**	**-2.5867**	**1.70922**		
Q33 Vs Q36		**2.3467**	**2.92470**	**.192**	**.106**

NB: - The mean of the multiplied score is +77.16/6 = +12.86, the possible mean range is (-21 to +21).

As it is discussed in Table (4.16) above the mean of the multiplied score is -7.31 and the possible mean range is -21 to +21. And also, response scales are unipolar (1 to 7) and bipolar (-3 to +3), which are applicable in the study and control belief power relating to each control belief of practicing safe sexual behavior respectively. The participant has responded as indicated in the (Table16) above and the mean perceived behavioral control score is -7.31. Since the possible range multiplied mean score is -21 to +21, the PBC score of the participants reflect that a

moderate level of negative control over practicing safe sexual behavior. That is to mean practicing safe sexual behavior is fairly difficult due to these factors.

Table 4.17:- Survey Items Assessing Perceived Behavioral Control on Safe Sexual Behavior

	Scale and Associated items	Scale statistics			
Item	Statement	M	SD	α	r
	Perceived Behavioral Control	**15.3067**	**5.16216**	**.209**	**.062**
Q29	**I am confident that I could practice safe sexual intercourse if I want to**	**4.7067**	**2.32944**		
Q30	**For me to practice safe sexual intercourse is**	**3.6133**	**2.31851**		
Q29 Vs Q30		**8.3200**	**3.41365**	**.146**	**.079**
Q31	**The decision to practice safe sexual intercourse is beyond my control**	**3.5200**	**2.40697**		
Q32	**Whether I practice safe sexual intercourse is entirely up to me**	**3.4667**	**2.42918**		
Q31 Vs Q32		**6.9867**	**3.56216**	**.157**	**.085**

NB:-The mean scores ranged from 4 to 28 for each scale.

Table (4.17) reveals that the level of survey participants' perceptions about how easy or difficult it is to perform safe sexual behaviour. As it is outlined in the Table 16 above the mean score of Perceived Behavioral Control is 15.31 while the mean scores is ranged from 4 to 28 for each scale. Therefore, this dictates the survey participants perceive that practicing safe sexual behavior is easier for them. This is in other words the resources and opportunities available to a participant dictate the likelihood of safe sexual behavioral practice. The mean PBC score in the Table (17) above reflect participants' higher self-efficacy and confidence to perform safe sexual behavior as the participants' self-efficacy mean score is 8.32 and their beliefs about the

controllability of the safe sexual behavior mean score is 6.99 with scale range of (2 to 14) respectively as it is outlined in the Table (16) above.

Table 4.18:- Survey Items Assessing Intention of practicing Safe Sexual Behavior

	Scale and Associated items	Scale statistics			
Item	Statement	M	SD	α	r
	Intention	**13.6133**	**6.49094**	**.694**	**.430**
Q6	**Out of the next 10 sexual intercourse contacts, with how many would expect safe sex?**	**4.0400**	**3.58088**		
Q7	**Want to practice safe sex**	**5.0533**	**2.35322**		
Q8	**Intention of practicing safe sex**	**4.5200**	**2.40697**		

NB:-The mean scores ranged from 3 to 21 for each scale.

Table (4.18) divulges that the participants' motivation in the senses of his or her conscious preparation to exert effort to carry out safe sexual behaviour. As it is outlined in the Table (4.18) above the mean score of intention is 13.61 while the mean scores is ranged from 3 to 21 for each scale. Therefore, the participants highly motivated or intend to practice safe sexual behavior. This implies that attitude, subjective norm and perceived behavioral control of participants predict desired action that is safe sexual behavior.

4.6.2. Highly Predictive/associative Factors for Safer Sexual Behaviour

In this section the second research question two: Which factors highly predictive /associated with safer sexual behaviors for St.Marry's University College students? is addressed in the following manner.

4.6.2.1. The Relationship Between Demographic characteristics of Students and Safe Sexual Practices

Spearman's Correlation between age of respondents and intention of practicing safe sexual behavior:

From the Spearman's Correlation between age of respondents and intention of practicing safe sexual behavior is very weak. That is Spearman correlation coefficient of age of the respondents and intention of practicing safe sex = 0.076 at P-value = .562.

Ho=There is no statistically significant association between age of the respondents and intention of practicing safe sex.

H1 = There is statistically significant association between age of the respondents and intention of practicing safe sex

The result indicates that the strength of association between the variables is very low (r = 0.076), and that the correlation coefficient is very highly significantly not different from zero (P $\leq$0.05). Since the P-value (P=0.562) is greater than 0.05 the outcome of test is fail or no evidence to reject Ho.

Therefore, there is no statistically significant association between age of the respondents and intention of practicing safe sex at alpha $\leq$ 0.05. This is so possibly because the respondents may answer the questionnaires in a manner in line with the norm or shy enough to bring the reality to the light.

On similar fashion, Spearman's correlation between age of respondents and attitude towards practicing safe sex is negative very weak. The significant Spearman correlation coefficient value of -0.045 confirms that there appears to be a very weak negative correlation between the two variables

However, it needs to perform a significance test to decide whether based upon this sample there is any or no evidence to suggest that correlation is present in the population. To do this testing the null hypothesis is necessary, H0, that there is no statistically significant correlation between the variables in the population against the alternative hypothesis, H1, that there is statistically significant correlation between the two variables.

Since SPSS reports the p-value for this test as being 0.736, it can be said that there is a very weak evidence to believe H1, rather here there are some evidence to believe that the two variables are not correlated.

This could be formally reported as: there is no correlation between age of respondents and overall practicing safe sexual behavior is good/bad /harmful/beneficial (attitude towards safe sexual Behavior).

From the Spearman's correlation between age of respondents and the influence of most important peoples of respondents of safe sexual practice, The Spearman's correlation matrix indicates spearman correlation Coefficient of age of respondents and important people's thought on safe sexual practice of respondents is ($R_{S=}$ -0.078) and this is statistically significant at p-value of 0.562. Since, the correlation coefficient (R_S = -0.078) is very small there is very weak

negative association between the two variables and this may happen as the respondents respond may not respond the reality due to different reasons.

However, so as to check whether there is any or no evidence to suggest that correlation is present in the population or not, significance test needs to be performed. Therefore, the null hypothesis (Ho) =   there is no a statistically significant relationship between age of respondents and important people's thought on safe sexual practice of respondents.

Alternative hypothesis (H1) = there is a statistically significant relationship between age of respondents and important people's thought on safe sexual practice of respondents.

Since the p-value (0.562) is large, the data support the null hypothesis. That means the p-value = 0.562) greater than the significance level (0.05). Therefore, there is no evidence to reject Ho. Thus in conclusion, there is no a statistically significant relationship between age of respondents and important people's thought on safe sexual practice of respondents at alpha $\leq$ 0.05 level of significance.

On the other hand Spearman's correlation between age of respondents and the influence of social pressure on practicing safe sexual behaviors is negative and very weak. Spearman's correlation, its significance value and the sample size that the calculation was based on. In this regard, Spearman's correlation coefficient, R_S, -0.158, and this is statistically significant (P = 0. 232). Since the Spearman's correlation coefficient (R_S = -0.158) is small, there is very weak negative relationship between the age of respondents and social pressure to practice safe sexual practice.

However, we need to perform a significance test to decide whether based upon this sample there is any or no evidence to accept or reject the null hypothesis. And this can be presented as: The

null hypothesis (Ho) =There is no statistically significant relationship between the above two variables that is the age of respondents and social pressure to practice safe sexual practice. And the alternative hypothesis (H1) = There is statistically significant relationship between the above two variables that is the age of respondents and social pressure to practice safe sexual practice.

This could be formally reported as follows:

Since the statistical significance coefficient (p-value=0. 232) is greater than the set significance level (alpha ≤0.05) there is no evidence to reject Ho. Therefore, There is no statistically significant relationship between the above two variables that is the age of respondents and social pressure to practice safe sexual practice. (at significance level of alpha ≤0.05).

Spearman's correlation between Age of respondents and peers' approval of one's own sexual practice is very weak and positive. The observed correlation between age of respondents and peers' approval of one's own sexual practice is r = 0.061 at the p-value of 0 .643. Here the correlation (Rs =0.061) coefficient appears to be very small. So it can be expressed that there is a very weak positive association between the above two variables. However, the correlation coefficient is the best known and subject to statistical testing. Therefore, this can be presented as:

Ho = there is no a statistically significant relationship/association between age of respondents and peers' approval of one's own sexual practice

H1= there is a statistically significant relationship/association between age of respondents and peers' approval of one's own sexual practice.

Since the statistical significance coefficient (p-value=0. 232) is beyond tolerance that is greater than the set significance level (alpha ≤0.05) there is no ample evidence to reject Ho. Therefore, There is no statistically significant association there is no a statistically significant relationship/association between age of respondents and peers' approval of one's own sexual practice at significance level of alpha ≤0.05. Basically strong and positive association is expected from this combination though this may happen due to shyness of respondents to clearly report the actual practice.

Spearman's correlation between age of respondents and parents' approval of one's own sexual practice is very weak positive relationship. In this regard, Spearman's correlation coefficient (R_S, = 0.129), and this is statistically significant (P = 0. 326). Since the Spearman's correlation coefficient ($R_{S\ =}$ 0129) is small, there is very weak positive relationship between the age of respondents and parents' approval of one's own sexual practice.

However, we need to perform a significance test to decide whether there is any or no evidence to accept or reject the null hypothesis. And this can be presented as: The null hypothesis (Ho)=There is no statistically significant relationship between the above two variables. Alternative hypothesis (H1) = There is statistically significant relationship between the above two variables.

This could be formally reported as follows:

Since the statistical significance coefficient (p-value=0. 326) is greater than the set significance level (alpha ≤0.05) there is no evidence to reject Ho. Therefore, There is no statistically

significant relationship between the above two variables that is the age of respondents and parents' approval of one's own sexual practice at significance level of alpha ≤0.05.

Spearman's correlation between age of respondents and influence of Peers/friends sexual behavior:

Spearman's correlation between age of respondents and influence of Peers/friends sexual behavior is positive and weak. Spearman's correlation of age of respondents and peers/friends sexual behavior (Rs = 0.236) and the statistical P-value = 0.070.

To check whether the sample data provides ample evidence to reject the null hypothesis that is the population correlation coefficient parameter (rho) is zero thereby concluding that the population correlation coefficient is not equal to zero as follows.

Ho= there is no a statistically significant association between age of respondents and peers/friends sexual behavior.

H1= there is a statistically significant association between age of respondents and influence peers/friends sexual behavior.

Since the Spearman correlation coefficient of the two variables (Rs = 0.236)at (P-value = 0.070, the result indicates that the strength of association between the variables is very low (Rs = 0.236), and that the correlation coefficient is very highly significantly not different from zero (P < 0.05). Since the P-value (P=0.070) is greater than the significance level (alpha =0.05) the

outcome of test is fail to reject or no evidence to reject Ho. Therefore, there is no a statistically significant association between age of respondents and influence peers/friends sexual behavior.

Spearman's correlation between age of respondents and confidence to practice safe sex:

The significant Spearman correlation coefficient value of (Rs= -0.049) confirms that there appears to be a very weak negative correlation between the two variables. However, it needs to perform a significance test to decide whether based upon this sample there is any or no evidence to suggest that correlation is present in the population. To do this testing the null hypothesis is necessary,

H0= there is no statistically significant correlation between age of respondents and confidence to practice safe sex in the population against the alternative hypothesis, H1= there is correlation age of respondents and confidence to practice safe sex.

The data will indicate which of these opposing hypotheses is most likely to be true.

Let be the Spearman's population correlation coefficient then can be expressed this test as:

Since SPSS reports the p-value for this test as being (P=0.710). Here the P-value is greater than the significance level (alpha= 0.05).Therefore there is a very weak evidence to believe H1, rather here there are ample evidence not to reject Ho.

This could be formally reported as: there is no statistically significant correlation between age of respondents and confidence to practice safe sex in the population at alpha ≤0.05.

Spearman's correlation between age of respondents and influence of chewing chat and/or drank alcohol on Safe sexual Behavior:

From the results of Spearman's correlation, its significance value and the sample size that the calculation was based on. That is Spearman's correlation coefficient, R_S, is 0.224, and that this is statistically significant ($P = 0.085$).

From Spearman's correlation coefficient (Rs, = 0.224) it can be said that there is statistically weak positive association between age of respondents and influence of chewing chat and/or drank alcohol on safe sexual behavior at the statistically significance (p-value=.0085) but here statistical significance test should be performed to make sure whether there is an evidence to reject the null hypothesis and it is presented as follows.

Ho= there is no statistically significant relationship between age of respondents and influence of chewing chat and/or drank alcohol on safe sexual behavior.

H1= there is statistically significant relationship between age of respondents and influence of chewing chat and/or drank alcohol on safe sexual behavior.

As it is presented in the Spearman's correlation matrix above the correlation coefficient two variables Rs= 0.224 and this is statistically significant at P-value of (p= 0.085). Since the (P-value= 0.085) is greater than the set significance level(alpha ≤0.05) there is no evidence to reject Ho.

