SEXUAL BEHAVIOUR OF COLLEGE STUDENTS IN THE ERA OF HIV AND AIDS: A CASE OF FOUR SELECTED COLLEGES IN LUSAKA

BY

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A DISSERTATION SUBMITTED TO THE UNIVERSITY OF ZAMBIA IN PARTIAL FULFILMENT OF MASTER OF ARTS DEGREE IN GENDER STUDIES

UNIVERSITY OF ZAMBIA
2008

Declaration

I, **Beatrice Matandiko Zulu** hereby declare that this dissertation represents my own work and that it has not previously been submitted for a degree at this or any other university. All published work or materials from other sources that have been incorporated have been specifically acknowledged and adequate reference thereby given.

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Approval

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Acknowledgements

First and foremost my gratitude goes to my Lord almighty who has never failed me, for His watch care during the time I undertook this study, may His name be praised everyday.

To my supervisor for his patience and guidance, I say may our good Lord continue blessing you as you go on guiding others.

My gratitude also goes to my dear husband who has been a source of encouragement and always tells me the sky is the limit-thank you my dear.

To my dear mother who was made to leave her dear home to come and look after my baby-Muswepe at her tender age because I had to continue with my school.

To my sweet children Mgobozi, Sandile and Muswepe for bearing my absence even when you needed me for motherly care, you have just been great may you attain even more than your mum.

To my friend and sister Mrs Maboshe for keeping a smile even when I sometimes became so pushy just to have it my way, yes you were great in typing this work, God bless you.

I do not forget to thank all the students who took part in enriching this research study. My special thanks go to the Heads/Directors in the four colleges that were used for this study, for the time they had to spare to attend to me every time I went to ask for the students' attention.

My thanks also go to my former classmates for their support during our studies, God Bless you all.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CSO	Central Statistic Office
FGD	Focus Group Discussion
HIV	Human Immune Virus
IEC	Information Education and Communication
MOH	Ministry of Health
SBH	Sexual Behaviour Survey
SRH	Sexual Reproductive Health
STDs	Sexually Transmitted Diseases
PPAZ	Planned Parenthood Association of Zambia
UNICEF	United Nations International Children's Fund
WHO	World Health Organization
IEC	Information, Education and Communication
NRDC	National Resources Development College
ZCAS	Zambia Centre for Accountancy Studies
ZDHS	Zambia Demographic Health Survey
ZAMIM	Zambia Management Information and Marketing
ZSBS	Zambia Sexual Behaviour Survey

Executive Summary

The Government of the Republic of Zambia together with Non-Governmental Organizations have been informing the nation about the dangers of HIV and AIDS since the 1990s. Although the HIV and AIDS pandemic has affected all age groups in society, the most vulnerable groups are women and young people especially girls. The CSO report of 2003 indicated that 57.4 percent of the total population in Zambia was under 20 years and this constitutes the most vulnerable group to HIV infection because they are prone to taking risks because they are curious and ready to experiment. Even more at risk are young girls who (apart from socio cultural constraints) are continuously sought for sexual relations with older men who believe that their risk of contracting HIV and AIDS is lessened when they sleep with virgins.

Although HIV knowledge and attitudes of youths are widely discussed among the general population, very little is currently known about the sexual behaviour of college students in the era of HIV and AIDS in Zambia. It is assumed that students in higher institutions of learning are more enlightened and would therefore have a more acceptable attitude towards change of behaviour with regard to issues of HIV risks. This study sought to find out the nature and extent of risky sexual behaviour in the backdrop of HIV and AIDS among college students in Lusaka.

This study was mainly designed to examine Zambian college students' sexual practices, norms, beliefs and attitudes in relation to HIV and AIDS. The specific objectives of the study were;

- To examine sexual risk behaviour of college students.
- To examine gender relations and practices with regard to sexual risk behaviour.
- To identify socio-cultural factors that may contribute to the risk of college youth contracting STIs including HIV.
- To examine the gender differences in knowledge, attitudes and beliefs towards condom use.

Respondents Background Information

Over 90 percent of respondents surveyed were single and three quarters went to some church. The majority were Catholics (16 percent males and 33 percent females), followed by Pentecostals with 24 percent male and 18 percent female attendance. The others were SDAs (16 percent males and 14 percent females) and the least attendance was reported from the Methodist, Baptist and Anglican. Some respondents reported that they did not belong to any religious denomination (32 percent males and 16 percent females)

The study observed that most of the students (59 percent of male respondents and 77 percent of female respondents) were staying in the offered accommodation while a few were not accommodated.

With regard to receiving pocket money, 76 percent of the male respondents and 84 percent of the female respondents reported that they received some pocket money. Nevertheless 49 percent of male respondents and 60 percent of female respondents received less than K100, 000 per month or less than K3, 333 per day. On the other hand 16 percent of male respondents and the 24 percent of female respondents did not receive any pocket money.

Sexual Behaviour of College Students

Interesting findings were discovered regarding the involvement of college students in sexual activities. The results showed that more males (72 percent) than females (48 percent) have had sexual intercourse before. The males reported having their first sexual contact at age less than 10 years old (5.4 percent) while the females said they had their initial sexual intercourse at 10 – 14 years old (6.5 percent)). The highest percentage in both male and female respondents on their first sexual contact was between ages of 15-19 years (39 percent males and 50 percent females). Results revealed that the young males and females became sexually active at a very tender age.

The results showed that of all the sexually active respondents, 54 percent males and 71 percent females had their first sexual contact with their boy/girlfriends. A small group of

male and female respondents said their first contact was with classmates (27 percent males and 2 percent females) and teachers (5 percent males and 15 percent females). One of the reasons given as to why sex was initiated was; out of curiosity (35 percent males and 23 percent females). The other reason given was that sex was initiated out of love for the boy/girlfriend (20 percent males and 25 percent females).

Females are more likely to report having been sexually harassed before than males. The results revealed that 14 percent of males and 21 percent of females reported having been sexually harassed before.

On the other hand, 54 percent of male and 77 percent of the female respondents said they had one regular sexual partner, while 46 percent of males and 23 percent of females reported having had more than one sexual partner in the last 12 months. The results indicated that male respondents were more likely to have had more than one sexual partner than the female respondents. Among the respondents who had multiple sexual partners, 47 percent male and 19 percent female respondents had one regular sexual partner as well as commercial or casual sexual partners. In many cases while one remains a regular partner the other(s) are casual or commercial sexual partners.

The common type of sexual practice that was reported was vaginal sex (76 percent males and 82 percent females). This was followed by oral and anal sex (23 percent males and 12.5 percent females).

Alcohol played a part in the sexual debut of the respondents. Over half (51 percent of male respondents) had taken alcohol at their initial sexual intercourse. It is also reported that 39 percent of female respondents had taken alcohol at the time of their sexual debut. This is a matter of concern because alcohol tends to lower inhibitions and sexual negotiation skills and therefore increases the risk of a young person to contract HIV.

Concerning the respondents' safe sex practices, 52 percent females reported abstinence as the safest preferred while 44 percent males reported condom use as the safest.

Over 65 percent of respondents understood safe sex to be the correct use of condoms. Among the sexually active respondents, 46 percent of males and 46 percent of females reported that they always used condoms during sexual intercourse in the last 12 months. Unfortunately 22 percent males and 17 percent females reported that they did not use any condoms during sexual intercourse in the last 12 months. The study also found that 22 percent male and 17 percent females did not use condoms during their last sex with their regular partners.

However, the survey showed that when most males gain some trust in their partners they stop using condoms. The reasons given for discontinued use of condoms included the belief that prolonged use of condoms could have some undesirable side effects (20 male and 27 percent female respondents). Other respondents (35 percent males and 22 percent females) believed that condom use reduced sexual pleasure. Furthermore, from the focus group discussions, some females reported that the reason they did not always use condoms was that their partners refused to use them.

Results also showed that there was a strong belief that youths were not supposed to buy or use condoms. Thus 76 percent of male respondents and 69 percent female respondents believed that it was not socially and traditionally acceptable for youths to buy and use condoms. This belief can be linked with morality messages that come from churches as 68 percent of males and 84 percent of females belonged to some religious grouping.

Cultural Beliefs Attitudes and Practices of College Students

Myths and misconceptions were also found among respondents. In this study 11 percent of male respondents and 8 percent of females respondents believed that HIV could be transmitted through witchcraft. During the FGD, all respondents (both male and females) expressed strong condemnation of the men and women who tried to seek healing from HIV/AIDS by having sexual intercourse with young virgins (girls and boys). Generally it was agreed that such people should be punished severely.

Furthermore, all participants in the focus group discussions said that they did not believe in any possibility of a witchdoctor having the cure for HIV/AIDS (both males and females).

Gender Power Relations

Respondents believed the female gender was mostly at risk of contracting HIV and AIDS. It is interesting to note that both female and male respondents (25 percent males and 28 percent females) said females were more vulnerable to contracting the HIV virus because of their biological make up and that they were too submissive (23 percent males and 20 percent females).

According to the focus group discussion results, submission is inculcated in females at a very tender age, is reinforced during the initiation ceremonies where they are taught that a girl's body belongs to a man and that he is the head who is not supposed to be questioned.

When it comes to deciding whether to have sexual intercourse or not, 34 percent of male respondents and 23 percent of female respondents reported that they failed to say 'no' to sexual intercourse for fear of losing their regular partners. The results also showed that 96 percent males and 92 percent females agreed that one's regular sexual partner had the right to say no to sexual intercourse. On the other hand, 66 percent males and 77 percent females reported that they sometimes said no to sexual intercourse with their regular partners while some respondents (34 percent males and 23 percent females) said they never say no to sexual intercourse with their regular sexual partner.

Interestingly, 14 percent of male respondents reported having been sexually harassed and the common picture given was of 'big girls or women' that took advantage of them at a younger stage in their lives. Though, focus group results showed that male respondents considered it unusual to say 'no' to sexual intercourse.

When it came to pregnancy, females (42 percent) reported slightly more cases of unplanned pregnancy as compared to male respondents who said they had not planned to make their female partners pregnant (40 percent). During the FGD most respondents felt that it was the responsibility of "females to take precautions whenever they have sexual intercourse to make sure they do not fall pregnant". However this does not mean they can easily propose condom use because 50 percent of female respondents said the reason for not using a condom was that their partner refused. This does not only predispose females to contracting HIV but also revealed the unequal power relations that exist among the two sexes.

CONCLUSION

The results implied that information about the prevention of HIV and AIDS needs to be disseminated to youths beginning at a very tender age than currently believed. This requires that parents be incorporated as partners in HIV and AIDS information dissemination. This is more so because the most common reason for the initial sexual contact at any given age was 'out of curiosity' in both gender.

It is also therefore important that the government together with non governmental organizations start working at raising the females' self esteem, self discipline and independent thinking. In this day and era, decisions made around one's sexual life are a matter of life or death.