In conclusion, there is no statistically significant relationship between age of respondents and influence of chewing chat and/or drank alcohol on safe sexual behavior at statistical significance ((alpha ≤0.05).

Table 4.19: Spearman's correlation between age of respondents and Influence of listening rap music and/or watching rap videos on safe sexual behavior

<table>
<tr><td colspan="5" align="center">Correlations</td></tr>
<tr><td></td><td></td><td></td><td>Age</td><td>When I am listening rap music and/or watching rap videos, I feel motivated for sex.</td></tr>
<tr><td rowspan="6">Spearman's rho</td><td rowspan="3">Age</td><td>Correlation Coefficient</td><td>1.000</td><td>.289[*]</td></tr>
<tr><td>Sig. (2-tailed)</td><td></td><td>.027</td></tr>
<tr><td>N</td><td>60</td><td>59</td></tr>
<tr><td rowspan="3">when i am listening rap musicand/or watching rap videos, i feel motivated for sex.</td><td>Correlation Coefficient</td><td>.289[*]</td><td>1.000</td></tr>
<tr><td>Sig. (2-tailed)</td><td>.027</td><td></td></tr>
<tr><td>N</td><td>59</td><td>59</td></tr>
<tr><td colspan="5">*. Correlation is significant at the 0.05 level (2-tailed).</td></tr>
</table>

As Table(4.19) the results are presented in a matrix above indicates that Spearman's correlation, its significance value and the sample size that the calculation was based on. That is Spearman's correlation coefficient, R_S, is 0.289, and that this is statistically significant (P = 0.027).

From Spearman's correlation coefficient (Rs, = 0.289) it can be said that there is statistically weak positive association between age of respondents and Influence of listening rap music and/or watching rap videos on safe sexual behavior at the statistically significance (p-value=0.027) but here statistical significance test should be performed to make sure whether there is an evidence to reject the null hypothesis and it is presented as follows.

Ho= there is no statistically significant relationship between age of respondents and Influence of listening rap music and/or watching rap videos on safe sexual behavior.

H1= there is statistically significant relationship between age of respondents and Influence of listening rap music and/or watching rap videos on safe sexual behavior.

As it is presented in the Spearman's correlation matrix above the correlation coefficient two variables Rs= 0.289 and this is statistically significant at P-value of (p= 0.085). Since the (P-value= 0.027) is between 0.01 and 0.05 that means there are some evidence torejectH$_0$ and accept H$_1$. Therefore, the outcome test is Reject H$_0$ (Accept H$_1$).

In conclusion, the the spearman's correlation matrix indicate that the strength of association between age of respondents and Influence of listening rap music and/or watching rap videos on safe sexual behavior weak and positive (Rs = 0.289), and that the correlation coefficient is significantly different from zero (Alpha < 0.05). Also, we can say that 8.4% $(0.289)^2$ of the variation in Influence of listening rap music and/or watching rap videos on safe sexual behavior is explained by age of respondents.

Spearman's correlation between academic Year of Study of Respondents and Intention of practicing safe sex:

Spearman's correlation coefficient (R_S, = 0.087), and this is statistically significant (P =0 .509). Since the Spearman's correlation coefficient (R_S = 0.087) is small, the association between academic year of study and intention of practicing safe sexual behavior there is weak positive relationship between them at (p=.509). But here statistical significance test should be undertaken to be persuaded whether there is any or no evidence to say no the null hypothesis. The route of accomplishment is presented here below.

Ho= there is no statistically significant relationship between academic year of study and academic year of study and intention of practicing safe sexual behavior.

H1= there is statistically significant relationship between academic year of study and academic year of study and intention of practicing safe sexual behavior

Whereas it is presented in the Spearman's correlation coefficient of the two variables (R_S, = 0.087), and this is statistically significant at P-value of (P =0 .509). Since the (P-value= 0 .509) is between (greater than alpha 0.05), there is no evidence to reject H_0 and accept H_1. Therefore, the end result test accepts H_0 and rejects H_1.

Thus, there is no statistically significant relationship between academic year of study and academic year of study and intention of practicing safe sexual behavior. and that the correlation coefficient is not significant and is not different from zero (Alpha ≤ 0.05).

Spearman's correlation between academic Year of Study of Respondents and Attitude towards Safe Sex:

From the results of Spearman's correlation, its significance value and the sample size that the calculation was based on. That is Spearman's correlation coefficient, R_S, is 0.056, and that this is statistically significant (p-value=.669.)

From Spearman's correlation coefficient (Rs, = 0.056) it can be said that there is statistically weak positive association between Academic Year of Study of Respondents and Attitude towards Safe Sex at the statistically significance (p-value=.669) but here statistical significance test should be performed to make sure whether there is an evidence to reject the null hypothesis. The significance test is displayed here below.

Ho= there is no statistically significant relationship between academic year of study of respondents and Attitude towards Safe Sex

H1= there is statistically significant relationship between academic year of study of respondents and Attitude towards Safe Sex

As it is presented in the Spearman's correlation matrix above the correlation coefficient the two variables (Rs = 0.056) and this is statistically significant at P-value of (p= 0.669). Since the (p= 0.669) is greater than the set significance level of (alpha ≤0.05) there is no evidence to reject Ho.

Therefore, there is no statistically significant relationship between academic year of study of respondents and Attitude towards Safe Sex at significance level (Alpha ≤0.05).

Spearman's correlation academic year of study and the influence of social pressure on safe sexual behavior:

The outcomes of the Spearman's correlation coefficient, R_S, is -0.059, and that this is statistically significant at (P = 0.657).

From Spearman's correlation coefficient (Rs, = -0.059) it can be said that there is statistically weak negative association between the academic year of study and the influence of social pressure on safe sexual behavior at the statistically significance (p-value=0.657) but here statistical significance test should be performed to make sure whether there is any or no evidence to reject the null hypothesis. The process is presented here below.

Ho= there is no statistically significant relationship between the academic year of study and the influence of social pressure on safe sexual behavior.

H1= there is statistically significant relationship between the academic year of study and the influence of social pressure on safe sexual behavior.

As it is presented in the Spearman's correlation matrix above the correlation coefficient two variables (Rs, = -0.059) and this is statistically significant at P-value of (p= 0.657). As the (P-value= 0.657) is greater than significance level (alpha≤ 0.05), there is no evidence to reject H_0 and accept H_1. Therefore, the outcome test accept H_0 and rejects H_1.

Therefore , the the spearman's correlation matrix points out that there is no statistically significant relationship between the academic year of study and the influence of social pressure on safe sexual behavior and is not significantly different from zero (Alpha < 0.05). Noticeably, strong negative relationship is expected from this combination. This is happen may be due to secrete ness of sexual practice in the community and respondents may reported accordingly.

Spearman's correlation between academic year of the study and peers' approval of one's own sexual practice:

The significant Spearman's correlation coefficient value of (Rs= -0.139) confirms that there appears to be a very weak negative correlation between the two variables at (p-value =0.290). However, it needs to perform a significance test to decide whether there is any or no evidence to suggest that correlation is present in the population. To do this testing of the null hypothesis is undertaken as follows

H0= there is no statistically significant correlation between academic year of the study and peers' approval of one's own sexual practice in the population against the alternative hypothesis, whereas H1= there is statistically significant correlation between academic year of the study and peers' approval of one's own sexual practice.

Since SPSS reports the p-value for this test as being p-value =0.290). Here the P-value is greater than the significance level (alpha= 0.05).Therefore there is no evidence to believe H1, rather here there are ample evidence not to reject Ho.

This could be formally reported as: there is no statistically significant correlation between academic year of the study and peers' approval of one's own sexual practice in the population at alpha ≤0.05.

Spearman's correlation between Academic Year of study of respondents and Peer influence on safe sexual behavior:

Spearman's correlation coefficient, (R_S, = -0.233), and that this is statistically significant (P = 0.081). for the above two variables.

From Spearman's correlation coefficient (R_S, = -0.233), it can be said that there is statistically weak negative relationship between the academic year of study of respondents and peer influence on safe sexual behavior at the statistically significance (p-value=0.081) but here statistical significance test should be performed to be certain whether there is any or no evidence to refuse the null hypothesis. The procedure is presented here below.

Ho= there is no statistically significant relationship between the academic year of study of respondents and peer influence on safe sexual behavior.

H1= there is statistically significant relationship between the academic year of study of respondents and peer influence on safe sexual behavior

While it is presented in the Spearman's correlation matrix above the correlation coefficient two variables R_S, = -0.233), and this is statistically significant at P-value of (p= 0.081). Since the (P-

value= 0.081) is greater than (alpha≤ 0.05), there is no evidence to reject H_0 and accept H_1. Therefore, the end result test accepts H_0 and rejects H_1.

Consequently, there is no statistically significant relationship between the academic year of study of respondents and peer influence on safe sexual behavior and that the correlation coefficient is significantly different from zero (Alpha < 0.05).

Table 4.20: Spearman's correlation between Academic year of study and perceived behavioral control on safe sexual behavior

Correlations				
			Academic year of Study	The decision to practice safe sexual intercourse is beyond my control
Spearman's rho	Accadamic year of Study	Correlation Coefficient	1.000	-.388**
		Sig. (2-tailed)		.002
		N	60	59
	The decision to practice safe sexual intercourse is beyond my control	Correlation Coefficient	-.388**	1.000
		Sig. (2-tailed)	.002	
		N	59	59
**. Correlation is significant at the 0.01 level (2-tailed).				

According to Table(4.20), Spearman's correlation coefficient (R_S, = -0.388), and this is statistically significant (P =0 .002). Since the Spearman's correlation coefficient (R_S = -0.388) is small, the association between academic year of study and perceived behavioral control on safe

sexual behavior there is weak negative relationship between them. But here statistical significance test should be carried out to be convinced whether there is any or no evidence to refuse the null hypothesis. The course of action is presented here below.

Ho= there is no statistically significant relationship between academic year of study and perceived behavioral control on safe sexual behavior.

H1= there is statistically significant relationship between academic year of study and perceived behavioral control on safe sexual behavior.

Whereas it is presented in the Spearman's correlation matrix above the correlation coefficient two variables Rs= -0.388 and this is statistically significant at P-value of (p= 0.002). Since the (P-value= 0.002) is between (0.001 and 0. 01), there are strong evidence to reject H_0 and accept H_1. Therefore, the end result test Reject H_0 and accepts H_1.

Thus, the the spearman's correlation matrix indicates that the strength of the correlation between academic year of study and perceived behavioral control on safe sexual behavior is a negative weak (Rs = -0.388), and that the correlation coefficient is highly significant and different from zero (Alpha < 0.01).

Table 4.21: Spearman's correlation between Academic Year of Study and Influence of listening rap music and/or watching rap videos

Correlations			Accadamic year of Study	When i am listening rap musicand/or watching rap videos, i feel motivated for sex.
Spearman's rho	Accadamic year of Study	Correlation Coefficient	1.000	.273[*]
		Sig. (2-tailed)		.036
		N	60	59
	when i am listening rap musicand/or watching rap videos, i feel motivated for sex.	Correlation Coefficient	.273[*]	1.000
		Sig. (2-tailed)	.036	
		N	59	59
*. Correlation is significant at the 0.05 level (2-tailed).				

The results are presented in a matrix above in Table (4.21) indicates that Spearman's correlation coefficient, (R_S, = -0.273), and that this is statistically significant (P = 0.036).

From Spearman's correlation coefficient (Rs, = -0.289) it can be said that there is statistically weak positive relationship between the academic year of Study and the influence of listening rap music and/or watching rap videos on safe sexual practice at the statistically significance (p-value=0.036) but here statistical significance test should be performed to be certain whether there is any or no evidence to refuse the null hypothesis. The procedure is presented here below.

Ho= there is no statistically significant relationship between the academic year of Study and the influence of listening rap music and/or watching rap videos on safe sexual practice.

H1= there is statistically significant relationship between the academic year of Study and the influence of listening rap music and/or watching rap videos on safe sexual practice.

While it is presented in the Spearman's correlation matrix above the correlation coefficient two variables Rs= -0.273 and this is statistically significant at P-value of (p= 0.036). Since the (P-value= 0.036) is between (0.01 and 0.05), there are some evidence to reject H_0 and accept H_1. Therefore, the end result test Reject H_0 and accepts H_1.

Consequently , the the spearman's correlation matrix point out that the strength of the correlation between the academic year of Study and the influence of listening rap music and/or watching rap videos on safe sexual practice is a positive weak (Rs = -0.273), and that the correlation coefficient is significantly different from zero (Alpha < 0.05).