Chapter One: Introduction

1.0 Background Information

HIV and AIDS have become a major challenge facing many countries worldwide. Records show that currently in Africa, a large number of young people between 15 and 24 years of age are at a higher risk of contracting HIV. Young people in Sub-Sahara Africa are said to be more at risk and it is reported that two thirds of all infections occur worldwide (Namukwai, 2006). It has been estimated that almost 20 percent of those aged 15 and over are infected with HIV, with 300 new infections each day (UNDP & WHO 1999). An estimated 700,000 of those under the age of 14 are infected. Literature on HIV and AIDS and sexual behaviour in Sub-Saharan Africa also confirms that young people are sexually active and tend to initiate sex at a fairly young age, ranging from 14.4 to 16.2 years for males and 15.1 to 16.6 for females. They have multiple sexual partners, their relationships do not last long and they rarely take protective measures (CSO, 2003; Lemba, 1999; Malungo, 2000; Olyayinka et al, 2000).

Zambia has a relatively young population with 45 percent of 10.3 million being below 15, 56.8 percent being below 20 years and 21 percent between the ages of 15-24 (CSO, 2003). Given that adolescence is a stage when most people are likely to engage in risky experimental sexual attitudes, they are at a higher risk of contracting HIV and AIDS (Sheer & Cline 1994, ZSBS 2005). Although infection rates in other populations have risen and fallen in recent years, adolescents especially young women continue to become increasingly at risk of HIV and are being infected in growing numbers. The World Health Organization and UNAIDS estimate that globally one in twenty young people contract a sexually transmitted infection (STI) before they reach the age of 20 and an estimated half of all HIV infections occur in the 15-24 years age group with young women outnumbering the young men by a ratio of two to one (Calmers, et al, 2001). Early sexual activity is common among youths, with a regular median of 16.6 years for females and 16.0 years for males at sexual onset (UNICEF, UNAIDS and WHO 2002). A good number of youths report having multiple sexual partners. Even more at risk are the young girls who (apart from socio cultural constraints) are constantly sought for sexual relations

with older men who believe that their risk of contracting HIV and AIDS is lessened when they have sex with virgins.

Although the role of knowledge in increasing risk perception and changing behaviour is unclear, it is thought to be a prerequisite for adopting protective behaviours (Peruga and Celentano, 1993). However, this knowledge is impeded by factors such as an entrenched culture in Zambia that it is inappropriate to discuss sexual matters with one's parents. This reluctance to discuss sexual matters with youths increases their likelihood to receive incorrect information from their peers, from grandparents and from traditional healers. Such ill informed youths are thus less prepared to suggest more reliable methods of prevention (PSI, 2003).

Further misconceptions among the youth were reported by the 2001-2002 Zambia Demographic Health Survey (ZDHS) (CSO, 2002) that even though 78 percent of those aged between 15 to 24 believed that having one faithful partner is essential for prevention of HIV transmission, many believed that multiple sexual relationships are essential for achieving manhood. It also reported that local beliefs still persist that HIV is transmitted through supernatural forces, i.e. 16 percent of males and 22 percent of females believed that HIV is a result of witchcraft. These misconceptions among the youth were further reinforced by a Zambian survey by Longfield, et al (2003) that the HIV transmission mode may be linked to weak blood, menstruation, sorcery, mosquito bites, kissing and biting. Having such misconceptions and partial knowledge about modes of HIV transmission increases the likelihood of the youth to fail to use specific and effective means of prevention of HIV.

On the other hand, literature suggests that early and unprotected sexual activity during adolescence increases the risk of morbidity and mortality associated with pregnancy, child birth, induced abortions and STIs/HIV infection. This is shown by evidence from the University Teaching Hospital (UTH) that suggest that abortion represents up to 30 percent of maternal mortality and 25 percent of these deaths are in fewer than 18 olds (Castle, Likwa and Whittaker, 1990; Lemba, 1999).

However, since the pandemic has made dramatic in-roads into the entire sexually active population of Sub-Saharan Africa, it is necessary that research on sexuality be undertaken to go beyond the contexts of commercial and casual sex (Olayinka, et al 2000). Hence the researcher's desire to undertake this research among a small, yet vulnerable group of youths in the captured audience of colleges.

1.1 Statement of the Problem

Zambia has been severely affected by the HIV and AIDS pandemic with the HIV prevalence rates being very high among the adult population. It was found that young girls were two or three times more likely to have been infected with HIV and AIDS compared to their male counterparts. During the Zambia Demographic and Health Survey (ZDHS, 2002) - involving HIV tests conducted on a large scale, the findings revealed that young women were the hardest hit by the epidemic. It was also reported that those aged 15 to 19 years were five times more likely to be infected compared to their male peers (UNDP 2007). The highest prevalence rates occurred among the age group 25-29 with 9.4 percent and 11.8 percent for women and men respectively.

Although HIV knowledge and attitudes of youths are widely discussed among the general population, very little is currently known about the sexual behaviour of college students in the era of HIV and AIDS in Zambia. It is assumed that students in higher institutions of learning are more enlightened and would therefore have a more acceptable attitude towards change of behaviour with regard to issues of HIV risks. This study sought to find out the nature and extent of risky sexual behaviour in the backdrop of HIV and AIDS among college students in Lusaka.

1.2 Objectives of the study

The overall objective of the study is to examine the risky sexual behaviour of college students in the era of HIV and AIDS.

The specific objectives are;

i. To examine sexual risk behaviour of college students.
ii. To examine gender relations and practices with regards to sexual risky behaviour
iii. To identify socio-cultural and demographic factors that may contribute to the risk of college youth contracting STIs including HIV.
iv. To examine the gender differences in knowledge, attitudes and beliefs towards condom use.

1.3 Significance of the study

Throughout Zambia, there is growing concern about the risk associated with adolescents and young adults' sexual activity and the risk of HIV transmission. To help facilitate the design of policies to deal with problems of today's adolescents, it is necessary to gain a thorough understanding of contemporary patterns of college students' sexual behaviour. It is hoped that this study will contribute knowledge to existing research and literature. It is also hoped that this study will add voices of individual youths to the HIV and AIDS debate and gain insight into contemporary youth sexuality perceptions. The study will also seek to inform policy and decision makers on sexual behaviour, among college youths in Zambia.

1.4 Limitations of the study

Generalization of this study was affected by the following:

i. The study was limited to Lusaka and not all over Zambia. Data was only collected from four (4) colleges in Lusaka and not all colleges.
ii. The researcher was a self sponsored student and therefore, financial constraints limited the scope of the study.
iii. This being an academic research, there were time constraints on the study.
iv. The researcher had to share time between her fulltime job and conducting the study.

1.5 Operational Definition of Terms

Adolescent -- Male or female person aged between 15 and 25 years

Attitude -- A way of thinking or behaving that is influenced by various factors in society

Behaviour-- Social activities an individual indulges into

Beliefs -- Strong feelings and opinions about something that is considered true

College Students -- Male or female undertaking studies in a specific institution over a period of two years or more

Culture -- Custom and beliefs, art, way of life and social organization of particular country or group of people

Gender -- Society's sexual classification of men and women

Norms -- Standard of behaviour that is typical of or accepted within a particular group of society.

Risky behaviour-- Refers to practice e.g. early sexual debut, unprotected sexual intercourse, multiple sexual partnerships and use of shared needles and syringes that expose an individual to the likelihood of contracting the HIV infection.

Traditions -- Beliefs, customs or way of doing things that are believed to have existed for a long time among a particular group of people.

1.6 Structure of Dissertation

This thesis is divided into seven chapters. Chapter one of the research study provides a background and outlines the problem of risky sexual behaviour of college youths under the assumption that knowledge should immediately result in behaviour change. This chapter also provides the significance of this research study. Chapter two presents literature reviewed from various sources on HIV and AIDS while chapter three presents the methodology of the research study. Chapter four gives information on the backgrounds of the respondents who took part in the study while chapter five provides an insight into some forms of sexual risk behaviour among college students. Chapter six gives a detailed account of college students' sexuality beliefs and practices and how their status as college students influences their decision making on sexuality. Conclusions and recommendations are provided in chapter seven.

Chapter Two: Literature Review

2.0 Introduction

In this chapter, the literature reviewed for this study is discussed. It highlights the types, quantities and contents of consulted literature. The review covers empirical sources related to the main concepts found in this study. Thus in the literature review presented here, much concern has been shown over the need to prevent adolescent risky sexual behaviour. The review also covers theoretical and empirical studies on the topic.

The current review of literature in this study helped to:

- Refine the research problem and background information to the research problem.
- Provide an appraisal of current research regarding adolescent sexual behaviour identify gaps supporting the choice of this topic.
- Identify the research methodology and process followed in this study.
- Identify the research concepts and theoretical framework used in this study.

2. 1 Theoretical Frameworks in Behaviour Change

The following is the theoretical framework discourse that guides behaviour change and will thus guide this research study. A number of theories have been briefly described because no single theory can be attributed to a particular observed behaviour change.

2.1.1 Social Learning Theory

This theory is largely from the work of psychologist Albert Bandura. This theory holds that people learn from one another, via imitation, direct experience, as well as through the observation of role models. It also contends that people learn through training that develops self-efficacy, for example through practice of responses to simulated situations (Bandura, 1997).

2.1.2 Theory of Participatory Education

This theory was utilized by adult educator Paulo Freire. This theory proposes that the full participation and empowerment of the people affected by a problem is essential in order to enact change. Freire holds that education should open the minds of people to higher consciousness rather than simply deposit information for future use (Freire 1995).

2.1.3 Diffusion of Innovations Theory

Diffusion of innovations (DOI) theory is largely the work of Everett Rogers which emphasizes that influential leaders and respected individuals influence norms by disseminating information through one-to-one contacts and group discussions. Friendship groups and social networks are important routes of communication and change (Rogers 2003).

2.1.4 Theory of Reasoned Action

Theory of reasoned action (TRA) developed by Martin Fishbein and Icek Ajzen states that the intention to adopt a new behavior is influenced both by the subjective beliefs of an individual and by his or her normative beliefs, i.e., how norms or community standards influence an individual (Fishbein & Ajzen 1975).

2.1.5 Health Belief Model

Health belief model (HBM), largely the work of Rosenstock (1966) explains health behavior through an individual's perceived susceptibility, barriers, and benefits. That is, if a person desires a particular health outcome, he or she will take actions to help bring about that outcome. A variant of the model includes the perceived costs of adhering to prescribed action and whether the perceived danger imposed by not taking a certain health action recommended is great. For example people are unlikely to change behaviour unless they believe that they are at risk (Green & Kreuter 1999).

2.1.6 Social Ecological Model for Health Promotion

Social ecological model for health promotion includes multiple influences on behavior, with the individual only one part of the process. Thus, behavior change is determined by characteristics of the individual, as well as interpersonal processes and social networks, membership in institutions, community factors, and public policy (Stokols 1996).

2.1.7 The IMBR Model

The IMBR model focuses on information (**I,** the "what"), motivation (**M,** the "why"), behavioral skills (**B,** the "how"), and resources (**R,** the "where") used to target unhealthy behaviors (UNFPA 2005).

2.1.8 Developmental Theory

Developmental theory focuses on the transition from adolescence to adulthood and the strong role that peers exert in influencing behavior of age mates and social companions (Dushkin 2002).

2.2 Adolescent Population

Zambia has a relatively young population with 45 percent of its 10.3 million people being below 15 years and 57.4 percent being under 20 years according to CSO census report of 2003. The report states that twenty six (26) percent of the total population approximately 2.03 million were aged between 10 -19. The current population of Zambia stands at 10.3 million with a growth rate of 2.9 percent. More than 50 percent of the population is less than 20 years of age and constitute the group that is most probably vulnerable to HIV infection.