Table 4.22: Spearman's correlation between the academic Year of Study and the influence of Customer handling at the health facilities on safe sexual behavior

Correlations			Academic year of Study	when the customer handling of professionals at health facilities is uncomfortable for me I am ...to visit and consult them on how to practice safe sex
Spearman's rho	Academic year of Study	Correlation Coefficient	1.000	-.289[*]
		Sig. (2-tailed)		.025
		N	60	60
	when the customer handling of professionals at health facilities is uncomfortable for me I am ...to visit and consult them on how to practice safe sex	Correlation Coefficient	-.289[*]	1.000
		Sig. (2-tailed)	.025	
		N	60	60
*. Correlation is significant at the 0.05 level (2-tailed).				

The results are presented in a matrix above Table (4.22) indicates that Spearman's correlation coefficient, R_S, is -0.289, and that this is statistically significant (P = 0.025).

From Spearman's correlation coefficient (Rs, = -0.289) it can be said that there is statistically weak negative association between the academic year of Study and the influence of Customer handling at the health facilities on safe sexual behavior at the statistically significance (p-value=0.025) but here statistical significance test should be performed to make sure whether there is any or no evidence to reject the null hypothesis. The process is presented here below.

Ho= there is no statistically significant relationship between the academic year of Study and the influence of Customer handling at the health facilities on safe sexual behavior.

H1= there is statistically significant relationship between the academic year of Study and the influence of Customer handling at the health facilities on safe sexual behavior.

As it is presented in the Spearman's correlation matrix above the correlation coefficient two variables Rs= -0.289 and this is statistically significant at P-value of (p= 0.025). Since the (P-value= 0.025) is between (0.01 and 0.05), there are some evidence to reject H_0 and accept H_1. Therefore, the outcome test Reject H_0 and accepts H_1.

Therefore , the the spearman's correlation matrix points out that the strength of association between the academic year of Study and the influence of Customer handling at the health facilities on safe sexual behavior is weak and negative (Rs = -0.289), and that the correlation coefficient is significantly different from zero (Alpha ≤ 0.05).

Spearman's correlation between Current place of accommodation and intention of practice of safe sexual practice:

The Spearman's correlation matrix indicates that Spearman's correlation coefficient, (R_S = -.151), and that this is statistically significant (P =0.254).

From Spearman's correlation coefficient (Rs, = -0.289) it can be said that there is statistically weak positive relationship current place of accommodation and intention of practice of safe sexual practice at the statistically significance (p-value=0.254) but here statistical significance

test should be performed to be certain whether there is any or no evidence to refuse the null hypothesis. The procedure is presented here below.

Ho= there is no statistically significant relationship between current place of accommodation and intention of practice of safe sexual practice

H1= there is statistically significant relationship between current place of accommodation and intention of practice of safe sexual practice

While the Spearman's correlation matrix above illustrates that the correlation coefficient two variables (Rs, = -0.289) and this is statistically significant at P-value of (p-value=0.254). Since the (p-value=0.254) is greater than the set significance level (alpha$\leq$ 0.05), there is no evidence to reject H_0 and accept H_1. Therefore, the end result testacceptsH_0 and rejects H_1.

Thus, there is no statistically significant relationship between current place of accommodation and intention of practice of safe sexual practice and that the correlation coefficient is not significantly different from zero (Alpha < 0.05).

Spearman's correlation between Current place of accommodation and attitude towards practicing safe sexual practice:

The Spearman's correlation coefficient value of (Rs= -0.218 confirms that there appears to be a very weak negative correlation between the two variables at (p-value =0.098). But, it is necessary to perform a significance test to settle on whether there is at all or no evidence to put

forward that correlation is present in the population. To do this testing of the null hypothesis is undertaken as follows:

H0= there is no statistically significant correlation between Current place of accommodation and attitude towards practicing safe sexual practice in the population against the alternative hypothesis, whereas H1= there is statistically significant correlation between current place of accommodation and attitude towards practicing safe sexual practice.

Since SPSS reports the p-value for this test as being (p-value =0.098). Here the P-value is greater than the significance level (alpha= 0.05).Therefore there is no evidence to accept H1; relatively here there are ample evidence not to reject Ho.

This could be properly reported as: there is no statistically significant correlation between Current place of accommodation and attitude towards practicing safe sexual practice in the population at (alpha ≤0.05).

Spearman's correlation between current place of accommodation and most important people thought about safe sex:

The results of the Spearman's correlation coefficient current place of accommodation and most important people thought about safe sex, (RS, = .041), and that this is statistically significant (P =0 .760).

From Spearman's correlation coefficient (RS, = .041) it can be said that there is statistically weak positive relationship between the Current place of accommodation and most important people thought about safe sex the statistically significance (p-value=0 .760) but here statistical

significance test should be performed to be certain whether there is any or no evidence to refuse the null hypothesis. The procedure is presented here below.

Ho= there is no statistically significant relationship between Current place of accommodation and most important people thought about safe sex

H1= there is statistically significant relationship between Current place of accommodation and most important people thought about safe sex

While it is presented in the Spearman's correlation matrix above the correlation coefficient two variables (RS, = .041) and this is statistically significant at P-value of (p-value=0 .760). As the (p-value=0 .760) is significantly greater than (alpha≤ 0.05), there is strong evidence not to reject H_0 and reject H_1. Therefore, the end result test Reject H_0 and accepts H_1.

Consequently, there is no statistically significant relationship between Current place of accommodation and most important people thought about safe sex and that the correlation coefficient is significantly different from zero (Alpha < 0.05).

Table 4.23: Spearman's correlation between Current place of accommodation and the influence of social pressure on safe sexual practice

Correlations				
			Current place of accommodation	I feel under social pressure to practice safe sexual intercourse
Spearman's rho	Current place of accommodation	Correlation Coefficient	1.000	-.319[*]
		Sig. (2-tailed)		.015
		N	59	58
	i feel under social pressure to practice safe sexual intercourse	Correlation Coefficient	-.319[*]	1.000
		Sig. (2-tailed)	.015	
		N	58	59
*. Correlation is significant at the 0.05 level (2-tailed).				

According to Table (4.23) the significant Spearman correlation coefficient value of -0.319 confirms be a weak negative correlation between Current place of accommodation and the influence of social pressure on safe sexual practice.

However, a significance test should be performed to decide whether based upon this sample there is any or no evidence to suggest that correlation is present in the population. To do this the researcher tests the null hypothesis as follows,

H0, = there is no statistically significant relationship between current place of accommodation and the influence of social pressure on safe sexual practice.

H1 = there is statistically significant relationship between current place of accommodation and the influence of social pressure on safe sexual practice.

Since SPSS reports the p-value for this test as being 0.015, there is a very strong evidence to believe H1, i.e. There is a very strong evidence to believe current place of accommodation and the influence of social pressure on safe sexual practice values are correlated in the population.

This could be formally reported as follows:

A Spearman's correlation is run to determine the relationship between current place of accommodation and the influence of social pressure on safe sexual practice values. There is a weak, positive correlation between current place of accommodation and the influence of social pressure on safe sexual practice (Rs= -.319, n = 60, p ≤0 .01).

Spearman's correlation between current place of accommodation and peers approval of one's own sexual practice:

Spearman's correlation coefficient between current place of accommodation and peers approval of one's own sexual practice, (RS, = -0.235), and that this is statistically significant (P =0 .073).

From Spearman's correlation coefficient (RS, = -0.235) it can be said that there is statistically weak negative relationship between the Current place of accommodation and peers approval of one's own sexual practice the statistically significance (p-value=0 .073) but here statistical

significance test should be performed to be certain whether there is any or no evidence to refuse the null hypothesis. The procedure is presented here below.

Ho= there is no statistically significant relationship between Current place of accommodation and peers approval of one's own sexual practice

H1= there is statistically significant relationship between Current place of accommodation and peers approval of one's own sexual practice

As it is presented in the Spearman's correlation matrix above the correlation coefficient two variables (RS, = -0.235) and this is statistically significant at P-value of (p-value=0 .073). As the (p-value=0 .073) is significantly greater than (alpha$\leq$ 0.05), there is strong evidence not to reject H_0 and reject H_1. Therefore, the end result test Reject H_0 and accepts H_1.

So, there is no statistically significant relationship between current place of accommodation and peers approval of one's own sexual practice and that the correlation coefficient is significantly different from zero (Alpha < 0.05).

Spearman's correlation between current place of accommodation and parents' approval of one's own sexual practice:

Spearman's correlation coefficient (R_S, = 0.184), and this is statistically significant (P =0.164). Since the Spearman's correlation coefficient (R_S $_=$ 0.184) is small, the association between Current place of accommodation and parents approval of one's own sexual practice there is weak p0sitive relationship between them. But here statistical significance test should be carried out to

be convinced whether there is any or no evidence to refuse the null hypothesis. The course of action is presented here below.

Ho= there is no statistically significant relationship between current place of accommodation and parents approval of one's own sexual practice.

H1= there is statistically significant relationship between current place of accommodation and parents approval of one's own sexual practice.

Whereas it is presented in the Spearman's correlation matrix above the correlation coefficient two variables Rs= 0.184 and this is statistically significant at P-value of (P =0.164). Since the (P =0.164) is greater than (alpha= 0. 05), there is strong evidence not to reject H_0 and not to accept H_1. Therefore, the end result test accepts H_0 and rejects H_1.

Thus, there is no statistically significant relationship between current place of accommodation and parents' approval of one's own sexual practice and that the correlation coefficient is highly significant and different from zero (Alpha < 0.05).

Table 4.24: Spearman's correlation between Current place of accommodation and self confidence /efficacy to practice safe sex

Correlations				
			Current place of accommodation	I am confident that i could practice safe sexual intercourse if I want to
Spearman's rho	Current place of accommodation	Correlation Coefficient	1.000	-.275[*]
		Sig. (2-tailed)		.037
		N	59	58
	i am confident that i could practice safe sexual intercourse if i want to	Correlation Coefficient	-.275[*]	1.000
		Sig. (2-tailed)	.037	
		N	58	59

According to Table (4.24), the results presented indicates that Spearman's correlation coefficient, (R_S = -0.275), and that this is statistically significant (P =0 .037).

From Spearman's correlation coefficient (RS, = -0.275) it can be said that there is statistically weak negative relationship between the Current place of accommodation and peers approval of one's own sexual practice the statistically significance (p-value=0 .037) but here statistical significance test should be performed to be certain whether there is any or no evidence to refuse the null hypothesis. The procedure is presented here below.

Ho= there is no statistically significant relationship between Current place of accommodation and peers approval of one's own sexual practice

H1= there is statistically significant relationship between Current place of accommodation and peers approval of one's own sexual practice

As it is presented in the Spearman's correlation matrix above the correlation coefficient two variables (RS, = -0.275) and this is statistically significant at P-value of (p-value=0 .037). As the (p-value=0 .037) is between (0.01 and 0.05), there is some evidence to reject H_0 and accept H_1. Therefore, the end result test Reject H_0 and accepts H_1.

So, there is statistically significant relationship between current place of accommodation and peers approval of one's own sexual practice and that the correlation coefficient is significantly different from zero (Alpha < 0.05).

Spearman's correlation between current place of accommodation and decision/perceived behavior towards safe sex:

The significant Spearman correlation coefficient value of Rs= -0.106 confirms be a weak negative correlation between Current place of accommodation and decision/perceived behavior towards safe sex

However, we need to perform a significance test to decide whether based upon this sample there is any or no evidence to propose that correlation is present in the population. To do this the researcher tests the null hypothesis as follows,

H0, = there is no statistically significant relationship between current place of accommodation and decision/perceived behavior towards safe sex

H1 = there is statistically significant relationship between current place of accommodation and decision/perceived behavior towards safe sex

Since SPSS reports the p-value for this test as being 0.427, there is a very strong evidence to not consider H1, i.e. there is a very strong evidence not to reject there is no statistically significant relationship between current places of accommodation and decision/perceived behavior towards safe sex values are correlated in the population.

This could be formally reported as follows:

A Spearman's correlation is run to determine the relationship between current places of accommodation and decision/perceived behavior towards safe sex values. There is no statistically significant relationship between current place of accommodation and decision/perceived behavior towards safe sex at (p ≤0 .05).

Table 4.25: Spearman's correlation between Current place of accommodation and influence of chewed chat and /or drank alcohol on practicing safe sex.

Correlations				
			Current place of accommodation	in the last times, i chewed chat and /or drank alchol before i had sexual intercourse
Spearman's rho	Current place of accommodation	Correlation Coefficient	1.000	.275[*]
		Sig. (2-tailed)		.035
		N	59	59
	in the last times, i chewed chat and /or drank alchol before i had sexual intercourse	Correlation Coefficient	.275[*]	1.000
		Sig. (2-tailed)	.035	
		N	59	60
*. Correlation is significant at the 0.05 level (2-tailed).				

According to Table (4.25), the significant Spearman correlation coefficient value of 0.275 confirms is a weak positive correlation between current place of accommodation and influence of chewed chat and /or drank alcohol on practicing safe sex

However, a significance test should be performed to decide whether based upon this sample there is any or no evidence to suggest that correlation is present in the population. To do this the researcher tests the null hypothesis as follows,

H0, = there is no statistically significant relationship between current place of accommodation and influence of chewed chat and /or drank alcohol on practicing safe sex

H1 = there is statistically significant relationship between current place of accommodation and influence of chewed chat and /or drank alcohol on practicing safe sex

Since SPSS reports the p-value for this test as being 0.035, there is some evidence to consider H1, i.e. there is a very strong evidence to accept current place of accommodation and influence of chewed chat and /or drank alcohol on practicing safe sex values are correlated in the population. This could be formally reported as follows:

A Spearman's correlation is undertaken to determine the relationship between current place of accommodation and influence of chewed chat and /or drank alcohol on practicing safe sex values. There is a weak, p0sitive correlation between current place of accommodation and influence of chewed chat and /or drank alcohol on practicing safe sex (Rs= 0.275, n = 60, p ≤ 0 05).

Spearman's correlation between sex and intention of practicing safe sexual practice:

The significant Spearman correlation coefficient value of 0.046 confirms be a weak positive correlation Sex and intention of practicing safe sexual practice.

Nevertheless, a significance test should be done to decide whether based upon this sample there is any or no evidence to suggest that correlation is present in the population. To do this the researcher tests the null hypothesis as follows,

H0, = there is no statistically significant relationship between Sex and intention of practicing safe sexual practice

H1 = there is statistically significant relationship between Sex and intention of practicing safe sexual practice

Since SPSS reports the p-value for this test as being 0.727, there is a very strong evidence to not to consider H1, i.e. there is no a very strong evidence to believe sex and intention of practicing safe sexual practice values are correlated in the population.

This could be formally reported as follows:

There is no statistically significant relationship between sex and intention of practicing safe sexual practice at (p-value, p ≤0 .0s).

Spearman's correlation between Sex and attitude towards Safe sex:

Spearman's correlation of sex and attitude towards Safe sex Rs= 0.070 P-Value = 0.600

Ho = there is no statistically significant relationship between sex and attitude towards Safe sex.

H1= there is no statistically significant relationship between sex and attitude towards Safe sex.

As it is presented in the Spearman's correlation matrix above the correlation coefficient two variables (RS= 0.070) and this is statistically significant at P-value of (p-value=0.600). As the (p-value=0 .600) is significantly greater than (alpha≤ 0.05), there is strong evidence not to reject H_0 and reject H_1. Therefore, the end result tests accept H_0 and rejects H_1.

So, there is no statistically significant relationship between sex and attitude towards safe sex and that the correlation coefficient is not significantly different from zero (Alpha < 0.05).

Spearman's correlation between sex and the influence of most important peoples' thought about safe sex:

Spearman's correlation of sex and the influence of most important peoples' thought about safe sex Rs= -0.026 and P-value = 0.845

Ho = there is no statistically significant relationship between sex and the influence of most important peoples' thought about safe sexual practice.

H1= there is statistically significant relationship between sex and the influence of most important peoples' thought about safe sexual practice.

The Spearman's correlation matrix above the correlation coefficient two variables (RS= 0.026) and this is statistically significant at P-value of (p-value= 0.845). As the (p-value =0.845) is significantly greater than (alpha≤ 0.05), there is strong evidence not to reject H_0. Therefore, the end result tests accept H_0 and rejects H_1.

So, there is no statistically significant relationship between sex and the influence of most important peoples' thought about safe sexual practice and that the correlation coefficient is not significantly different from zero at (Alpha ≤ 0.05). Noticeably the pressure of most important people is sex focused. But this analysis doesn't show that. This may be due to sereneness of the issue and respondents may reported in a manner in line with the normal condition.

Spearman's correlation between sex and the importance of parents' approval of one's own sexual practice:

From the outcomes Spearman's correlation coefficient, R_S, is -0.208, and that this is statistically significant at ($P = 0.113$).

Ho = there is no statistically significant relationship between sex and the importance of parents' approval of one's own sexual practice

H1= there is statistically significant relationship between sex and the importance of parents' approval of one's own sexual practice.

The Spearman's correlation matrix above the correlation coefficient two variables (R_S= -0.208) and this is statistically significant at P-value of (p-value= 0.113). As the (p-value=0.113) is significantly greater than (alpha≤ 0.05), there is strong evidence not to reject H_0. Therefore, the end result tests accept H_0 and rejects H_1.

So, there is no statistically significant relationship between sex and the importance of parents' approval of one's own sexual practice and that the correlation coefficient is not significantly different from zero at (Alpha $\leq$ 0.05).

Table 4.26: Spearman's correlation between sex of respondents and importance of doing what one's own peers do.

Correlations				
			Sex	Doing what my peers/friends do is important to me.
Spearman's rho	Sex	Correlation Coefficient	1.000	-.286[*]
		Sig. (2-tailed)		.033
		N	59	56
	Doing what my peers/friends do is important to me.	Correlation Coefficient	-.286[*]	1.000
		Sig. (2-tailed)	.033	
		N	56	57
*. Correlation is significant at the 0.05 level (2-tailed).				

As Table (4.26) outlines, the significant Spearman correlation coefficient value of -0.286 confirms is a weak negative correlation between sex of respondents and importance of doing what one's own peers do.

However, a significance test should be performed to decide there is any or no evidence to suggest that correlation is present in the population. To do this the researcher tests the null hypothesis as follows,

H0, = there is no statistically significant relationship between sex of respondents and importance of doing what one's own peers do

H1 = there is statistically significant relationship between there is no statistically significant relationship between sex of respondents and importance of doing what one's own peers do.

As the SPSS reports the p-value for this test as being 0.033 and is found under the interval of P-value (0.01 and 0.05), there is some evidence to consider H1, i.e. there is some evidence to accept sex of respondents and importance of doing what one's own peers do values are correlated in the population. This could be formally reported as follows:

A Spearman's correlation is undertaken to determine the relationship between sex of respondents and importance of doing what one's own peers do values. There is a weak, negative correlation between sex of respondents and importance of doing what one's own peers do (Rs= -0.286, n = 60, p ≤ 0 05).

Table 4.27: Spearman's correlation between sex of respondents and the influence of listening rap music and/or watching rap videos on safe sexual behavior

Correlations			Sex	When i am listening rap music and/or watching rap videos, i feel motivated for sex.
Spearman's rho	Sex	Correlation Coefficient	1.000	-.261[*]
		Sig. (2-tailed)		.048
		N	59	58
	When i am listening rap music and/or watching rap videos, i feel motivated for sex.	Correlation Coefficient	-.261[*]	1.000
		Sig. (2-tailed)	.048	
		N	58	59
*. Correlation is significant at the 0.05 level (2-tailed).				

As it is illustrated in Table (4.27) above, the results are presented in a matrix above indicates that Spearman's correlation coefficient, (RS = -0.261), and that this is statistically significant (P =0.048).

From Spearman's correlation coefficient (rs, = -0.261) it can be said that there is statistically weak negative relationship between sex of respondents and the influence of listening rap music and/or watching rap videos on safe sexual behavior the statistically significance (p-value=0.048)

but here statistical significance test should be performed to be certain whether there is any or no evidence to refuse the null hypothesis. The procedure is presented here below.

Ho= there is no statistically significant relationship between sex of respondents and the influence of listening rap music and/or watching rap videos on safe sexual behavior

H1= there is statistically significant relationship between sex of respondents and the influence of listening rap music and/or watching rap videos on safe sexual behavior

As it is presented in the Spearman's correlation matrix above the correlation coefficient two variables (rs, = -0.261) and this is statistically significant at P-value of (p-value=0.048). As the (p-value=0.048) is less than (alpha$\leq$ 0.05), and greater than p-value of 0.01,there is some evidence to reject H_0 and accept H_1. Therefore, the end result test Reject H_0 and accepts H_1.

So, there is no statistically significant relationship there is statistically significant weak and negative relationship between sex of respondents and the influence of listening rap music and/or watching rap videos on safe sexual behavior and that the correlation coefficient is significantly different from zero (Rs= -0.261, n=60,Alpha < 0.05).

Table 4.28: Spearman's correlation between sex of respondents and sexual initiation/feeling management to practice safe sex

			Sex	increment of feeling of motivation for sexual intercourse makes it ......to practice safe sex
Correlations				
Spearman's rho	Sex	Correlation Coefficient	1.000	-.263[*]
		Sig. (2-tailed)		.044
		N	59	59
	increment of feeling of motivation for sexual intercourse makes it ......to practice safe sex	Correlation Coefficient	-.263[*]	1.000
		Sig. (2-tailed)	.044	
		N	59	60
*. Correlation is significant at the 0.05 level (2-tailed).				

As discussed in the Table (4.28), the significant Spearman correlation coefficient value of -0.263 confirms is a weak negative correlation between sex of respondents and sexual initiation/feeling management to practice safe sex.

.However, a significance test should be performed to decide there is any or no evidence to suggest that correlation is present in the population. To do this the researcher tests the null hypothesis as follows,

H0, = there is no statistically significant relationship between sex of respondents and sexual initiation/feeling management to practice safe sex.

H1 = there is statistically significant relationship between sex of respondents and sexual initiation/feeling management to practice safe sex.

As the SPSS reports the p-value for this test as being 0.044 and is found under the interval of P-value (0.01 and 0.05), there is some evidence to consider H1, i.e. there is some evidence to accept sex of respondents and sexual initiation/feeling management to practice safe sex values are correlated in the population. This formally reported as:

A Spearman's correlation is undertaken to determine the relationship between sex of respondents and sexual initiation/feeling management to practice safe sex values. There is a weak, negative association between sex of respondents and sexual initiation/feeling management to practice safe sex at (Rs= -0.263, n = 60, p ≤ 0 05).

Spearman's correlation between marital Status and intention of practicing safe sex:

The SPSS report presented in Spearman's correlation coefficient, (RS = 0.132), and that this is statistically significant (P =0.313).

From Spearman's correlation coefficient (Rs, = 0.132) it can be said that there is statistically weak negative relationship between Marital Status and intention of practicing safe sex the statistically significance (p-value=0.313). But here statistical significance test should be

performed to be certain whether there is any or no evidence to refuse the null hypothesis. The procedure is presented here below.

Ho= there is no statistically significant relationship between Marital Status of respondents and intention of practicing safe sex

H1= there is statistically significant relationship between Marital Status of respondents and intention of practicing safe sex

As it is presented in the Spearman's correlation matrix above the correlation coefficient two variables (rs, = 0.132) and this is statistically significant at P-value of (p-value=0.313). As the (p-value=0.313) is greater than (alpha≤ 0.05), there is no evidence to reject H0. Therefore, the end test result is not to   reject H0.

So, there is no statistically significant relationship between Marital Status of respondents and intention of practicing safe sex and that the correlation coefficient is significantly not different from zero at (Alpha < 0.05).

Spearman's correlation between attitude towards safe sexual behavior and marital status:

The outcomes of Spearman's correlation coefficient the twovariables, R_S, is .071, and that this is statistically significant at (P = .592).

Ho = there is no statistically significant relationship between Attitude towards safe sexual Behavior and Marital status of respondents

H1= there is statistically significant relationship between Attitude towards safe sexual Behavior and Marital status of respondents

The Spearman's correlation matrix above the correlation coefficient two variables (RS= .071) and this is statistically significant at P-value of (p-value= .592). As the (p-value=.592) is significantly greater than (alpha≤ 0.05), there is strong evidence not to reject H_0. Therefore, the end result tests accept H_0 and rejects H_1.

So, there is no statistically significant relationship between Attitude towards safe sexual Behavior and Marital status of respondents and that the correlation coefficient is not significantly different from zero at (Alpha ≤ 0.05).

Spearman's correlation between marital Status of respondents and parents approval of their sexual practices:

Spearman's correlation of Marital Status of respondents and parents approval of their sexual practices Rs= 0.134 and P-value = 0.306

Ho = there is no statistically significant relationship between Marital Status of respondents and parents approval of their sexual practices

H1= there is statistically significant relationship between Marital Status of respondents and parents' approval of their sexual practices

The Spearman's correlation matrix above the correlation coefficient two variables (RS= 0.134) and this is statistically significant at P-value of (p-value= 0.306). As the (p-value=0.306) is

significantly greater than (alpha≤ 0.05), there is strong evidence not to reject H_0. Therefore, the end result tests accept H_0 and rejects H_1.

So, there is no statistically significant relationship between Marital Status of respondents and parents approval of their sexual practices and that the correlation coefficient is not significantly different from zero at (Alpha ≤ 0.05)..

Spearman's correlation between marital status and the importance of doing what their peers doing:

From the Spearman's correlation of marital status and the importance of doing what their peers doing Rs= 0.235and P-value = 0.078

Ho = there is no statistically significant relationship between marital status and the importance of doing what their peers doing

H1= there is statistically significant relationship between marital status and the importance of doing what their peers doing

The Spearman's correlation coefficient of the two variables (RS= .235) and this is statistically significant at P-value of (p-value= .078). As the (p-value=.078) is significantly greater than (alpha≤ 0.05), there is strong evidence not to reject H_0. Therefore, the end result tests accept H_0 and rejects H_1.