2.3 Adolescents' Sexual Behaviour

A UNICEF study found that among youths, 38 percent of the 10 – 19 years old girls and 71 percent of the boys reported engaging in sexual activity. This was revealed again in recent survey report (DHS 2003) which shows that almost 20 percent of women and men have their first sexual intercourse before the age of 15. By age 18, two thirds of the women and half of the men have had sexual intercourse. According to the SBS (2005)

2.4.2 Curiosity and Coercion

In another study done in Lusaka urban to assess the Youth Reproductive Health (Lemba, 1999), it was reported that for most of the youths of either sex, their first experience of sexual intercourse was motivated by curiosity. On the other hand, this study revealed that females are more likely to have had their initial sexual encounter out of 'love'; and more likely than males to have been coerced into their first sexual encounter (14 percent females, 3 percent males). In the same study it was noted that economic gain and the desire for marriage were not popular reasons for engaging in sex among the youths.

The other reason for indulging in sexual practices is probably because they receive or give gifts in exchange for sex. It was reported that for the sexually active respondents about 35 percent of the males compared to 2 percent of females have something in exchange for sex, on the other hand, females are nearly twice as likely as males to have received clothes and money in exchange for sex.

2.4.3 The Role of Alcohol and Drugs

Drug and alcohol use among youth also contributes to sexual risk behaviors, putting many young people at risk for HIV infection by impairing their judgment. In one study conducted in the United States of America one in four sexually active high school students say they were under the influence of alcohol or drugs the last time they had sex. Substance abuse also is a direct risk for some young people through shared needles: one in 50 US high school students said they have injected illegal drugs (CDC 1997). Clearly, youths are at risk for HIV infection from the same behaviors that put adults at risk. Young people, however, may have less power and fewer skills when it comes to navigating through high-risk circumstances.

2.5 Sexual Partners

Most adolescents, especially females, were more likely to have their initial sexual encounter with their relative. In a study conducted among high school pupils on the Copperbelt, it was reported that 17 percent of female respondents and 6 percent of male respondents had their first sexual contact with their relative while 7 percent of the male

respondents and 9 percent of the female respondents had their initial sexual encounter with a casual partner (Namukwai, 2006).

2.6 Condom use among Youths

2.6.1 Level of Condom Use

The 2000 Zambia Sexual Behaviour Health Survey (ZSBHS) revealed that more than 85 percent of men did not use condoms. The reasons cited in the study included the following:

1. condoms were associated with promiscuous behaviour;
2. various pronouncements in favour of sexual abstinence, and;
3. inaccessibility of condoms, especially in the rural areas(CSO, et al 2000).

By 2003 there was a decline in men using condoms from just below 15 percent in 2000 to 7.9 percent in 2003 and further to 5.5 percent in 2005 (CSO, et al 2005).

Similarly, the Zambia Sexual Behaviour Survey reported that among young males (aged 15-24) who were sexually active, the percentage reporting condom use at last sex with a non-marital partner showed a decrease (12.9% in 2000 to 11.4% in 2005). Among young females, overall percentages reporting condom use at last premarital sex also declined (6.1% in 2000 and 3.6% in 2005) (CSO, et al 2005). This suggests that condom use is still low among Zambians.

Wodi (2005) revealed that with regard to HIV/AIDS knowledge and attitudes among secondary school students in Nigeria, of 100 respondents, 60 percent admitted that none or few of their friends used condoms in sexual encounters. Ladner, et al. (2002), also noted similar limited condom use pattern among students in rural Zimbabwe. Akande, (1994) reported a high incidence of risky sexual behavior among students in Zimbabwe and Nigeria in spite of adequate knowledge levels. Nearly 30 percent of 1400 students surveyed admitted to never using condoms. Fitaw and Worku (2002) reported only 6.4 percent consistent use of condoms among North–West Ethiopian Medical College students out of 214 sexually active students surveyed.

In a report by the National HIV/AIDS/STD/ TB Council (2001) it was revealed that among 210 adolescent boys and girls aged 14 to 20, less than half (in the population under survey then) had ever used a condom and only a few routinely used condoms. In the same survey, poor patterns of condom use were recorded among the youths with multiple sex partners.

2.6.2 Condom Use as a way of Reducing HIV Transmission

The 2005 Zambia Sexual Behaviour Survey revealed that 83.2 percent of young males aged 15-24 agreed that consistent condom use is a way to reduce the chance of HIV infection. This figure is an increase over the 1998 results from a similar survey where 71.7 percent of young males aged 15-24 acknowledged the use of condoms as a way to reduce HIV transmission. On the other hand, only 57 percent of females aged 15-24 reported consistent condom use as a way to reduce chances of HIV infection.

2.7 Reasons for not using Condoms

The Zambia Sexual Behaviour Health Survey (2005) reported divided opinions among young people on condom use with some alleging that condoms break easily, suppress sexual pleasure, are not for use with regular partners, promote promiscuity, and are too embarrassing to suggest. These sentiments are similar to findings in the study by Longfield, et al (2003) on misconceptions, folk beliefs, and denial among young men in Zambia that condoms:

- should only be used with partners who 'look' promiscuous;
- signify a lack of trust;
- have holes in them; and,
- interfere with sexual pleasure,

In a study conducted in Ghana to determine female condom use among youths, girls alleged that condoms:

- Are ineffective at disease and pregnancy prevention as they break easily.
- Create a variety of health problems including vaginal irritation, yeast infection ("white") and life threatening pelvic infections caused by broken pieces of condom left inside the woman.
- Have a heavy social cost for a girl if she bought, possessed or suggested condoms.
- Are not easy to negotiate with by a girl (Glover et al, 1997).

In most African cultures, older women teach the younger ones that men prefer the vagina of their lover to be dry (Maclyntry et al 1996). Therefore in such a society the condom's lubrication may be perceived as 'wet' sex. The barrier method use is not practical for many women because it is complicated by cultural norms that discourage couples from talking about sexual matters including contraceptives (Network, 2000). Asking a man to use condoms (male or female) is viewed as a sign of infidelity and refusal to have sex could provoke anger or even violence. So some women rarely negotiate protective sex, they wait for the male partner to make a decision and they therefore remain vulnerable to STDs and HIV.

In a study conducted with 309 respondents by Lemba (1999) to assess youth reproductive health in Zambia as related to contraceptives' use, females particularly, the females above 15 years, considered it embarrassing to purchase condoms.

2.8 Risk of STIs, HIV and AIDS

According to the Alan Guttmacher Institute study of 24 Sub-Saharan Countries (which includes Zambia) on Youth and Adolescent Risk to HIV, some adolescents who have a sexually transmitted infection (STI) do not tell their partners or take steps to keep from infecting their partners; and some young married couples do not discuss how to avoid HIV infection (Bankole et al., 2004). This behaviour predisposes young people to increased risk of HIV infection.

Researchers have argued that college students are particularly at a high risk of HIV and AIDS infection. Most college students are away from home and parental control for the

first time. This then means that the first few years of college life are often a time for sexual experimentation and sexual irresponsibility (Baldwin, 1988; Diclemente, 1990; Sheer, 1994).

A joint report by the United Nations Program on HIV and AIDS and the World Health Organization (1999) stated that one third of the 33 million people living with HIV and AIDS in the world are young people aged 15 to 24. Apparently college students also fall in this same age group. Researchers have also suggested that those who are currently diagnosed with HIV and AIDS probably got infected during their college years (Schenker 1989; Yzer et al 1998).

According to Lemba (1999) there are more male youths aged 20-24 who have had an STI than females. In his sample 19 percent of young males compared to 5 percent of young females reported having had an STI. Interestingly, results of a Sexual Behaviour Survey done in Zambia in 1998 revealed that 64 percent of girls and 70 percent of the boys think that they are not at risk of contracting HIV despite their being sexually active. Clearly, it is this denial to susceptibility to HIV and AIDS that makes some young people sexually irresponsible.

In the 2005 Sexual Behaviour Survey young people were asked to give their reasons for not going for voluntary counselling and testing. Despite the service being for free, the responses were that they feared the results, feared the resulting stigma while some felt they were not at risk.

2.9 Adolescent Pregnancy/Abortion

The rate of pregnancies and abortions especially among unmarried youths indicate their risky sexual behaviour. The WHO says that young women aged 15-19 account for at least one fourth of the estimated 20 million unsafe abortions performed each year that results in 78,000 deaths (POPLINE, 2003).

As reported in the Sexual Behaviour Survey (ZSBS) (CSO, et al, 2000) by age 17 one third of adolescent girls become pregnant. Only 5 percent of the girls reported to have used condoms before. In the same report, it was also established that one out of seven girls attended school after the first pregnancy. This also means that the risk of loosing education opportunities increase with increased pregnancy rates among school going youths.

Traditional social institutions, e.g. initiation confinements which once constrained sexual behaviour have diminished. Though most girls today marry later than some of their parents did, many are still sexually active outside marriage and face a high risk of getting pregnant. Unfortunately, young men do not usually take responsibility for their actions, thereby increasing the risk of girls getting heartbroken and possible indulgence in further irresponsible sexual behaviour (Sindele, 2003).

Problems associated with adolescent pregnancy have different social implications in urban and rural areas. Likwa (1999) reports that prior to pregnancy, 68 percent of young women in rural areas would have settled with their partners, as compared to 56 percent of urban young women. Of these young mothers, 15 percent of urban young mothers leave their babies with their parents or families, to care for them as opposed to only 8 percent of rural mothers. This is mainly because pregnancy is usually unplanned (Likwa, 1990).

Pregnancy among adolescents poses serious health, social and economic consequences to the young woman and her family (Thwala, 1991). This is true in that once pregnant, the young woman may not have another chance of going to school because of fear of being stigmatized. The young woman is at risk of having complications which may leave permanent damage such as losing her uterus.

In a study done by Likwa (1990), it was revealed that the use of traditional methods in inducing abortion has been found to be widespread among adolescents in Lusaka. Evidence from the University Teaching Hospital (UTH) suggests that abortion represents

up to 30 percent of maternal mortality and 25 percent of these deaths are in those younger than 18 olds (Castle, Likwa and Whittaker, 1990).

Although not all pregnant adolescents develop complications, the fact still remains that early pregnancy predisposes one to the risk of complications during pregnancy, delivery and even after delivery. In a study done by Thwala (1991) to assess characteristics of adolescents with and without obstetrical complications, out of 23 respondents who had complications, it was found that obstructed labour was the commonest complication followed by pre-eclampsia, eclampsia and anaemia. The least complication was intra-uterine death 14.3 percent. Pre-eclampsia, eclampsia and obstructed labour were only seen in those aged 18-19 years. Obstructed labour is the complication that may lead to rupture of the uterus and if badly ruptured, the best management would be to remove the whole uterus, leaving the young girl with no uterus. This means one would never have a child of her own.

2.10 Gender Vulnerability

There are several reasons why women are more vulnerable to HIV infection. The 1996 World Health Organisation (WHO, 1996) report refers to these reasons in two categories i.e. biological vulnerability and social and economic vulnerability. Under biological vulnerability women are more vulnerable to STDS and HIV because they have a bigger surface area of mucosa exposed to their partner's sexual secretions. The report says that semen infected with HIV typically contains higher concentration of the virus than a woman's sexual secretions. This makes male-to-female transmission more efficient than female-to-male. Younger women are at even greater biological risk because their physiological immature cervix and scant vaginal secretions put up less of a barrier to HIV.

Under social vulnerability the report provides for a number of issues including men's preference of dry sex. In many parts of the world, Zambia inclusive, men prefer sex when herbs are inserted to dry the vagina before intercourse. These substances damage the delicate vaginal lining and make it easier for HIV to gain entry into the woman's body.

Women are particularly vulnerable to infection due to their lack of decision making power and autonomy within personal relationships and their lesser access to health care, social services and education, (Mwale and Bernard, 1992:10).

There are also traditional practices that increase the risk of HIV infection such as 'ritual cleansing' of widows and widowers. In many parts of Zambia, the family of the deceased has an obligation to prepare the bereaved spouse for another marriage. This is usually done by a member of the dead person's family having sexual intercourse with the widow or widower. It is believed that failure to carry out the cleansing correctly will result in the bereaved person going mad. In areas with a high prevalence of HIV infection this risks spreading the disease. There are traditional alternatives, such as other forms of non-sexual contact with the bereaved, which need to be promoted (William, 1990:22).

2.11 Gender Related Norms

Research among mature students in higher education in Zimbabwe and Botswana suggests that men gain 'status' by engaging in activities that could be described as naughty and irresponsible. By comparison, women who engage in similar behaviour earn themselves derogatory names and are accused of 'violating culture' (Pattman 2001; Pattman 2002; Gaidzanwa, 1993).

Extra marital affairs are another culture practice contributing to the spread of HIV and AIDS. In numerous African cultures women are often expected not to question their husbands' extra marital affairs, to refuse contact or to suggest safe sexual practices (Donna 1995).

Educationally, Kelly (1994) alludes to a negative self-image of females which the education curriculum frequently reinforces and radical socialization to be passive and submissive. For instance, illustrated school textbooks show males as putting forth ideas and females are usually portrayed to be on the listening side. This thus reduces women's lack of communicative knowledge and skills to negotiate for safer sex.

The need for sexual expression is recognized as being part of the condition of physical maturity in both men and women. Indeed, the anxiety of parents regarding the early marriage of daughters arises from the expression that during the last years of adolescence, 'their blood is hot'. They may believe if timely marriage is not contracted the girl may fall victim to the natural urges of her youthful condition. After marriage fidelity replaces chastity as a focus of attention and becomes the responsibility of the husband (Ardener, 1993).

2.12 Gender Power Relations

In most societies, gender determines how and what men and women are expected to know about sexual matters. As a result girls and women are poorly informed about reproduction and sex. Consequently, girls and women are found in compromising situations that they sometimes do not even realize. This part of literature tries to discuss issues that put women at risk of HIV infection as they relate to gender power relations.

According to Rosa (1989), power-the ability to exercise masterly over others, to pursue goals against resistance, to mobilize natural or human forces individually or collectively around aims, aspirations and beliefs- does not have any single "subject or repetitive form". WILSA, (1997) states that the sources of power are multiple, from control over economic, political, cultural or military resources to charisma, erotic attraction and desire. Thus power is a dynamic concept.

Research has generally found that boys and girls tend to construct gender identities in opposition to each other and those differences are often structured and experienced as relations of power (Forsch et al 2002; Francis 1998). Forsch found that boys placed a strong emphasis on themselves as strong and active while describing girls as weak and passive. It is further stated that women are less likely than men to exercise control over the timing, frequency and condition of sex (Machai, 2004; Mumba, 2004). Women do not usually make decisions about contraceptives or even disease prevention, if women force issues, they risk violence or abandonment.

In traditional Zambian society, power relations are defined within the roles of men and women as dictated by custom communicated within communities. Zambia inherited a dual system of marriage and recognized as equally valid unions under customary and statutory law. Under the customary law women are disadvantaged. For instance, one of the elements validating marriage i.e. the bride price gives husbands considerable authority over their wives (Nyirenda 1991). Chondoka (1988) argues that the bride price constitutes a seal of a marriage contract and that the wife becomes a mother of the man's children, it also guarantees the women's good behaviour to the husband and his family. On the other hand, polygamy which is permitted under customary law tends to reinforce the double standard regarding sexual exclusiveness (Nyirenda, 1991). In his writing Chondoka (1988) said some families allow their female children to elope so as to help them make quick money. It is more expensive to marry after eloping than when normal procedure is followed.

Power relations in Africa are well outlined by Rosa (1989) who states that roots of oppression emanate from the social organization of production in traditional family agricultural societies where women were classified as producers i.e. the marriage mechanism was the cornerstone of the system legitimizing social hierarchy. She further states that the colonial ban against female migration to the urban areas meant that men had formal housing in the urban areas while women had not. Before this ban, the equality of women in the marriage set up was questionable in instances where the parties lived on land allocated to them by their husbands' extended families.

In a study done by Rosa (1989) it was found that when men were the sole or main providers, they had no difficulties in asserting their own authority and disregarding the role played by the wife in contributing to the family resources. This was the case with all the male respondents who were earning larger incomes than their wives. Women in such situations also appeared to occupy a subordinate status. On the other hand, research has shown that most women who are in monogamous relations and are vulnerable to HIV, they perceive the consequences of leaving high-risk relationships to be far more serious

than the health risk of staying in the relationship. For example, despite the fact that 97 percent of female respondents in an STI study in Zambia cited their husband as the source of infection, only 7 percent considered divorce or separation as an option (UNAIDS, 1999).

The type of property one owns and whether one owns it separately had a strong effect on a person's power. Women are said to be concerned with purchasing of immediate needs such as food, whereas men buy major items and this gives them a sense of power. On the other hand the "choice" to perform one's duties represents a position of power for each spouse. Denial of sexual intercourse in particular, appears to be a source of power or tool to revenge for most women (WLSA 1997) and this can lead to divorce when taken to the courts of law.

In Africa marital affection and passion are rarely socially displayed. Further, for respectable African women, sex is acceptable only as a means for satisfying their husbands or for begetting children (Wambai, 1978). This is not necessarily true of all parts of Africa, but certainly so where female circumcision is practiced.

In some religions such as Islam, the woman is regarded as 'a dangerous distraction which must be used for the specific purpose of providing the Muslim nation with offspring and quenching the tensions of sexual instinct' without being an object of emotional investment (Ardener, 1993). Arderner (1993) further says that the female is seen to be potentially more aggressive than the male, whose will is easily eroded by her attractiveness to the point of him wanting to quench his passion. She says that a man's sexual needs are not negotiable; so that enforced or prolonged abstinence from sexual intercourse is believed to have serious physical and mental consequences, possibly even leading to insanity. Ardener attributes belief in the absolute nature of a man's sexual drive from the observation of physiological processes specific to men, such as involuntary erection and nocturnal emissions. Since there are no obvious parallels for women the attitudes to their sexual drive are different. He says married women's attitude characteristically expresses indifference and boredom towards sex.

Economic power relations also disfavour women. The WHO (1996) reported that the socio-economic circumstances cripple women's autonomy. Lacking economic resources of their own and fearful of abandonment or violence on the part of their male partners, they have little or no control over how and when they have sex and hence are ever at risk of becoming infected with HIV. WHO further states that girls are taught to leave the initiative and decision-making in sexual matters to males, whose needs and demands are expected to dominate. Male predominance carries a double standard whereby women are blamed or thrown out for infidelity real or suspected, while men are tactfully expected to have multiple partners (Ardener, 1993). In view of this, Cubis (2000) argued that without considering the impact of gender relations and strategies for dealing with women's low socio-economic status, the distribution of condoms and education will not be effective in dealing with the spread of sexually transmitted diseases (STD) and HIV and AIDS.

2.13 Beliefs, Stigma and Misconceptions

Misconceptions, beliefs and stigma have an impact on behaviour change. When a young man or woman believes that his or her own behaviour does not merit change, he or she externalises the problem of HIV infection. In a study conducted by Longfield et al (2003) among Zambian youths some youths expressed strong beliefs and misconceptions on what really causes HIV and AIDS. Some of the beliefs and misconceptions included the following:

- Some youths believe that HIV and AIDS infection is a punishment for moral shortcomings and lack of self control.
- Some youths express unwillingness that their current sexual behaviour no matter how risky it may be increases their chances for STI and HIV/AIDS infection. Most youths consider their risk for infection to be negligible because they are not promiscuous or unhygienic.
- Youths are strongly discouraged from sexual activity by churches and adults and hence should not be allowed to buy or be seen with condoms (an indication that a youth may be having sex.

- Youth inquiry from parents and adults about STIs and HIV and AIDS can be interpreted as admission that a youth is participating in inappropriate behaviour.
- Having several partners is one way a young man or woman can demonstrate his/her sexual prowess and thus manhood/womanwood.
- Some youths hold the view that HIV infects those people with weak blood. That it could be transmitted through kissing and mosquito bites, and that the virus could be shed off during menstruation so that signs of AIDS take longer in women than men. Some youths still feel that HIV and AIDS could be a result of sorcery.
- Some youths do not consider themselves at risk of HIV and AIDS. Thus, they have a false sense of security.

It must be noted that not all youths hold such misconceptions and beliefs. For example the 2005 ZSBS found that 28.4 percent of young people aged 15-24 believe that HIV can be transmitted by mosquito bites, 16 percent said by sharing a meal with an infected person and 19.2 percent through witchcraft.

2.14 Youth, Information Access and HIV Infection

Education is closely linked to a young person's ability to avoid HIV/AIDS. Throughout the 1990s in Zambia, for example, the prevalence of HIV decreased among 15–19-year-old women with some education, but remained unchanged among those with no schooling (UNICEF 2003). Therefore, improving youths' knowledge about STIs and HIV and AIDS has the potential to change youths' attitude about risk behaviours, improve their ability to negotiate safer sexual practices and decrease stigma associated with risky behaviour (ZSBS 2005). In fact, according to Longfield, et al (2003) there is a direct link between the level of education attainment and vulnerability to HIV and AIDS, so that Zambians with more years of schooling are less likely to have casual sexual partners and more likely to use condoms. Youth knowledge is thus essential in the transmission of HIV.

2.15 Conclusion

As it is the way with many important issues in society, the interest in sexuality has arisen from crucial need to know more about the forces which motivate people's sexual

behaviour in the light of HIV and AIDS pandemic. The fact that the disease cannot be cured and that it strikes at the most productive sector of the population has made it urgent that sexuality is understood (Mudenda, 1992). In addition, the poor economic situation in Zambia has made sexual activity an economic strategy for some sections of society and a source of entertainment and pleasure for other sections of society in which consequences are not immediate and are seemingly escapable.

The prescribed gender roles and constructions can inhibit women's and men's ability to enjoy a healthy sexual life. Despite the obvious importance of such sexual practices as seen in the literature reviewed, there is relatively little information about the actual practices of young men and women in Lusaka urban. This research investigated the views of young men and women towards sexuality in the light of STIs and HIV and AIDS.

Adolescents' aged 18-24 were selected as the population to be studied because this is the age which has gone through a number of physical and social changes that make them vulnerable to sexual behaviour consequences. Colleges were used because the age group chosen is often a captured audience with the assumption that college students have been exposed to HIV IEC campaigns.