Thus, there is no statistically significant relationship between marital status and the importance of doing what their peers doing and that the correlation coefficient is not significantly different from zero at (Alpha ≤ 0.05).

Spearman's correlation between marital status of respondents and chewed chat and /or drank alcohol before sexual intercourse:

The outcomes which are presented in a matrix above indicate that Spearman's correlation coefficient, R_S, is. .119, and that this is statistically significant at (P =. 365).

Ho = there is no statistically significant relationship between marital status of respondents and chewed chat and /or drank alcohol before sexual intercourse

 H1= there is statistically significant relationship between marital status of respondents and chewed chat and /or drank alcohol before sexual intercourse

The Spearman's correlation matrix above the correlation coefficient two variables (RS= .119) and this is statistically significant at P-value of (p-value=0. 365). As the (p-value=0.365) is significantly greater than (alpha≤ 0.05), there is strong evidence not to reject H_0. Therefore, the end result tests accept H_0 and rejects H_1.

So, there is no statistically significant relationship between there is no statistically significant relationship between marital status of respondents and chewed chat and /or drank alcohol before sexual intercourse and that the correlation coefficient is not significantly different from zero at (Alpha ≤ 0.05).

4.7. Interventions on Sexual Behavior and Related Issues

On the qualitative study, the attention given and the implementation of the intervention programs of the university college on safe sexual behavior and related issues have been generally cited as in the right truck and encouraging. Almost all the interviewees and FGD participants also repeatedly addressed that the University College avail campus level services like weekly HIV and AIDS prevention education session called "Friday Talk-show", conducting awareness raising on HIV voluntary counseling and testing (VCT) and extending the services to the university community in collaboration with Zewditu Hospital, every fortnight, on Friday evening, the University College organized "Literature Night" for the students and the university community focusing on diverse academic, economic and social affairs including HIV / AIDS , organizing "welcome" ceremonies for new students and "goodbye" ceremonies for graduates, preparing and distributing brochures and leaflet messages on HIV/AIDS ,STIs and gender related issues, implementing SISTA , implementing anti-Sexual Harassment Policy and the University college established student support services office which oversees all nonacademic programs and activities including but not limited to: students activities ,recreation, and student guidance and counseling. During one of the FGDs a 22 year old female from the University College said that: - *"…I am working with gender office and I am active participant of 'Friday – Talk show'."* She added that *"in most cases female students are active participant of the programs prepared in the campus than male students relatively…"*

> *The security guard of the university college explained that "… the students and other university community periodically organize HIV counseling and testing programs. And we guards also voluntarily get tested for HIV."*

A male student of the University college HIV/AIDS club members responded that " … in most cases students regret from utilizing the services and participating in programs if there is no perdium." He added that "to increase the participation of the students we start to provide certificate for them and good progress is achieving now."

Both FGD participants reported that there is a functional anti-HIV/AIDS club in the main campus of the University College. The FGD discussants recommended that the anti-HIV/AIDS club should expand the size of members and the programs implemented in the campus as currently the club focuses on limited interventions on HIV/AIDS and related issues.

A female University College gender office senior expert responded that "… currently the university college has no a well organized, easily and freely accessible condom outlet. But the gender office of the University college is planned and under implementation to avail the condom through prober outlet…" She added that the University College has no also information resource center especially on HIV/RH and other issues on well organized and equipped manner. And the gender office also planned to establish the resource center in the campus….." she also added that the roles and responsibilities of the gender office are coordinating the programs on gender , gender related issues, HIV/AIDS programs implemented by clubs, partners, other university college administrators, staffs and students and implementing it with partners through planning and monitoring …

Participants of FGD assured that there are numerous clubs in the University College like anti AIDS club, gender club, environmental conservation etc. Among which currently anti AIDS and gender clubs are working with gender and student support offices of the University College. In addition the FGD participants reported that the University College have Policies , strategies, and annual plan on HIV, gender and gender related issues and Other activities like IEC/BCC sessions, world AIDS day ceremonies, and other extracurricular activities are good culture of the university College.

The other issue that was raised by one of FGD was the issue life skill education in the University College. The discussant speak out that SISTA is implemented focusing female students but male

students are out of the program. The group concludes that life skill education is only given for female students ignoring male students and this one gap to be noted.

> *A female University College gender office senior expert responded that "currently the university college has no a well organized, easily and freely accessible condom outlet." She added that "… by now the University College has no also information resource center especially on HIV/RH and other issues on well organized and equipped manner…"*

The FGD discussants repeatedly discussed is that the issue of condom accessibility in the campus. The discussants confirmed that the campus has no condom outlet for the university college community. The FGD discussants rose that there is only one condom outlet at the First Aid clinic of the University College.

Table (4.29) below discussed on HIV/AIDS policy issue of St. Mary's University College. As it is outlined in the Table out of total respondents 84.7% responded that the university college has developed a policy on HIV/AIDS and among these respondents 47.5% were male and37.3% were female. On the other hand 15.3% (8.5% and 6.8% Male and female respectively) of the respondents didn't know about the issue that is they have no information whether or not the University College has HIV/AIDS policy. One female staff member of gender of office of the University College explained that:-

> *"…the University College had anti-sexual harassment policy, HIV/AIDS policy, a well-established and functional gender office organized under the Vice president of the University College. The anti-sexual harassment committee dealt with any sexual harassment cases, which was believed to curb the problem and HIV/AIDS task force which are composed of the university college community to lead the intervention, is also established. Furthermore, SMUC has a talk-show program that deliberates on sexual harassment issues on many occasions. The discussions and dialogues helped students to come up with different suggestions on how to curb sexual harassment. And now we are implementing SISTA…"*

Table 4.29:- Sex * Does the University College have policy on HIV/AIDS? Cross tabulation

			Does the University College have policy on HIV/AIDS?		Total
			yes	I do not know	Total
Sex	Male	Count	28	5	33
		% within Sex	84.8%	15.2%	100.0%
		% within Does the University College have policy on HIV/AIDS?	56.0%	55.6%	55.9%
		% of Total	47.5%	8.5%	55.9%
	Female	Count	22	4	26
		% within Sex	84.6%	15.4%	100.0%
		% within Does the University College have policy on HIV/AIDS?	44.0%	44.4%	44.1%
		% of Total	37.3%	6.8%	44.1%
Total		Count	50	9	59
		% within Sex	84.7%	15.3%	100.0%
		% within Does the University College has policy on HIV/AIDS?	100.0%	100.0%	100.0%
		% of Total	84.7%	15.3%	100.0%

Table 4.30:- Sex * Does the University College have comprehensive RH guidelines? Cross tabulation

			Does the University College have comprehensive RH guidelines?			
			yes	no	I do not know	Total
Sex	**Male**	**Count**	**8**	**7**	**18**	**33**
		% within Sex	**24.2%**	**21.2%**	**54.5%**	**100.0%**
		% within Does the University College have comprehensive RH guidelines?	**61.5%**	**36.8%**	**69.2%**	**56.9%**
		% of Total	**13.8%**	**12.1%**	**31.0%**	**56.9%**
	Female	**Count**	**5**	**12**	**8**	**25**
		% within Sex	**20.0%**	**48.0%**	**32.0%**	**100.0%**
		% within Does the University College has comprehensive RH guidelines?	**38.5%**	**63.2%**	**30.8%**	**43.1%**
		% of Total	**8.6%**	**20.7%**	**13.8%**	**43.1%**
Total		**Count**	**13**	**19**	**26**	**58**
		% within Sex	**22.4%**	**32.8%**	**44.8%**	**100.0%**
		% within Does the University College has comprehensive RH guidelines?	**100.0%**	**100.0%**	**100.0%**	**100.0%**
		% of Total	**22.4%**	**32.8%**	**44.8%**	**100.0%**

Table (4.30) above shows that whether the University College has RH guideline or not. A reasonable majority of the respondents have no information whether the University College has the RH guideline or not. And 22.4% respondents reported that the university College has the RH guideline ; 32.8 % of respondents responded that the University College has no RH guideline and 44.8% of the respondents didn't know whether the university College has RH guideline or not.

Table (4.31):- Sex * Have the University College intervention activities so that regular students practice safe sex? Cross tabulation

			Have the University College intervention activities so that regular students practice safe sex?		Total
			yes	I do not know	Total
Sex	Male	Count	30	3	33
		% within Sex	90.9%	9.1%	100.0%
		% within Have the University College intervention activities so that regular students practice safe sex?	55.6%	60.0%	55.9%
		% of Total	50.8%	5.1%	55.9%
	Female	Count	24	2	26
		% within Sex	92.3%	7.7%	100.0%
		% within Have the University College intervention activities so that regular students practice safe sex?	44.4%	40.0%	44.1%
		% of Total	40.7%	3.4%	44.1%
Total		Count	54	5	59
		% within Sex	91.5%	8.5%	100.0%
		% within Have the University College intervention activities so that regular students practice safe sex?	100.0%	100.0%	100.0%
		% of Total	91.5%	8.5%	100.0%

As it is clearly outlined in the Table (4.31) above, almost nearly all respondents (91.5%) that is (50.8% and 40.7% male and female respectively) agreed that the University College has been implementing intervention activities so that the students can responsive and practice safe sexual behavior. Only very limited number of students (8.5%) that is (5.1% and 3.4% male and female respectively) did not know about the intervention programs of the university college on safe sexual behavior and related issues.

Table 4.32:- Sex * If 'yes' for question number (3) what types of interventions implemented by the University College? Cross tabulation

			What types of interventions implemented by the University College?					
			To handle or resist peer influence	To develop negative attitude towards risky behaviors	To control early sexual initiations	To develop the habit of consistent and prober condom use	other	Total
Sex	Male	Count	14	7	3	7	2	33
		% within Sex	42.4%	21.2%	9.1%	21.2%	6.1%	100.0%
		% within) what types of interventions implemented by the university College?	93.3%	53.8%	21.4%	53.8%	66.7%	56.9%
		% of Total	24.1%	12.1%	5.2%	12.1%	3.4%	56.9%
	Female	Count	1	6	11	6	1	25
		% within Sex	4.0%	24.0%	44.0%	24.0%	4.0%	100.0%
		% within what types of interventions implemented by the University College?	6.7%	46.2%	78.6%	46.2%	33.3%	43.1%
		% of Total	1.7%	10.3%	19.0%	10.3%	1.7%	43.1%
Total		Count	15	13	14	13	3	58
		% within Sex	25.9%	22.4%	24.1%	22.4%	5.2%	100.0%
		% within what types of interventions implemented by the University College?	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.9%	22.4%	24.1%	22.4%	5.2%	100.0%

As it is clearly depicted in the Table (4.32) above, the University College has been implementing interventions that enable students to handle or resist peer influence, to develop negative attitude towards risky behaviors, to control early sexual initiations and develop the habit of consistent and prober condom use. On the other hand the Table also shows that the University College is doing less in minimizing alcohol consumption and related drugs by the students.

Table 4.33:- Sex * Does the university college organize and conduct education on HIV/AIDS?
Cross tabulation

			Does the university college organize and conduct education on HIV/AIDS?		Total
			yes	I do not know	
Sex	Male	Count	25	6	31
		% within Sex	80.6%	19.4%	100.0%
		% within Does the university college organizes and conducts education on HIV/AIDS?	53.2%	85.7%	57.4%
		% of Total	46.3%	11.1%	57.4%
	Female	Count	22	1	23
		% within Sex	95.7%	4.3%	100.0%
		% within Does the university college organizes and conducts education on HIV/AIDS?	46.8%	14.3%	42.6%
		% of Total	40.7%	1.9%	42.6%
Total		Count	47	7	54
		% within Sex	87.0%	13.0%	100.0%
		% within Does the university college organizes and conducts education on HIV/AIDS?	100.0%	100.0%	100.0%
		% of Total	87.0%	13.0%	100.0%

As Table (4.33) above outlines that a reasonable majority of respondents (87.0%) confirmed the

university college organizes and conducts educational sessions on HIV/AIDS for students. Only

a few respondents (13.0%) did not know about the educational program conducted by the

University College.

The qualitative data analysis also shows that the University College provides a number of

educational interventions on HIV/AIDS and related issues within the campus. The FGD

participants, repeatedly addressed that the University College provides campus level services

like weekly HIV and AIDS prevention education session called "Friday Talk-show", conducting awareness raising on HIV voluntary counseling and testing (VCT) and extending the services to the university community in collaboration with Zewditu Hospital, every fortnight, on Friday evening, the University College organized "Literature Night" for the students and the university community focusing on diverse academic, economic and social affairs including HIV / AIDS , organizing "welcome" HIV /AIDS ceremonies for new students and "goodbye" ceremonies for graduates, preparing and distributing brochures and leaflet messages on HIV/AIDS ,STIs and gender related issues and implementing SISTA.