Chapter Three: Research Methodology

3.0 Introduction

In this chapter the research methodology used in the study is presented. It discusses the sources of data and the instruments used for data collection. Also outlined are some of the problems encountered during data collection.

3.1 Study Design

This study was both qualitative and quantitative in nature with focus on college students aged between 18 and 30 (i.e. college students from 1st to 3rd years). The study was undertaken to examine the sexual behaviour of college students in the era of HIV/AIDS. Data was collected in Lusaka from four purposefully selected colleges namely: Evelyn Hone, Natural Resource Development College (the two are government owned colleges), Zambia Centre for Accountancy Studies and ZAMIM (the two are privately owned colleges). All the four colleges train both males and females, offer hostel accommodation and offer courses that take three years to complete.

3.2 Sampling Framework

The sampling framework provided the basis upon which the study samples were selected. Information was obtained from the respective registers through the Dean's offices in each college. The name lists were used to randomly select students according to the ratio of males to females in various colleges. A maximum of 350 students from the four colleges were targeted in the survey. Using stratified random sampling the ratio of males to females was calculated in order to achieve a representation of females and males per college.

3.3 Sampling Procedure

3.3.1 Sample Size.

The sample size was calculated using the sample size available in Renckly et al (1996) as follows:

$$n = \frac{NZ^2 * .25}{[d^2 * [N-1]] + [Z^2 * .25]}$$

Where n = sample size required

N = total population

d = precision level (p-value) usually 0.05 or .10

Z = number of standard deviation units of the sampling distributions corresponding to the confidence level

Since the total population N from the four colleges is 3870, and to achieve a 95 percent confidence level and a ±5 precision level (p-value) (d = .05, Z = 1.96) then:

$$n = \frac{3870 \times 1.96^2 * .25}{[.05^2 * 3869] + [1.96^2 * .25]} = \frac{3716.748}{10.6329} = 349.5516745 \cong 350$$

Samples were drawn according to the probability proportional to the total number of students. These students were selected using systematic random sampling by using the following statistical procedure as shown in Cohen et al, (2002):

Frequency Interval = $\frac{\text{Total number of population}}{\text{The required number of sample}}$

Which is $F = \frac{N}{SN}$

$= \frac{3870}{350}$

$= 11.05714286$

$= \underline{11}$

So, every 11th student in each level of training was selected using the name lists written in alphabetical order.

SELECTED SAMPLE PER COLLEGE

Name and Type of College	Males	Females	Total
Evelyn Hone College-GRZ	80	80	160
NRDC-GRZ	20	20	40
ZAMIM-Private	25	25	50
ZCAS-Private	50	50	100
Total	175	175	350

3.4 Field Preparation and Data Collection

3.4.1 Questionnaire

Data collection allows for systematic collection of information about the subjects and the settings in which they occur (Mahajan, 2004). The purpose of the data collection tool is to measure concepts being studied. Measurement removes guesswork and the information obtained is objective. The tool should be valid, reliable and relevant to the population being studied.

In this study a structured questionnaire was used to obtain a cross section perspective of the problem. After the review of literature the questionnaire was based on the type of questions used in similar programs done in Zambia and other countries. A questionnaire was also used because all the respondents were literate and the study sought expression of sensitive personal information in regards to one's social activities.

Questions in the questionnaire were specific to the situation. The questionnaire was pre-tested during a pilot study done six months before the actual fieldwork commenced. During this pre-testing stage the questionnaire comprehension was tested and the results did not show any serious problems relating to validity and relevance.

3.4.2 Focus Group Discussions

Besides the structured questionnaire, this study is also based on data collected from eight focus group discussions. The recruitment of focus group participants was done from students who did not answer the questionnaire. All in all there were a total of 64 participants in the eight focus group discussions. These came from four colleges namely; NRDC, ZAMIM, Evelyn Hone and ZCAS. Each group had a total of eight participants aged nineteen to thirty. Males and females were separated during the focus group discussions. The assistant to the researcher was a female.

The focus group discussions were conducted using a guide that had been tested, revised and where necessary useful suggestions were incorporated in the final guide. The discussion guide covered the following themes; cultural, religion, economy, self-efficacy, helplessness and motivation.

All the discussions were held in English. Each FGD lasted for about one hour with no break. No refreshments were given to participants. Two people conducted the FGDs, the main researcher was the moderator while the assistant did the note taking. A tape recorder was also used during the discussions. Information on the tape recorder was later transcribed.

3.5 Data Management

The statistical package for social science (SPSS) program was used to analyze quantitative data from the questionnaires. Version 10.0 Microsoft excel was used to draw tables and also present data in summary for easy analysis. All open ended questions were coded prior to data entry and the researcher recorded answers given for each open ended question. Analysis of qualitative data collected during FDG involved condensing and structuring of data into a form that allowed identification of a pattern and generation of hypothesis. Group comments were identified by level of training and sex on the other side. References to quotes that were left to express particular response category were also recorded. This helped the researcher to get detailed information which did not come out from the questionnaires used in the survey.

3.6 Problems Encountered during data collection

Like any other survey, some problems were encountered during this particular survey. One of the major problems encountered was the closure of the colleges during the time of data collection. This made it extremely difficult for the researcher to organize students but had to wait for the colleges to re-open.

Another problem was that some colleges had ongoing examinations during the time of data collection so the researcher had to wait for respondents to finish their exams before administering the questionnaires.

There were also some inconsistencies in a few responses from some respondents. For example, some students would say they have had sex before but later respond that they have had no sex partner. Some logical deductions in such cases were made depending on the answers to other related questions.

Furthermore, there were some questionnaires that were not well answered such that the researcher could not make sense out of the responses and this affected the final sample size as they had to be disregarded. After cleaning data the sample size reduced from 350 to 300. This represents a success level of 86 percent.

Chapter Four: Demographic and Social Characteristics

4.0 Introduction

In this chapter, reference is made to gender, age, marital status, religious denomination, accommodation in college and amount of pocket money received and these will be highlighted in order to describe the students who took part in the survey.

Firstly the respondents' gender was noted. The respondents were asked to state their age. The results are shown in tables 4.1 and 4.2 below.

4.1 Sex

Table 4.1: Percentage distribution of respondents by gender

Gender	%	N
Female	50.0	150
Male	50.0	150
Total	100	300

Included in this study were 300 respondents (50 percent males and 50 percent females). Having looked at the college registers it was evident that there were uneven numbers of students such that there were more males than females in all the colleges used in this study. To avoid having one gender providing the researcher with data, the study sample was selected to allow for equal numbers of respondents from both gender.

4.2 Age

Table 4.2: Percentage distribution of respondents by age

Age	Males		Females	
	%	N	%	N
15 -19 years	10.0	15	20.0	30
20 -24 years	76.0	114	68.0	102
25 + years	14.0	21	12.0	18
Total	100	150	100	150

Most of the respondents were aged between 20-24 i.e. 76 percent males and 68 percent females, while a few were aged below 20 years (10 percent males and 20 percent

females) and some above 24 years (14 percent males and 12 percent females). This is the same age group which is most vulnerable to HIV infection. In developing countries, up to 60 percent of new infections are among the 15-24 years old with generally twice as much new infection among young women than young men (Network, 2000).

4.3 Marital status

Respondents were asked to state their marital status. The results are presented in table 4.3.

Table 4.3: Percentage of respondents by marital status

Marital status	Males		Females	
	%	N	%	N
Single	91.0	136	95.0	142
Married	9.0	14	5.0	8
Total	100	150	100	150

Most of the respondents reported that they were single (91 percent males and 95 percent females) while 9 percent males and 5 percent of females reported that they were married.

4.4 Religious Denomination

Respondents were asked to give their religious denomination to which they belong. The results are seen in table 4.4

Table 4.4: Percentage of respondents by Religious Denomination

	Males		Females	
	%	N	%	N
Catholic	16.0	24	33.0	50
Anglican	5.0	8	5.0	8
Baptist	4.0	6	7.0	10
SDA	16.0	24	14.0	21
Pentecost	24.0	36	18.0	27
Methodist	3.0	4	7.0	10
None	32.0	48	16.0	24
Total	100	150	100	150

The religious denomination to which most male respondents belonged to was Pentecost 24.0 percent, SDA 16.0 percent, Catholic 16.0 percent and some belonged to the Anglican Church, Baptist and Methodist with 12.0 percent. The females reported that

they belonged to the Catholic Church 33.0 percent, Pentecost 18.0 percent, SDA 14.0 percent while some females belonged to the Anglican church, Baptist and Methodist with 19.0 percent. Surprisingly a big percentage of both the male and female respondents do not belong to any religious denomination (32.0 percent males and 16.0 percent females). In this study, 84 percent of female respondents reported that they belonged to some religious denomination. This proportion is higher than that of the male respondents for whom only 68 percent reported belonging to a religious denomination.

4.5 Number of Children

Having stated their age and marital status the respondents were asked to state whether they had children or not. The results are presented in table 4.5.

Table 4.5: Percentage of respondents by those who had children

	Males		Females	
	%	N	%	N
No	92.0	138	91.0	136
Yes	8.0	12	9.0	14
Total	100	150	100	150

Most of the respondents reported not having children (92.0 percent males and 91.0 percent females) while a small percentage from both gender reported having children (8.0 percent males and 9.0 percent females). The results revealed that most students were not parents.

4.6 Education

Bearing in mind that the school registers had all the students from first year to third years, the respondents were asked to state their level of training. The results are shown in table 4.6.

Table 4.6: Percentage of respondents by their level of training

Level of training	Males		Females	
	%	N	%	N
First year	30.0	45	39.0	58
Second year	38.0	57	37.0	56
Third year	32.0	48	24.0	36
Total	100	150	100	150

The proportions of the students interviewed were in first year 30.0 percent males and 39.0 percent females, second year 38.0 percent males and 37.0 percent females while 32.0 percent males and 24.0 percent females were in third year.

4.7 Accommodation

All the colleges used for this survey offer accommodation for their students though some have provisions for day schooling. The respondents were asked whether they used college accommodation or not. The results are presented in table 4.7.

Table 4.7: Percentage of respondents according to college accommodation

Accommodated in college	Males		Females	
	%	N	%	N
Yes	59.0	88	77.0	115
No	41.0	62	23.0	35
Total	100	150	100	150

Among the respondents 59.0 percent males and 77.0 percent of females were accommodated in college while 41.0 percent males and 33.0 percent females reported that they were not accommodated in college but were day scholars. The big percentage of students not accommodated can be attributed to the fact that while government colleges offered enough accommodation, the numbers enrolled could not all be accommodated. On the other hand the private colleges had limited hostel accommodation, and most students in the two private colleges included in this study are instead enrolled as day scholars.

4.8 Receiving Pocket Money

Receiving pocket money and other reasons have been identified as contributing to the risky sexual behaviour of college students. Examples of the possible reasons include not living with parents and coming from a family with a low economic status. As a result one would not have enough pocket money. The respondents were asked to state whether they received any pocket money or not and if they did, to state how much they received per month. The results are shown in tables 4.8 and 4.9 respectively.