Table 4.34:- Sex * has the university college conducted awareness rising sessions on RH and related issues? Cross tabulation

| | | | Has the university college conducted awareness rising sessions on RH and related issues? | | | |
			yes	No	I do not know	Total
Sex	Male	Count	31	0	1	32
		% within Sex	96.9%	.0%	3.1%	100.0%
		% within Has the university college conducted awareness rising sessions on RH and related issues?	58.5%	.0%	33.3%	56.1%
		% of Total	54.4%	.0%	1.8%	56.1%
	Female	Count	22	1	2	25
		% within Sex	88.0%	4.0%	8.0%	100.0%
		% within Has the university college conducted awareness rising sessions on RH and related issues?	41.5%	100.0%	66.7%	43.9%
		% of Total	38.6%	1.8%	3.5%	43.9%
Total		Count	53	1	3	57

			% within Sex	93.0%	1.8%	5.3%	100.0%
			% within Has the university college conducted awareness rising sessions on RH and related issues?	100.0%	100.0%	100.0%	100.0%
			% of Total	93.0%	1.8%	5.3%	100.0%

Table (4.34) above, presented that almost all respondents (93%) reported that the University College has been conducted awareness rising sessions on RH and related issues for students. Only 1.8% of respondents reported that no session is conducted and 5.3 % of respondents did not know about the issue.

Table 4.35: - Sex * In your opinion, is there a concerned office in the university which is responsible for RH including HIV/AIDS? Cross tabulation

			In your opinion, is there a concerned office in the university which is responsible for RH including HIV/AIDS?		Total
			yes	Don't Know	Total
Sex	Male	Count	31	1	32
		% within Sex	96.9%	3.1%	100.0%
		% within In your opinion, is there a concerned office in the university which is responsible for RH including HIV/AIDS?	55.4%	100.0%	56.1%
		% of Total	54.4%	1.8%	56.1%
	Female	Count	25	0	25
		% within Sex	100.0%	.0%	100.0%
		% within In your opinion, is there a concerned office in the university which is responsible for RH including HIV/AIDS?	44.6%	.0%	43.9%
		% of Total	43.9%	.0%	43.9%
Total		Count	56	1	57
		% within Sex	98.2%	1.8%	100.0%
		% within In your opinion, is there a concerned office in the university which is responsible for RH including HIV/AIDS?	100.0%	100.0%	100.0%
		% of Total	98.2%	1.8%	100.0%

Table (4.35) above presented that nearly all respondents (98.2%) reported that the University College has established a concerned office for HIV/AIDS and RH related issues. Only 1.8% of respondents reported that they have no information about the issue raised.

4.8. Sexual Practices

The qualitative study yields that the St.Mary's University College students generally exhibited non risky sexual behaviors in the campus as most of the respondents of the qualitative study reported. Across both FGDs, it was consistently reported that most of the University College students do not practice unhealthy sexual behavior within the campus. On the other side the FGD discussants also addressed that there are some students mostly addicted one or substance abusers expect the campus as to be an ideal place and golden opportunity to enjoy life besides academic related matters and they try sexual initiation and sexual practice within and out of campus.

> *One of the key informants, male student, from the University College HIV/AIDS club Committee member responded on the general picture of sexual practice in the University college, "...I have been observing what students do relating to their sexual practices in the campus and I have never seen sexual practices within the campus. This is because I think this campus is not like other public University campuses. That is to mean most of the students are still living with their parents, living in the area where they born, and the university college has been implementing extracurricular programs for students and the discipline system of the university college may play significant role." He also attached that "...there is no as such magnified lecturer- student sexual relationship but sometimes female students go to the lecturers to have sex for grade because being dismissed is unacceptable...*

One female student from accounting department responded that "there are rumors that some students who kissed each other in the class rooms and corner of the compound of the campus. But I have seen such sexual practices in my life of this campus…" and the other respondent from HIV/AIDS club of the University College responded that "… there are couples who are observed in the campus and the couples are most of the times students to student there is no

student to staff couple relationship observed…" The FGD discussants reach on consensus that in most cases male students have sexual relationship with more than one sexual partner than females relatively than females. On the other hand male students FGD discussion yield that creating sexual relationship with more than one partner and repeatedly changing the sexual partner is exhibited almost equally by female and female students . Among participants the FGD, One male and University College HIV/AIDS club committee president noted that "most of the time male students are frequently change their sexual partner or girl friend than what female students do…."

Both FGD discussants discussed that since there is no viable condom outlet in our campus it is difficult to decide whether students use condom during sexual intercourse or not. The two FGD discussion participants reported that there is one condom outlet in the campus that is in the first aid clinic of the university college though the utilization of condoms is low or null as it is not comfortable and customer friendly.

Table 4.36:- Sex * Did you start sexual relationship with a partner? Cross tabulation

			Did you start sexual relationship with a partner?			
			Yes	No	Refuse to Answer	Total
Sex	Male	Count	26	5	2	33
		% within Sex	78.8%	15.2%	6.1%	100.0%
		% within Did you start sexual relationship with a partner?	63.4%	50.0%	33.3%	57.9%
		% of Total	45.6%	8.8%	3.5%	57.9%
	Female	Count	15	5	4	24
		% within Sex	62.5%	20.8%	16.7%	100.0%
		% within Did you start sexual relationship with a partner?	36.6%	50.0%	66.7%	42.1%
		% of Total	26.3%	8.8%	7.0%	42.1%
Total		Count	41	10	6	57
		% within Sex	71.9%	17.5%	10.5%	100.0%
		% within Did you start sexual relationship with a partner?	100.0%	100.0%	100.0%	100.0%
		% of Total	71.9%	17.5%	10.5%	100.0%

Table (4.37) above, outlined that 71.9% of respondents (26.3% female and 45.6% male) reported that they have started sexual relationship with a partner. On the other hand, 17.5% of respondents (8.8% female and 8.8% male) reported that they did not start sexual relationship with a partner and 10.5% of respondents refused to answer for the question raised.

Table 4.38:- Sex * Do you practice safe sexual practice Cross tabulation

			Do you practice safe sexual practice				
			Yes	No	I cannot decide	7	Total
Sex	Male	Count	25	2	6	0	33
		% within Sex	75.8%	6.1%	18.2%	.0%	100.0%
		% within Do you practice safe sexual practice	61.0%	50.0%	50.0%	.0%	55.9%
		% of Total	42.4%	3.4%	10.2%	.0%	55.9%
	Female	Count	16	2	6	2	26
		% within Sex	61.5%	7.7%	23.1%	7.7%	100.0%
		% within Do you practice safe sexual practice	39.0%	50.0%	50.0%	100.0%	44.1%
		% of Total	27.1%	3.4%	10.2%	3.4%	44.1%
Total		Count	41	4	12	2	59
		% within Sex	69.5%	6.8%	20.3%	3.4%	100.0%
		% within Do you practice safe sexual practice	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	69.5%	6.8%	20.3%	3.4%	100.0%

Table (4.38) presented that a majority of respondents (69%) reported that they are practicing safe

sexual intercourse. On the other hand, 20.3% of respondents reported that they cannot decide

whether they are practicing safe sex or not.

4.9. Discussions

Significant number of students (38.3%) reported that their most important people did not worry about whether the students practice safe sexual practice or not. On the other extreme 13.3% of the participants believed most people who are important to them think that should strongly practice safe sexual behavior.

Most of the respondents (27.6%) reported doing what their peers/friends do is not absolutely important to them. On the other extreme 24.1% of respondents confirmed that reported doing what their peers/friends do is absolutely important to them.

A majority (48.3 %) of students have positive attitude towards practicing safe sexual that means they believe that overall practicing safe sexual behavior is strongly beneficial/right thing to do/pleasant/good practice which is expected from them.

Almost one third of the students (21.7%) when they do practice safe sex, they didn't feel that they do something positive for them and a majority of the respondents (43.3%) reported that they feel that they are doing positive for them when they practiced safe sex.

only 16.7% of students believe that it is less likely cause a lot of worry and concern for them if they have found to have unsafe sex and 50.0% of students believe that it more likely cause a lot of worry and concern for them, if they have found unsafe sex

Almost nearly half of the students (41.7%) reported that if he/she exposed accidentally for unsafe sex at an early sexual intercourse, he/she will less unlikely to continue the sexual intercourse.

Only limited portion of students (15.0%) reported that if he/she exposed accidentally for unsafe sex at an early sexual intercourse, he/she will more likely to continue the sexual intercourse without taking corrective measures.

Nearly half of the students in university college (45.0%) in the last times they more unlikely chewed chat and /or drank alcohol before they had sexual intercourse. 11.7% of the students likely chewed chat and /or drank alcohol before they had sexual intercourse and 13.3% of the students more likely chewed chat and /or drank alcohol before they had sexual intercourse.

A majority of students (44.1%) reported that when they are listening rap music and/or watching rap videos, they more unlikely motivated for sex and 13.6% of students reported that when they listening music and/or watch rap videos they more likely motivated sexual intercourse.

Research Question 1: What factors predict safe sexual activity in St.Marry's University college students?

The first objective of the research was to search specific factors that may contribute to St. Mary's University College students' decisions to practice safer sex .The conclusion is presented below.

As a significant proportion of the university college students reported, the attitude score of the participant reflects a very strong positive attitude towards practicing safe sexual behavior i.e. in favor of practicing safe sexual behavior.

The overall attitude of students in St.Mary's University college towards practicing safe sexual behavior is highly pleasant for them or generally participants leveled the behavior as good practice, the right thing to do, and highly beneficial.

Majority of the students reflected that there is strong positive social pressure (parental and peer influence) from their important personals on practicing safe sexual behavior.

The college students strongly believe that other people would like her/him to be safe when he/she has sexual intercourse and the participants themselves more positively decided that other people's belief on their practice of sexual behavior.

The majority of the students reflect that a moderate level of negative control over practicing safe sexual behavior. That is to mean practicing safe sexual behavior is fairly difficult for the students due to control belief and their perceived power to influence the behavior.

Significant portion of the University College students perceive that practicing safe sexual behavior is easier for them. This is in other words the resources and opportunities available around the students dictate the likelihood of safe sexual behavioral practice. Therefore, participants reflect that they have higher self-efficacy and confidence to perform safe sexual behavior.

The students highly motivated or intend to practice safe sexual behavior. This implies that attitude, subjective norm and perceived behavioral control of participants predict desired action that is safe sexual behavior.

Research Question 2: Which factors highly associated with safer sexual behaviors for St.Marry's University College students?

One purpose of this study was conducted to assess which variables best safe sexual activity. Results from research indicated Perceived Behavioral Control of students, listening rap music and/or watching rap videos and drank alcohol and/or chewing chat were the best predictors in determining whether students were practice safe sexual behavior. The detail is discussed here below.

In some cases the relationship between demographic characteristics of students and the sexual practice is weak. This is happened may be because sexual issue is not as such openly discussed issue and respondents may reported to these questions in a manner in line with the norm around them.

Spearman's correlation coefficient Spearman's correlation between age of Respondents and influence of listening rap music and/or watching rap videos on safe sexual behavior,of R_S, is 0.289, and that this is statistically significant (P = 0.027). The the spearman's correlation coefficient indicate that the strength of association between age of respondents and influence of listening rap music and/or watching rap videos on safe sexual behavior weak and positive (Rs = 0.289), and that the correlation coefficient is significantly different from zero (Alpha < 0.05). Also, it can be reported that 8.4% $(0.289)^2$ of the variation in Influence of listening rap music and/or watching rap videos on safe sexual behavior is explained by age of respondents.

Spearman's correlation coefficient (RS, = -0.388), and this is statistically significant (P =0 .002). Since the Spearman's correlation coefficient (RS = -0.388) is small, the association between academic year of study and perceived behavioral control on safe sexual behavior there is weak negative relationship between them. Thus, the the spearman's correlation matrix indicates that the strength of the correlation between academic year of study and perceived behavioral control on safe sexual behavior is a negative weak (Rs = -0.388), and that the correlation coefficient is highly significant and different from zero (Alpha < 0.01). This means that 15% (-0.388)2 of the variation in Influence perceived behavioral control on safe sexual behavior is explained by academic year of respondents.

Spearman's correlation coefficient between academic year of Study and influence of listening rap music and/or watching rap videos, (RS, = -0.273), and that this is statistically significant (P = 0.036). this indicates that the strength of the correlation between the academic year of Study and the influence of listening rap music and/or watching rap videos on safe sexual practice is a

positive weak (Rs = -0.273), and that the correlation coefficient is significantly different from zero (Alpha < 0.05). This means that 7.5% $(-0.273)^2$ of the variation in influence of listening rap music and/or watching rap videos is explained by academic year of respondents.

There is a weak and inverse association between the academic year of Study and the influence of Customer handling at the health facilities on safe sexual behavior. The Spearman's correlation coefficient of between the academic Year of Study and the influence of Customer handling at the health facilities on safe sexual behavior , RS, is -0.289, and that this is statistically significant (P = 0.025). the strength of association between the academic year of Study and the influence of Customer handling at the health facilities on safe sexual behavior is weak and negative (Rs = -0.289), and that the correlation coefficient is significantly different from zero (Alpha ≤ 0.05). This means that 8.4% $(--0.289)^2$ of the variation in the influence of Customer handling at the health facilities on safe sexual behavior is explained by the academic year of Study.