Table 4.8: Percentage of respondents who reported that they had received pocket money

Receives pocket Money	Males		Females	
	%	N	%	N
Yes	76.0	114	84.0	126
No	24.0	36	16.0	24
Total	100	150	100	150

Although more female respondents (84.0 percent) reported that they receive pocket money, a reasonable percentage of male respondents (76.0) also reported that they receive pocket money. Among those who reported that they did not receive any pocket money 24.0 percent were males and 16.0 percent were females. As seen in the next table, the amounts received as pocket money ranged from below K100, 000 to above K500, 000. The researcher concluded that this could be reason for females' being sexually active.

Table 4.9: Percentage of respondents who reported receiving pocket money by the amount received per month

Amount received	Males		Females	
	%	N	%	N
Not specific	8.6	10	4.0	6
Below K100,000	60.0	68	49.0	62
K100,000-K200,000	15.7	18	20.0	25
K200,000-K400,000	11.4	13	12.2	15
Above K400,000	4.3	5	14.4	18
Total	100	114	100	126

Among the respondents who received pocket money most of them (60.0 percent males and 49.0 percent females) reported that they received less than K100, 000.00 as their pocket money per month while 46.0 percent females and 30.0 percent males received various amounts above K100, 000.00. A few of the respondents did not specify how much they received (8.6 percent males and 4.0 percent females). In this survey females were more likely to report receiving more than K100, 000 as pocket money.

When asked during the Focus Group Discussion to talk about factors responsible for the risky sexual behaviour of students in colleges; many respondents cited financial difficulties. There appeared to be a link between lack of finances and college students putting themselves at risk of contracting HIV. The responses given were:

'Girls are more sexually active because they want to have things their parents can not afford to give them when they are in school' (male, 22).

'Girls like to keep up with fashion, so to have something at the end of the day they end up being sexually active' (male, 25)

'Yes, elderly men are busy going out with young girls our age, because girls like luxury' (male, 22).

'Ah, mainly it's peer pressure, you know friends will tell you anything and it is a big problem for the girls who are not given what they need by their parents' (female, 20).

'The thing is, here at college females are more free than they are at home, so they even indulge in risky sexual behaviour' (female, 24)

Chapter Five: Gender Differences in Sexual Behaviour and Condom Use

5.0 Introduction

In this chapter issues related to sexual behaviour such as initiation of first sex, age at first sex, reasons for having initiated first sex, number of partners, condom use and type of sexual partners are highlighted. This was an attempt done to determine how respondents' sexual practices might have predisposed them to STDs and HIV and AIDS.

5.1 Involvement in Sexual Activities

In this survey, the first and foremost issue to establish as regard to sexual behaviour was the involvement of college students in sexual activities. This was done in an attempt to separate the sexually active from those who were not sexually active at that time. The respondents were then asked as to whether they have ever had sexual intercourse and the results are shown in table 5.1.

Table 5.1: Percentage distribution of respondents who reported having had sexual intercourse

	Male		Female	
	%	N	%	N
Yes	74.0	111	48.0	72
No	26.0	39	52.0	78
Total	100	150	100	150

Those who reported having had sexual intercourse before were 74 percent males and 48 percent females, while 52 percent females and 26 percent males said they have never had. As revealed in the result, males were more likely to have engaged in sexual intercourse than females.

5.2 Sexual Behaviour and Initial Sexual Intercourse

5.2.1 Age at Initial Sexual Intercourse

One's exposure to risk of being infected with HIV and AIDS can be determined by the age at which one becomes sexually active. Having established which sample was sexually active, students were asked to state the age at which they first had sex. The findings are presented in table 5.2.

Table 5.2: Percentage distribution of respondents by age at first intercourse

Age	Male		Female	
	%	N	%	N
Below 10	5.4	6	0.0	0
10 -14	13.2	15	6.5	5
15 – 19	39.0	43	50.0	36
20 – 24	22.0	24	12.0	8
25 and above	9.4	11	25.0	18
Can't remember	11.0	12	6.5	5
Total	100	111	100	72

The respondents who reported having ever had sexual intercourse were asked at what age they had their first intercourse. Most respondents reported having had their first sexual intercourse when they were 15-19 years old. This was reported by 39.0 percent males and 50.0 percent of females. One striking feature in the responses is that it was revealed that males started or had their first sexual contact as early as less than 10 years of age i.e. 5.4 percent. A minimum number of females had their first sexual contact as early as between 10-14 years i.e. 6.5 percent.

5.2.2 Reasons for Initiating Sex

Having established the age at which respondents had their first sex, the respondents were asked to give the reasons why they their initial sexual encounter. The results are tabulated in table 5.3 below.

Table 5.3: Percentage distribution of respondents by reason for having had their first sexual intercourse

	Male		Female	
	%	N	%	N
Out of curiosity	35.0	39	23.0	17
Was aroused	10.0	11	17.0	12
Was in love	20.0	22	25.0	18
For fun/pleasure	14.0	15	10.4	7
Was forced	5.0	6	10.4	7
Peer pressure	15.0	17	8.0	6
To get married	1.0	1	6.2	5
Total	100	111	100	72

Among the respondents who reported having ever had sexual intercourse, most males (35 percent) reported that they did it out of curiosity. On the other hand the females (25 percent) reported that they had their first sexual intercourse because they were in love. The third reason given by the respondents was "just for fun," 14 percent males and 10 percent females.

5.2.3 Relationship with whom respondents had initial sexual intercourse

Having established the reasons why respondents had first sex, respondents were asked to state with whom they had their first sex with and the results are shown in table 5.4.

Table 5.4: Percentage distribution of respondents by whom they had their first intercourse

	Male		Female	
	%	N	%	N
Husband/wife	7.0	8	2.0	1
Fiancée	7.0	8	10.0	7
Boy/girl friend	54.0	70	71.0	51
Classmate	27.0	19	2.0	1
Teacher	5.0	6	15.0	12
Total	100	111	100	72

Respondents were more likely to have their initial sexual contact with their boyfriend or girlfriend (54 percent males and 71 percent females) than with their spouses (7 percent of males and 2 percent of females). This has some implications on the effectiveness of messages of abstinence. Some female respondents (15 percent) reported that they had

their first sexual intercourse with their teachers. On the other hand it was noted that while 2 percent females reported having had their first intercourse with their classmates, a large percentage of the males (27.0 percent) reported having had their first intercourse with their classmates.

5.2.4 Condom use at initial Sexual Intercourse

Sexually active respondents were asked about their use of the condom on their initial sexual intercourse. The results are as presented below:

Table 5.5: Participant responses to using the condom on their initial sexual intercourse

	Male		Female	
	%	N	%	N
Used the condom	10.0	60	7.0	55
Did not use a condom	79.0	26	84.0	11
Cannot remember	11.0	8	9.0	1
Total	100	111	100	72

Most of the respondents (79 percent of male respondents and 84 percent of female respondents) reported not having used a condom on their initial sexual intercourse. It is also interesting to note that some of the respondents cannot even remember if they used protection or not (11 percent of male respondents and 9 percent of female respondents).

5.2.5 Use of alcohol at initial sexual intercourse

Respondents were asked about whether the use of alcohol was involved on their initial sexual intercourse. Responses were recorded from those who took alcohol and engaged in sexual intercourse in their life before and results are as shown in table 5.6 below.

5.6: Participant responses to taking alcohol on initial sexual intercourse

	Male		Female	
	%	N	%	N
Took alcohol at initial sexual intercourse	51.0	57	39	28
Never took alcohol on initial sexual intercourse	45.0	50	56.0	40
Cannot remember	4.0	4	5.0	4
Total	100	111	100	72

Most of the respondents vividly remember their initial sexual encounter. Only a small percentage (4 percent of male respondents and 5 percent of female respondents) of sexually active respondents who took alcohol and had at least one sexual encounter in their lives could not remember if they were under the influence of alcohol or not on their initial sexual encounter. However, a significant number of respondents (51 percent of male respondents and 39 percent of female respondents) reported having taken alcohol on their initial sexual encounter.

5.3 Respondents' Alcohol and Sexual Behaviour

Sexually active respondents' use of alcohol was assessed during this study. The results are as presented in table 5.7 below:

Table 5.7: Participant responses to taking alcohol and engaged in sex

	Male		Female	
	%	N	%	N
Took alcohol but never engaged in sex	16.0	60	12.0	55
Took alcohol and have engaged in sex at least once in life	41.0	26	35.0	11
Took alcohol, engaged in sex at least once in life and in the last 12 months	22.0	8	20.0	1
Took alcohol, engaged in sex in the last 12 months and including at last encounter	12.0	6	8.0	0
Never take alcohol	9.0	11	25.0	5
Total	100	111	100	72

Respondents reported having taken alcohol at least once during a sexual encounter (41 percent of male respondents and 35 percent of female respondents). It is also noteworthy that one in five respondents reported having a sexual encounter while under the influence of alcohol in the previous 12 months with some respondents reporting the use of alcohol at last encounter (12 percent of male respondents and 8 percent of female respondents). Therefore, a significant number of respondents (75 percent of male respondents and 63

percent of female respondents) reported that they were under the influence of alcohol at least once during a sexual encounter.

5.4 Respondents' number of sexual partners

The researcher was keen to establish the number of sexual partners that the respondents who were sexually active had. Therefore the respondents were asked to state the number of sexual partners they had and the results are presented in table 5.8.

Table 5.8: Percentage of respondents by the number of partners they have had in the last 12 months

	Male		Female	
	%	N	%	N
One	54.0	60	77.0	55
Two	24.0	26	15.0	11
Three	7.0	8	2.0	1
Four	5.0	6	0.0	0
More than five	10.0	11	6.0	5
Total	100	111	100	72

When asked as to how many partners these respondents have had in the last 12 months, most of the respondents (54 percent males and 77 percent females) reported that they only had one sexual partner. However, 46 percent of males and 23 percent of females reported having more that one sexual partner in the last 12 months. The results showed that more males than females reported having more than one sexual partner. The ZSBS 2005 report showed that the percentage of young people with more than one sexual partner in the previous year had declined for males from 12 percent in 2000 to 6 percent in 2005. In another study, done by Dominique and Ghyasuddin, (1997) the FGDs indicated that males are supposed to have multiple partners while females are not. This is contrary to the findings in this study as it was revealed that a small percentage of females had more than one sexual partner.

5.5 Types of sexual partners

After the respondents reported that they had more than one sexual partner, the researcher was keen to find out what type of sexual partners the respondents had. The results are shown in table 5.9.

Table 5.9: Percentage of respondents by the type of sexual partners

	Male		Female	
	%	N	%	N
Regular	53.0	59	81.2	58
Regular and commercial	11.0	12	2.1	2
Regular, commercial and casual	8.0	9	4.2	3
Regular and casual	24.0	27	8.3	6
Commercial and casual	4.0	4	4.2	3
Total	100	111	100	72

In response to the question, majority of the respondents (81 percent females and 53 of males) reported that they only had regular partners. The male respondents were more likely to report having a regular as well as a commercial sexual partner (11.0 percent of male respondents compared to 2.1 percent of female respondents). Male respondents were also more likely to have a casual partner (24 percent of male respondents compared to 8.3 percent of female respondents). These results have an implied meaning that male youths are more likely to have multiple sexual partners than their female counterparts.

5.6 Type of sexual practices

The respondents were asked as to which type of sexual practices they are involved in. The results are shown in table 5.10.