A Spearman's correlation is undertaken to determine the relationship between sex of respondents and sexual initiation/feeling management to practice safe sex values. There is a weak, negative association between sex of respondents and sexual initiation/feeling management to practice safe sex at (Rs= -0.263 *, n = 60, p ≤ 0 05). This can be reported as 6.9% $(-0.263)^2$ of the variation in the sexual initiation/feeling management to practice safe sex are explained by the sex of respondents.

A Spearman's correlation is undertaken to determine the relationship between sex of respondents and importance of doing what one's own peers do values. There is a weak, negative correlation between sex of respondents and importance of doing what one's own peers do (Rs= -0.286, n = 60, p ≤ 0 05). This can also be reported as 8.2% (-0.286)2 of the variation in the importance of doing what one's own peers do are explained by the sex of respondents.

Spearman's correlation between sex of respondents and the influence of listening rap music and/or watching rap videos on safe sexual behavior, there is statistically significant relationship there is statistically significant weak and negative relationship between sex of respondents and the influence of listening rap music and/or watching rap videos on safe sexual behavior and that the correlation coefficient is significantly different from zero (Rs= -0.261, n=60,Alpha ≤ 0.05). This can be reported as 6.8% (-0.261)2 of the variation in the influence of listening rap music and/or watching rap videos on safe sexual behavior is clarified by the sex of respondents.

A Spearman's correlation is undertaken to determine the relationship between current place of accommodation and influence of chewed chat and /or drank alcohol on practicing safe sex values. There is a weak, positive correlation between current place of accommodation and influence of chewed chat and /or drank alcohol on practicing safe sex (Rs= 0.275, n = 60, p ≤ 0 05).

There is statistically significant relationship between current place of accommodation and peers approval of one's own sexual practice and that the correlation coefficient is significantly different from zero (Rs=-0.235 P-value= 0.037 and Alpha < 0.05).

A Spearman's correlation is run to determine the relationship between current place of accommodation and the influence of social pressure on safe sexual practice values. There is a weak, positive correlation between current place of accommodation and the influence of social pressure on safe sexual practice (Rs= -.319, n = 60, p ≤0 .01).

The the spearman's correlation matrix points out that the strength of association between the academic year of Study and the influence of Customer handling at the health facilities on safe sexual behavior is weak and negative (Rs = -0.289), and that the correlation coefficient is , the the spearman's correlation matrix point out that the strength of the correlation between the academic year of Study and the influence of listening rap music and/or watching rap videos on safe sexual practice is a positive weak (Rs = -0.273), and that the correlation coefficient is significantly different from zero (Alpha < 0.05) significantly different from zero (Alpha ≤ 0.05).

The the spearman's correlation matrix indicates that the strength of the correlation between academic year of study and perceived behavioral control on safe sexual behavior is a negative weak (Rs = -0.388), and that the correlation coefficient is highly significant and different from In conclusion, the the spearman's correlation matrix indicate that the strength of association between age of respondents and Influence of listening rap music and/or watching rap videos on safe sexual behavior weak and positive (Rs = 0.289), and that the correlation coefficient is significantly different from zero (Alpha ≤ 0.05). Also, we can say that 8.4% $(0.289)^2$ of the variation in Influence of listening rap music and/or watching rap videos on safe sexual behavior is explained by age of respondents.

zero (Alpha < 0.01).

CHAPTER V: CONCLUSIONS&RECOMMENDATIONS

5.1. Conclusions

This exploratory study helps to fill the void and dearth in the literature regarding the sexual behaviors of St.Mary's University College students. The majority of students participated in this study were sexually active and males. This study documented those greater safe sexual behaviors among males than females

Many students of St.Mary's college reported that the area where they are living is not prone to unsafe sexual behavior.

This study recognized that greater sexual risk- taking behaviors is observed among females than males.

Majority of the students reported that there is strong positive social pressure from their important personals on practicing safe sexual behavior but still significant number of students (38.3%) reported that their most important people did not worry about whether the students practice safe sexual practice or not. The college students strongly believe that other people would like her/him to be safe when he/she has sexual intercourse and the participants themselves more positively decided that other people's belief on their practice of sexual behavior.

A majority of respondents have positive attitude towards practicing safe sexual. The majority of the students reflect that a moderate level of negative control over practicing safe sexual behavior.

That is to mean practicing safe sexual behavior is fairly difficult for the students due to control belief and their perceived power to influence the behavior

Significant portion of the University College students perceived that practicing safe sexual behavior is easier for them. This is in other words beyond the resources and opportunities available around the students , their psychological perception of the ease and difficulty of practicing safe sexual behavior   dictate the likelihood of safe sexual behavioral practice. Therefore, participants reflect that they have higher self-efficacy and confidence to perform safe sexual behavior.

As the year of study of students increase the intention of students to practice safe sex is also increases. In general a number of students of the University College are highly motivated or intend to practice safe sexual behavior.

Holding all other variables constant, student who has an attitude in favor of safe sex, has high intention of practicing safe sex than those students who have attitude opposite or not in favor of safe sex; those students who are with subjective norm influence (Student's belief that specific individuals or groups think he/she should or should not perform the behavior) on their sexual practice are more likely to practice safe sex than those without subjective influence. This study also documented that Perceived Behavioral Control- student's perception of the ease or difficulty of performing the behavior of interest that is safe sexual behavior , listening rap music and/or watching rap videos and drank alcohol and/or chewed chat are factors which reliably predicted whether an individual practice safe sexual behavior or not .

Most of the students of the University College recommended that sexuality education should be included in the education curricula of the University College.

This research provides confirmatory data that alcohol and chat use contributes to students' decisions on their sexual behaviors. Students who use these substances are more likely to report riskier sexual behaviors.

A statistically significant correlation/association is observed between age of respondents and Influence of listening rap music and/or watching rap videos on safe sexual behavior; between academic year of study and perceived behavioral control on safe sexual behavior; between academic year of Study and Influence of listening rap music and/or watching rap videos; between the academic year of study and the influence of customer handling at the health facilities on safe sexual behavior; between current place of accommodation and the influence of social pressure on safe sexual practice; between Current place of accommodation and self confidence /efficacy to practice safe sex; between Current place of accommodation and influence of chewed chat and /or drank alcohol on practicing safe sex; between sex of respondents and importance of doing what one's own peers do; between sex of respondents and the influence of listening rap music and/or watching rap videos on safe sexual behavior; and between sex of respondents and sexual initiation/feeling management to practice safe sex

This study finds out that the University College has been implementing intervention activities to enable students to handle or resist peer influence, to develop negative attitude towards risky behaviors, to control early sexual initiations and develop the habit of consistent and prober

condom use so that the students can become conscious, responsive and practice safe sexual behavior.

5.2. Recommendations

✓ The University College students should expand and improve good Practices and good habits in the university college on gender, sexuality, HIV/AIDS and STIs that has been implemented and enable students to handle or resist peer influence, to develop negative attitude towards risky behaviors, to control early sexual initiations and develop the habit of consistent and prober condom use so that the students can become conscious, responsive and practice safe sexual behavior.

✓ The University College has to establish a well organized, easily and freely accessible condom outlet and in place the information resource center especially on HIV/RH and other issues on well organized and equipped manner.

✓ The University College is better to implement life skill education; peer and other sexuality, HIV/AIDS/STIs and gender based educational interventions should be given in a regular manner.

✓ Parents' and other important peoples of students involvement in interventions of the University College is crucial to enhance safe sexual behaviours

✓ SISTA program of the University College is better to include male students of the University College.

✓ The University College should give more attention to fresh students than other students.

✓ The University College should implement activities that will improve the psychological self-efficacy and confidence of its students to perform safe sexual behavior.

- ✓ This study documented greater safe sexual behaviors among males than females. Therefore, the University College should give due focus on female students.

- ✓ The interventions of the University College should basically focus on factors such as perceived behavioral control- student's perception of the ease or difficulty of performing safe sexual behavior, listening rap music and/or watching rap videos and drank alcohol and/or chewed chat.

- ✓ Sexuality education should be included in the education curricula of the University College as passing criteria without grading.

- ✓ Behavioral change communication programs should be expanded by giving attention to condom use techniques and condom utilization; volunteerism and club and participation of students, and VCT service utilization.

- ✓ University College should make available VCT services by organizing VCT center within the campus of the University College.

- ✓ The University College should implement substance abuse prevention and control interventions for the students within and outside the University College.

- ✓ The University College is better to provide education on substance use through peer education, life skill education, implementing school based conversation on substance use among students on sustainable manner.

- ✓ University College should conduct operational studies so that design and implement substance use programs with other relevant stakeholders such as influential people like parents and religious leaders, HIV/AIDS prevention and control offices, health bureaus, policy institutions, Ethics and anti-corruption institutions etc.

- ✓ Recreation facilities should be established and strengthened in the University College.

- ✓ The University College should work in partnership with Addis Ababa city administration HIV/AIDS prevention and Control office, Women, children and youth affairs bureau, education bureau etc… and other civil societies like women associations, youth associations and non-governmental organizations working in Addis Ababa City on youth.

- ✓ The University College should fully utilize the internal resource like mobilizing students and the University College community to act jointly on sexual related problems in the University College.

- ✓ The University College should advocate the government to get attention and supported in tackling the problems linking with the country strategy.

- ✓ The University College should fully utilize the available opportunities at the HIV/AIDS partnership forum of the Universities in Ethiopia.

- ✓ The University College should strengthen the anti-HIV/AIDS and gender clubs in the University College.

- ✓ To check the replicablity of this study, repeated social science and public health studies should be conducted on this studytopic taking into consideration the limitations of this study.

- ✓ Prevalence and incidence of HIV/AIDS and other STIs among students, attitudes toward condoms and consistent use need to be further studied.

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University College Students.

The researcher is interested in your personal opinions regarding safe sexual behavior. This survey is part of an investigation that tries to discover the practice of the university college to bring safe sexual behavior into practice among its regular students and the determinant factors may influence them to exhibit safe sexual behavior.

By Safe sexual behavior the researcher mean being Practicing sexual intercourse that does not involve the exchange of bodily fluids, including blood, sperm, vaginal secretions, saliva and abstinence to avoid AIDS and other STIs. Please read each question carefully and answer it to the best of your ability. There are no correct or incorrect responses; I am merely interested in your personal point of view. All responses to this survey are completely confidential.

PART I: Socio-demographic Data

Instruction 1: For each of the following questions, please circle the number of alternative(s) that fit for your response or fill the blank space.

1. Your academic year of study: A. Year I   B. Year II   C .Year III

      D. Year IV

2. Current place of your accommodation:

      A. Outside campus (with parents, guardian or relatives)

      B. Outside campus (rented)

3. Age: _____ years.

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4. . Sex: 1. Male   2. Female

5. Marital status: A. Single   B. Married   C. Divorced   D. Widowed

6. Your field of study --------------

7. Your Academic stream at preparatory educational level

    A. Social Sciences B. Natural Sciences C. other (specify)------------

8. With whom do you live? -----------------

9. Where do you live?

10. In Your opinion, is your living area risk prone to unsafe sexual intercourse? A. yes   B.

    no   C. I do not know   D. I cannot decide

Part II: **Safe Sexual Behavior**

Instruction 2: Many questions in this section of the survey make use of rating scales with 7

places; you are to circle the number that best describes your opinion. For example, if you were

asked to rate "The Weather in Addis Ababa" on such a scale, the 7 places should be interpreted

as follows:

The Weather in Addis Ababa is:

good :____1____:____2____:____3____:____4____:____5____:____6____:____7____: bad

            extremely   quite   slightly   neither   slightly   quite   extremely

If you think the weather in Addis Ababa is extremely good, then you would circle the number 1,
as follows:

The Weather in Addis Ababa is:

good :____1____:____2____:____3____:____4____:____5____:____6____:____7____: bad

If you think the weather in Addis Ababa is quite bad, then you would circle the number 6, as follows.

The Weather in Addis Ababa is:

good :____1____:____2____:____3____:____4____:____5____:____6____:____7____: bad

If you think the weather in Addis Ababa is slightly good, then you would circle the number 3.

The Weather in Addis Ababa is:

good :____1____:____2____:____3____:____4____:____5____:____6____:____7____: bad

If you think the weather in Addis Ababa is neither good nor bad, then you would circle the number 4.

The Weather in Addis Ababa is:

good :____1____:____2____:____3____:____4____:____5____:____6____:____7____: bad

In making your ratings, please remember that answering all items – do not omit any though some of the questions may appear to be similar for you and never circle more than one number on a single scale.

11. Given that out of the next 10 sexual intercourses contacts, with how many would expect to practice safe sex?   0 1 2 3 4 5 6 7 8 9 10

12. I expect to practice safe sex. Strongly disagree 1 2 3 4 5 6 7 strongly agree

13. I want to practice safe sex. Strongly disagree 1 2 3 4 5 6 7 Strongly agree

14. I intend to practice safe sex. Strongly disagree 1 2 3 4 5 6 7 Strongly agree

15. Overall I think that practicing safe sexual behavior is:

       Harmful 1 2 3 4 5 6 7 Beneficial

       Pleasant 1 2 3 4 5 6 7 Unpleasant

       The wrong thing to do 1 2 3 4 5 6 7The right thing to do)

       Good practice 1 2 3 4 5 6 7 Bad practice

16. If I practice safe sex, I will feel that I am doing something positive for me.

       Unlikely 1 2 3 4 5 6 7 Likely

17. It causes a lot of worry and concern for me if they are found to have unsafe sex. Unlikely

   1 2 3 4 5 6 7 Likely

18. If I exposed for unsafe sex at an early intercourse accidentally, I will continue having it. Unlikely 1 2 3 4 5 6 7 Likely

19. If I my life time first sexual intercourse is safe, I've got to practice it always. Unlikely 1 2 3 4 5 6 7 Likely

20. Doing something positive for the me is: Extremely undesirable -3 -2 -1 0 +1 +2 +3 extremely desirable

21. Causing a lot of worry and concern for me is: Extremely undesirable-3 -2 -1 0 +1 +2 +3 extremely desirable

22. Exposing for unsafe sex at an early stage of sexual intercourse accidentally is: Extremely undesirable -3 -2 -1 0 +1 +2 +3 extremely desirable

23. Having to practice safe sex   always is: Extremely undesirable -3 -2 -1 0 +1 +2 +3 Extremely desirable

24. Most people who are important to me think that I should 1 2 3 4 5 6 7 I should not safe sexual intercourse.

25. It is expected of me that I practice safe sexual intercourse. Strongly disagree 1 2 3 4 5 6 7 strongly agree

26. I feel under social pressure to practice safe sexual intercourse. Strongly disagree 1 2 3 4 5 6 7 strongly agree

27. People who are important to me want me to practice safe sexual intercourse. Strongly disagree 1 2 3 4 5 6 7 strongly agree

28. My parents think I … practice safe sexual intercourse.   Should not -3 -2 -1 0 +1 +2 +3 should

29. My peers/friends would ……. of my sexual intercourse.   Disapprove -3 -2 -1 0 +1 +2 +3 Approve

30. My peers/friends ….. Practiced safe sexual intercourse. Do not -3 -2 -1 0 +1 +2 +3 Do

31. Parents' approval of my practice is important to me.   Not at all 1 2 3 4 5 6 7 Very much

32. What my peers/friends think I should do matters to me.   Not at all 1 2 3 4 5 6 7 Very much

33. Doing what my peers/friends do is important to me. Not at all 1 2 3 4 5 6 7 Very much

34. I am confident that I could practice safe sexual intercourse if I want to

Strongly disagree 1 2 3 4 5 6 7 strongly agree

35. For me to practice safe sexual intercourse is

Easy 1 2 3 4 5 6 7 difficult

36. The decision to practice safe sexual intercourse is beyond my control.

    Strongly disagree 1 2 3 4 5 6 7 strongly agree

37. Whether I practice safe sexual intercourse is entirely up to me.

    Strongly disagree 1 2 3 4 5 6 7 strongly agree

38. In the last times, I chewed chat and/or drank alcohol before I had sexual intercourse.

    Unlikely   1   2   3   4   5   6   7 Likely

39. When I am listening rap music and /or watching rap videos, I feel motivated for sex.

    Unlikely   1   2   3   4   5   6   7 Likely

40. Customer handling of professionals at health facilities in my surroundings is not Customer friendly.

    Unlikely   1   2   3   4   5   6   7 Likely

41. When I had sexual intercourse   I drank alcohol and/or chewed chat beforehand, I am less likely   -3 -2 -1 0 +1 +2 +3 more likely to practice safer sex.

42. Increment of Feeling of motivation for sexual intercourse makes it much more difficult   -3 -2 -1 0 +1 +2 +3   much easier to practice safer sex.

43. When the customer handling of professionals at health facilities is uncomfortable for me, I am less likely -3 -2 -1 0 +1 +2 +3   more likely to visit and consult them on how to practice safer sex.

Part III: Intervention

1. Does the University College have policy on HIV/AIDS?

   A. Yes   B. No   C. I do not know

2. Does the University College have comprehensive RH guidelines?

A. Yes   B. No   C. I do not know

3. Has the University College intervention activities so that regular students practice safe sex?

   A. Yes   B. No   C. I do not know

4. If 'yes' for question number (3) what types of interventions implemented by by the University College?(Multiple responses is possible)

   A. To handle or resist peer influence

   B. To avoid alcohol consumption

   C. To develop negative attitude towards risky behaviors

   D. To control easy sexual intiations

   E. To develop the habit of consistent and prober condom use

   F. Other (please specify)---

   ----

5. Does the university college organize and conduct education on HIV/AIDS?

   A. Yes   B. No   C. I do not know

6. Has the university college conducted awareness raising sessions on RH and related issues?

   A. Yes   B. No   C. I do not know

7. If 'Yes' for question number 6 what type of RH services did the university college offer the lessons? Specify ---

   ----

   ----

8. In your opinion, is there a concerned office in the university which is responsible for RH including HIV/AIDS?

   A. Yes   B. No   C. I do not know

9. If 'yes' for question number 8,what is the name of the office?----------------------------

   ----

   ----

10. If 'yes' for question number 8 what do you think is the roles and responsibilities of that office? --

    ----

    ----

11. What do you think regarding major factors which may determine the practice of safe sex among University College's students? --

    ----

    ----

12. Did you start sexual relationship with a partner?

    A. Yes   B. No   C. refuse to answer

13. If 'yes' at which age did you start your first sexual intercourse? ------- Years old

14. Do you practice safe sexual practice?

    A. Yes   B. No   C. I cannot decide

15. If 'yes' for question number 14 how do you practice? -------------------------------------

    ----

Part IV: Suggestions

1. What do you suggest regarding the improvement of safe sex practice among regular students of the university college? -- --- ----------------------

2. In your opinion, what do you think those students who are practicing safe sex in the university college practice? -- --- -------------------

3. What should be done by the university college to promote and improve the practice of safe sex among the students of the University College? ------------------ --- ---

Thank you For Your participation!

APPENDIX II: Structured and Semi- Structured Interview Guide

2.1. SEMI- STRUCTURED INTERVIEWS CONDUCTED WITH STUDENTS

1. How do you see the sexual behaviour of students in your campus?

   a) Initiation of sexual activity

   b) What problems do you think are associated with sexual practice?

   c) How do you rate safety of sexual practice among students?

   d) Type and number of partners

   e) Condom use

   f) What do you think are the reasons for declined students to practice safe sexual behaviour?

   g) What do you say concerning use of substance among students?

   h) Alcohol

   i) Chat

2. Do you think that substance use have negative effects on safe sexual behavior

3. What do you think can be done to reduce the substance use and its effects?

4. How much do you think students waste thinking about:-

4.1. Sexual practice,

4.2. Watch   Pornographic/sex film through video/Internet.

Instructors' behaviour

1. Are there some instructors who have change grade(s) for sexual favor?

2. If yes for question # 1:-

  a. What is their number and types?

  b. what do you think are the reasons for their practice?

2.2. Semi-Structured In-depth interview for University College Administrators/clubs and other key informants

Sexual practice

1. How do you see the sexual behaviour of students in your campus?

> a. Do you think that the university college students initiate and/or practice sex while in the campus?
>
> b. How much time do student spend time involving themselves on sexual matters?
>
> c. Which sex is more practicing sex i.e. risky or safe with the University College's students?

2. What types problems do you think the students have faced in relation to sexual practice?

> a) How common are health problems the students faced in relation to sexuality?

---

b) What is the degree of academic problems facing student as a result of sexuality problem?

3. How do you rate safety of sexual practice among the students?

   a) With whom are the students practicing sex?

   b) Which type of sex do you think is the commonest?

   c) Do you have idea concerning the number of sexual partners the students have?

   d) Do you have any idea concerning the practice of condom use of among the students during sexual intercourse?

Factors for Safe Sexual Practice

General

1. What factors have contributed to the practice of safe sex among the students?

2. Do students use substance in or out of the campus?

3. What do you say about the extent of use of substance among students?

4. Which type(s) substance(s) is/ are used by the students?

5. Which of these substances are commonly used by the students?

Alcohol drinking

1. How do you rate the alcohol drinking behaviour of the University College students?

2. Do you think students are not initiated to safe sexual behaviour as a result of consuming alcohol?

3. Where do the students get or drink alcohol?

4. Which students are more likely to consume alcohol? (Sex, Year, Other)

5. What are the major reasons for alcohol drinking by the students?

Chat Chewing

1. How do you rate the chat chewing behaviour of University College students?

2. Do you think that the students are initiated to risky sexual behaviour as a result of chewing chat?

3. Where do the students get Chat?

4. Among which type of students is Chat chewing common?

5. What are the major reasons for Chat chewing by students?

Enabling Environmental Factors

1. Are there environmental factors that have influenced students to engage safe sexual practice?

2. In what kinds of extracurricular activities are the students involved?

4. Are there recreational activities in the campus?

5. What is your view on the relationship of the recreational activities of the students with their sexuality?

5. Are the students exposed to pornographic films either through the internet or video shows?

6. What do you think is the role of those films on safe sexual practice?

7. In your opinion, what types of factors are contributing to the practice of safe sex among the University College students?

General recommendations

1. What do you think should be done to alleviate problems related with sexual practice among the University College students?

Thank you!

APPENDIX III: FGD Schedule /Checklist

1. How do you see the sexual behaviour of students in your campus?

2. What problems do you think are associated with sexual practice in the University College?

3. Types and number of sexual partners among students in the University college

4. In your opinions, what is the general picture of condom use among the students of St.Mary's University College.

5. What do you think are the major reasons that have predisposed the students to practice safe sexual behaviour in the University College?

6. What do the FGD participants say concerning the use of substance including hard drugs among students in the University College's Campus?

   a) Alcohol

   b) Chat

   c) Weed

   d) Drugs

   e) Others (please specify)

7. Do the discussion participants think that substance use have negative effects on safe sexual behavior?

8. What do the FGD discussants think should be done to reduce the use of substance and its effects in the University College?

9. Is sexual violence a problem in the Campus?

   a) How about rape in the University College?

   b) How about harassment in the University College?

10. Are there HIV/AIDS related services in the university College?

   10.1. If 'yes' to question number 10 how do the FGD participants rate the quality of services?

11. Availability of Clubs (eg. anti AIDS club, gender clubs)

12. Functionality of the Anti-AIDS clubs in the campus?

13. Quality of the clubs in the campus

14. What do the FGD participants think should be done to improve

   14.1. HIV/AIDS services,

   14.2. Sexuality related services and

   14.3. Gender and gender related services related with sexual practice in the University College?

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15. In your views, what should be done by

15.1. the government

15.2. the city administration of Addis Ababa

15.3. the university College

15.4. Other concerned stakeholders to improve those services the University College has been providing to the students to change their behavior(s) to practice safe sex?

Thank You!

APPEDEXV: List of Governmental organizations, NGOs/CBOs/CSOs/ FBOs in Kirkos Sub city of Addis Ababa

Governmental organizations ,NGOs/CBOs/CSOs/ FBOs which are working on HIV/AIDS, STIs, sex and sexual related issues in Kirkos Sub city of Addis Ababa where St.Mary's University College are presented here below.

- Ministry of Health

- Addis Ababa city government administration HIV/AIDS prevention and control office;

- Addis Ababa women association;

- Ethiopian Youth association;

- Ethiopian family guidance association;

- Federal HIV/AIDS prevention and control office;

- Kirkos sub city health center

- Gandhi Memorial hospital

- Ethiopian Red Cross society

Thank You!

APPENDIX IV: Observation Checklist for Services Related to Sexual Behaviors, HIV/AIDS and STIs

S/N	Checklist Items	Yes	NO
1	Existence of organizational structure for HIV/ STIs and gender		
1.1	The presence of separate coordinating office		
1.2	Existence of assigned/ delegated person		
2	The presence Anti-HIV/AIDS in the University College		
3	The presence of IEC/BCC in the University College		
3.1	Presence of Mini- Media		
3.2	group dialogue sessions among students of the University College		
3.3	Distribution of leaflet and brochure messages		
3.4	Availability of Magazines		
3.5	Provision of journals and /or books In the ARC		
4	Provision of VCT In the University College		
5	Availability of condom outlets in the University College		
6	Presence of ARC in the University College		
7	Services provided by the ARC		
7.1	Providing leaflet and brochure messages,		
7.2	providing Magazines		
7.3	Providing journals		
7.4	Providing books		
7.5	Providing internet access		
8	Does the University College has policy and/or strategy		
8.1	HIV/AIDS		
8.2	Gender and related issues		
9	Does the University College has prepared annual plan on		
9.1	HIV/AIDS		
9.2	Gender and related issues		
10	Other activities		
10.1	Orientation of the World AIDS Day within the Campus		
10.2	Orientation ofextra-carricular activities within the Campus		

Thank you!