Table 5.10: Percentage of respondents by the type of sexual practices respondents have had in the last 12 months

	Male		Female	
	%	N	%	N
Dry sex	1.0	1	6.0	4
Anal sex	11.0	12	2.1	2
Oral sex	12.0	13	10.4	8
Vaginal sex	76 .0	85	81.2	58
Total	100	111	100	72

Although a few respondents reported having practiced oral sex (12 percent males and 10 percent females), the commonly practiced type of sex in the past 12 months was reported to be vaginal sex (76 percent males and 81 percent females) although a few respondents reported having practiced oral sex (12 percent males and 10 percent females). The results showed that most of the sexually active college students practice the usual/common vaginal sex.

5.6.1 Dry sex

Though a very small percentage of respondents (1 percent of male respondents and 3 percent of female respondents) agreed to practicing dry sex, respondents were asked to give their views on why they felt men should not demand dry sex contrary to the belief that some men like their women's vaginas to be dry for maximum satisfaction. Respondents felt that the practice promotes transmission of HIV. They viewed it as a selfish practice on the part of the man who demands it as it leaves the woman unsatisfied and bruised.

"Basically I don't think it will be good to --- because when you insert your thing – penis into the lady then if you have a problem penetrating then you force yourself. So if you are going to force yourself then you end up contracting AIDS. So it is better to stimulate the lady you now – it is just as if you are driving a car with no breaks, no break fluid then you apply breaks what happens? It won't stop. So the same with ladies, you simply increase the risk of getting infected if you are too fast." (Male, 26)

"For me I wouldn't love my lady to use such herbs you know. But just to make sex feel good I would like her to use something to help us have dry sex --- you know it feels good." Others laugh while some giggle (Male, 27)

"You know people who advise such things do it so they themselves can enjoy the act, not that the two enjoy at the same time, where one is probably feeling pain while the other is enjoying, no. So the ones that advise their wives to use the herbs their interest is just to

satisfy themselves. In fact they do it in such a way that when there is too much fluid they do not get satisfied/excited so in that way I would say they are selfish. Selfishness is not something that should be condoned in a relationship." (Female, 23)

5.7 The right to say 'No' to sexual intercourse

With the belief that males have a more dominant power position than females respondents were asked to state whether one's regular sexual partner had a right to say 'no' to sexual intercourse or not. The results are shown in table 5.11.

Table 5.11: Percentage of respondents who reported that the regular sexual partner had the right to say no to sexual intercourse

	Male		Female	
	%	N	%	N
YES	96.0	107	92.0	66
NO	4.0	4	8.0	6
Total	100	111	100	72

Among the sexually active respondents 96 percent males and 92 percent females reported that one's regular sexual partner has a right to say no to sexual intercourse. On the other hand a small percentage of females (8 percent) said that there was no need to say no to sexual advances by the other partner. The results reveal that both male and female respondents seem to have the understanding that they both have a right to say no to sexual intercourse.

5.7.1 Saying 'No' to sexual intercourse with regular partner

Having the right to say no and actually exercising that right are two different things. Therefore, respondents were asked if they sometimes to say no to their partner's sexual advances. The results are presented in table 5.12.

Table 5.12: Percentage of respondents who sometimes say no to sexual intercourse with their regular partners

	Male		Female	
	%	N	%	N
Yes	66.0	73	77.0	55
No	34 .0	38	23.0	17
Total	100	111	100	72

When asked whether the respondents sometimes say no to sexual intercourse with their regular partners 34 percent males and 23 percent females reported that they never say no to sexual intercourse with their regular partners. While a bigger percentage from both gender (66 percent males and 77 percent females) reported that they sometimes said no to sexual intercourse with their regular partners.

5.7.2 Reasons for failing to say 'No' to Sexual Intercourse with a Regular Partner.

Respondents were asked to state the reasons why they fail to say no to sexual intercourse with their regular partner. The results are presented in table 5.13 below;

Table 5.13: Percentage of respondents by reason for having failed to say no to sexual intercourse with regular partners

	Male		Female	
	%	N	%	N
Fear to lose my partner	48.0	53	55.0	40
Feel shy to say no	16.0	18	36.0	26
Abnormal to say no	36.0	40	9.0	6
Total	100	111	100	72

According to the reports given there is one main reason why most respondents fail to say no to sexual intercourse with their regular sexual partners. Most respondents said they fear to lose their partners (48 percent males and 55 percent females). The results show that the dilemma that females face is similar to that of males. However some of the males (36 percent) give another reason as, 'being abnormal to say no'.

One 20 year old female respondent in the focus group discussion expressed the dilemma that some females are faced with while in a relationship;

"So every girl will say if I don't do what he is asking for what will he think of me. Somebody will come in my place. It is not the way it is supposed to be but this happens"

"You know sometimes you say I will not do it, but you know some guys are like possessed (laughter) – yes by evil spirits – if not all of them. When they want sex you either give in or he ditches you." Made a face. (Female, 22 years).

5.7.3 Reaction of Sexual Partner

Fear of loosing one's sexual partner was cited above as the main reason some young people fail to say no to sexual intercourse (48 percent males and 55 percent females). In order to establish whether this fear is perceived rather than actual respondents were asked to state the reaction of their sexual partners whenever they said 'NO' to sexual intercourse. On the contrary the findings in this study were different; the results are shown in table 5.14.

Table 5.14: Percentage of respondents by the reaction of the sexual partner when the regular partner says no to sexual intercourse

	Male		Female	
	%	N	%	N
Respect my decision	68.0	76	69.0	50
Gets very annoyed	4.0	4	2.0	1
Forces me to have it	4.0	4	4.0	3
Goes for another person	14.0	16	2.0	1
I never say no	10.0	11	23.0	17
Total	100	111	100	72

Most of the respondents (68 percent males and 69 percent of females) reported that their sexual partners respect their decision whenever they say no to sexual intercourse. On the other hand some respondents (10 percent males and 23 percent females) reported that they never say no to sexual intercourse. The report showed that females were more likely to say to sexual intercourse because of fear of losing a partner.

5.7.4 Reaction towards Sexual Partner

The researcher established how the respondents' sexual partners react when their partners said 'no' to sexual intercourse. The respondents were then asked to state how they react to their sexual partners when they say 'NO' to sexual intercourse. The results are shown in table 5.15.

Table 5.15: Percentage of respondents by their reaction when their regular sexual partner says no to sexual intercourse

	Male		Female	
	%	N	%	N
Respect my partner's decision	89.0	99	92.0	66
Use force	5.0	6	0.0	0
Terminate relationship	5.0	6	8.0	6
Total	100	111	100	72

Most of the respondents reported that they would respect their partners' decision when their regular sexual partner says no to sexual intercourse i.e. 89 percent of males and 92 percent of females. It is however important to note that male respondents (4 percent) were more likely to use force if their regular sexual partner said no to sexual intercourse. The result revealed that females were more at risk of being sexually harassed even by regular sexual partners.

5.8 Sexual Coercion, Sexual Harassment and sexual exploitation

5.8.1: Sexual Coercion

The sexually active respondents were asked to state whether they have ever been forced to have sex or have ever been sexually harassed. The answer to this question is found in tables 5.16 and 5.17 respectively.

Table 5.16: Percentage of respondents who reported having ever been forced to have sex

	Male		Female	
	%	N	%	N
YES	19.0	21	38.0	27
NO	81.0	90	62.0	45
Total	100	111	100	72

Among the sexually active respondents females were more likely to report having been forced to have sex before. The results show that 19 percent males and 38 percent females reported that they have been forced to have sex before.

5.8.2 Sexual Harassment

Respondents were asked if they have been sexually harassed before. Sexual harassment constitutes remarks, looks, or behaviour that is sexually suggestive and is usually unwarranted. Responses are given in table 5.17.

Table 5.17: Percentage of respondents among the sexually experienced, who reported having been sexually harassed before

	Male		Female	
	%	N	%	N
YES	14.0	16	21.0	15
NO	86.0	95	79.0	57
Total	100	111	100	72

Among the sexually active respondents 14 percent males and 21 percent of females reported having been sexually harassed before. Females are more likely to report having been sexually harassed before than the males.

On the other hand, it was rather interesting to note that even among the male respondents a good number reported having been sexually harassed before. After probing further what seemed to be common was that "Big girls or women sometimes take advantage of boys and young men – like in my case I was very young when my cousin made me do it with her (i.e. have sexual intercourse). I really hate that woman." Male, 28

5.8.3 Sexual Exploitation

The context of the college environment exposes some students to sexual exploitation of students by lecturers and fellow students usually in exchange for good marks or any other academic reward. Respondents were asked if they have been sexually exploited before. Responses were as recorded in table 5.18.

5.18 Participant responses to sexual solicitation for an academic reward

	Male		Female	
	%	N	%	N
Yes have been solicited	28.0	31	61.0	37
Never been solicited	72.0	80	39.0	47
Total	100	111	100	72

More female respondents (61 percent) were likely to be sexually solicited for an academic reward than the male respondents (28 percent). The respondents who reported having been solicited for sexual exploitation were asked if they gave in or not. The results are as presented in table 5.19 below:

5.19: Participant responses to sexual solicitation for an academic reward and whether gave in or not.

	Male		Female	
	%	N	%	N
Was solicited and gave in	86.0	27	54.0	20
Was solicited and never gave in	14.0	4	46.0	17
Total	100	31	100	37

It is interesting that more males who were sexually solicited for an academic reward gave in (86 percent of male respondents compared to 54 percent of female respondents). It is assumed here however, that such sexual exploitation on the part of male respondents came from female partners.

5.9 Gender Vulnerability to Contracting HIV and AIDS

The female is said to be the most vulnerable to contracting HIV. Perceptions of the gender most at risk to HIV were gathered and reasons given. The results are shown in tables 5.20 and 5.21 respectively.

Table 5.20: Percentage of respondents who reported the gender that is most at risk of contracting STIs/HIV and AIDS

	Male		Female	
	%	N	%	N
Females	44.0	66	44.0	66
Males	6.0	9	5.0	8
Both sexes	46.0	69	50.0	75
Not sure	4.0	6	1.0	1
Total	100	150	100	150

Most of the respondents (46 percent males and 50 percent females) said both sexes are at risk. However 44 percent males and 44 percent females said the female gender was more at risk.

Table 5.21: Percentage of respondents by reason as to why the given gender was more at risk of STI/HIV and AIDS

	Male		Female	
	%	N	%	N
Too submissive	23.0	35	20.0	30
Can't say no to sex	10.0	15	8.0	12
Biological make up	25.0	38	28.0	42
Not allowed to question Their partners	3.0	4	8.0	12
On receiving end	12.0	18	8.0	12
Other	27.0	40	28.0	42
Total	100	150	100	150

Various reasons were given as to why respondents thought females were most at risk to HIV infection. More female respondents than male respondents (25 percent males and 28 percent females) said it was because of their biological make up. On the other hand 23 percent males and 20 percent females said it is because they are too submissive.

Women are said to have no negotiating skills when it comes to negotiating for safer sex. This came out even in the focus group discussions;

"Looking at the whole thing, I think females do not take full responsibility, like the way things are, for instance a female will be told by the guy that let's have sex. What will happen is the guy is the one who is going to decide that let's use condoms or not...So if the guy doesn't want to protect himself it will mean the girl will have no say." Male, 19.

"To negotiate ---- girls are naturally very submissive in a relationship, and actually men make all decisions including when to use a condom." Male, 28

These findings concour with sentiments by Mwale and Bernard (1992) that women are particularly vulnerable to HIV infection due to their lack of decision making power and autonomy within personal relationships and their lesser access to social services and education.

5.10 Respondents' Perception of Personal Risk

According to the health belief model explains health behavior through an individual's perceived susceptibility, barriers, and benefits. That is, if a person desires a particular health outcome, he or she will take actions to help bring about that outcome (UNFPA 2005). Therefore, participants were asked if they perceived themselves to be at risk of contracting the HIV virus.

Table 5.22: Percentage of respondents who reported that they were at risk of contracting the HIV virus

	Male		Female	
	%	N	%	N
YES	65.0	107	46.0	66
NO	35.0	4	54.0	6
Total	100	111	100	72

More male respondents (65 percent) than female respondents (46 percent) perceived themselves as being at risk of contracting the HIV virus. The female respondents had a higher perceived sense of security (54 percent) than their male counterparts (35 percent).

5.11 HIV Counselling and Testing

All sexually active respondents were asked if they have been tested for HIV. The results are presented in table 5.23.

Table 5.23: Participant Responses to Counselling and Testing

	Male		Female	
	%	N	%	N
YES	15.0	107	22.0	66
NO	85.0	4	78.0	6
Total	100	111	100	72

A large number of respondents had not been tested for HIV (57 percent of male respondents and 64 percent of female respondents). This was rather interesting because the HIV counselling and testing services are free of charge and readily available.

5.12 Receiving or Giving an Object in Exchange for Sex

In this era of HIV and AIDS the researcher was keen to find out whether students would be involved in selling or buying sex. The respondents were then asked to state whether they had ever received or given an object in exchange for sex and the findings are seen in table 5.24.

Table 5.24: Percentage of respondents who reported having received or given an object in exchange for sex.

	Male		Female	
	%	N	%	N
Yes, received	1.0	1	2.0	1
Yes, given	13.0	14	3.0	2
Never received	27.0	30	83.0	60
Never given	59.0	66	12.0	9
Total	100	111	100	72

In this survey only 13 percent male respondents reported having given some object for sex while most of the respondents reported never given or received any object in exchange for sex (59 percent males and 83 percent females). This was inconsistent with the report that stated that many young women hope to be rich, and due to lack of finances some women are tempted to engage in a relationship, and perhaps live with a man who can provide for them (Griffiths, 1990). It is also at variance with the view expressed in the focus group discussion by one male student that, 'some girls have sex with older men for financial gain.'

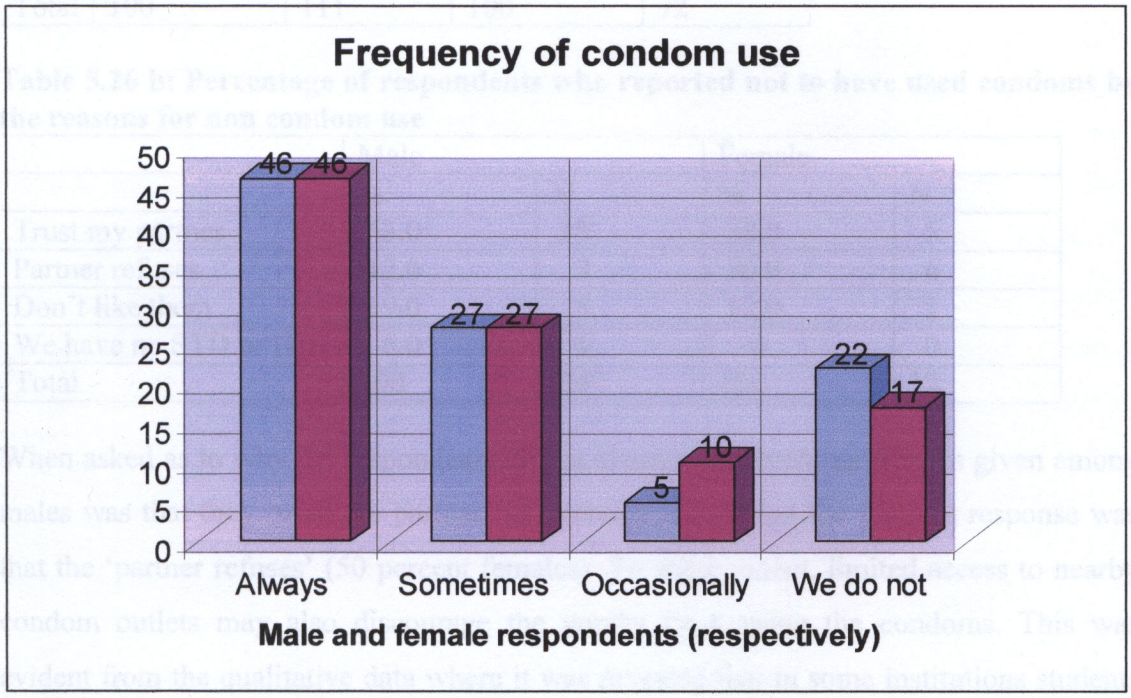
5.13 Condom use

Apart from abstinence, condoms offer the best form of protection against STDs including HIV and AIDS and unplanned pregnancies. The researcher endeavoured to establish whether or not college students were used condoms. In this regard, the sexually active respondents were asked to state how often they used condoms in the last 12 months. The results are shown in table 5.25.

Table 5.25: Percentage of respondents who are sexually active according to frequency of condom use in the last 12 months

	Male		Female	
	%	N	%	N
Always	46.0	51	46.0	33
Sometimes	27.0	30	27.0	19
Occasionally	5.0	6	10.0	7
We do not	22.0	24	17.0	13
Total	100	111	100	72

Figure 5.11: Showing frequency of condom use



In this survey a larger and equal percentage of males and females reported that they always use condoms with their regular partners (46 percent males and 46 percent females). On the other hand a small percentage of both males (5 percent) and females (10 percent) reported using condoms occasionally. Nevertheless, a reasonable percentage (22 percent males and 17 percentage females) reported that they never used condoms.

It is worth noting that the results of this study defy the prominent inconsistent condom use among female respondents as shown by other studies. Fadiora, et.al (2002) in the study "Sexual risk behaviours among University students in South Western Nigeria," noted that males were more likely to use condoms than females.

Table 5.26 a: Percentage of respondents who reported having used a condom in the last sex with their regular partners.

	Male		Female	
	%	N	%	N
YES	78.0	87	83.0	60
NO	22.0	24	17.0	12
Total	100	111	100	72

Table 5.26 b: Percentage of respondents who reported not to have used condoms by the reasons for non condom use

	Male		Female	
	%	N	%	N
Trust my partner	63.0	15	38.0	5
Partner refuses	12.0	3	50.0	6
Don't like them	19.0	5	12.0	1
We have no STD or HIV	6.0	1	0	0
Total	100	24	100	12

When asked as to why the respondents do not always use condoms reasons given among males was that they 'trust the partner' (63 percent males) but the females response was that the 'partner refuses' (50 percent females). To some extent, limited access to nearby condom outlets may also discourage the youths from using the condoms. This was evident from the qualitative data where it was revealed that in some institutions students did not easily access condoms.

The Focus Group Discussions revealed that while males used condoms whenever they wanted, the females had their own fears;

First laughs loudly "Us guys 'condomise' – you know, we dictate, we decide what to do, I mean to use a condom or to go live." Others laugh. (Male, 26 years)

"For me ah (silence) there was one time, she was the one who started by saying let's use condoms, so, and I really appreciated her because that's the thing I wanted to say and she said it herself and it made me feel proud and I gave her respect for that because she knew what she was doing."(Male, 25 years)

"Sometimes it is difficult, you go out with this guy for over two, three months, you kind of trust him and he trusts you like – (smiles) naturally you stop talking about a condom every time you sleep together –you know." others murmur (Female, 27 years)

"Three quarters of the ladies don't negotiate for condom use it's sad." (Male, 30 years).

5.13.1 Attitudes and Beliefs on Condom Use

Generally one would say college students do understand that condom use is the best way one can use to protect themselves from HIV and AIDS infection as well as unwanted pregnancies. Surprisingly most of them still have negative attitudes and beliefs towards condom use and this makes them not to use them. People who are more likely to use condoms have a positive attitude towards them. In this part of the survey sexual practices as they relate to condom use were assessed, the results are presented in the preceding table.

Table 5.27: Percentage respondents by their belief about condom

Belief about condoms	Male				Female			
	YES		NO		YES		NO	
	%	N	%	N	%	N	%	N
Believe that use of condoms reduces sexual pleasure	35.0	53	65.0	98	22.0	33	78.0	117
Believe that prolonged use of condoms has negative side effects	20.0	80	80.0	120	27.0	41	73.0	109
Believe that since condoms are not 100% safe they are not worth using	23.0	35	77.0	115	27.0	41	73.0	109

When the respondents were asked what they believe about condom use, 35 percent males and 22 percent females believed that condom use reduced sexual pleasure, 20 percent males and 27 percent females said prolonged use of condoms had negative side effects and 23 percent males and 27 percent females said since condoms were not 100 percent

safe, they were not worth using. These results were surprising because earlier in the study females were more likely to report being forced into risky sexual practices and yet some females had negative attitudes towards condoms.

Respondents made it clear that there were two ways to protect one's self from HIV i.e. use of a condom or abstinence. Despite the probing and encouraging them to express themselves freely the ladies were not very keen to discuss condom use but surprisingly the males talked at length and what came out was that they were putting the blame on the females for encouraging the spread of HIV;

"Well, like here at campus there is more condom use than abstinence" (male, 27.)
"But to be frank, college life is something that is very tricky, you know, you start a relationship one or two months later you like trust each other and say ok, we will be using condoms. Maybe after two months they'll have trusted each other fully so that eventually they'll infect each other, so that is applicable to everyone"

5.13.2: Traditional beliefs with regard to condom use

With regard to tradition and condom use, respondents were asked to state whether condom use was readily acceptable in society and the results are shown in table 5.28.

Table 5.28: Percentage of respondents by their belief as regard to tradition and condom use

Belief about condom buying and use	Male				Female			
	YES		NO		YES		NO	
	%	N	%	N	%	N	%	N
Believe that it is traditionally and socially acceptable for a young man to buy and use condoms	24.0	36	76.0	124	31.0	47	69.0	103
Believe that it is traditionally and socially acceptable for a young woman to buy and use condoms	30.0	45	70.0	105	31.0	47	69.0	103

Results revealed that a bigger percent i.e. 76 percent males and 69 percent females believed that it was not acceptable while the other 24 percent males and 31 percent females believed that it was acceptable by society, for a young man or young woman to buy and use condoms. As could be seen from the results both males and females had fears of being probably stigmatized by society if they were to be seen using condoms.

5.14 Safe Sex

Knowledge of safe sex practices can provide a youth with alternatives to risky sexual behaviour. Therefore, perceptions of safe sex practices were gathered and are presented in table 5.29.

Table 5.29: Percentage of respondent by how they understood safe sex

	Male		Female	
	%	N	%	N
Abstaining from sex	24.0	36	32.0	48
Use of condoms	70.0	104	59.0	88
Avoid multiple partners	3.0	5	6.0	9
Other	3.0	5	3.0	5
Total	100	150	100	150

Figure 5.12: Showing males' knowledge about safe sex

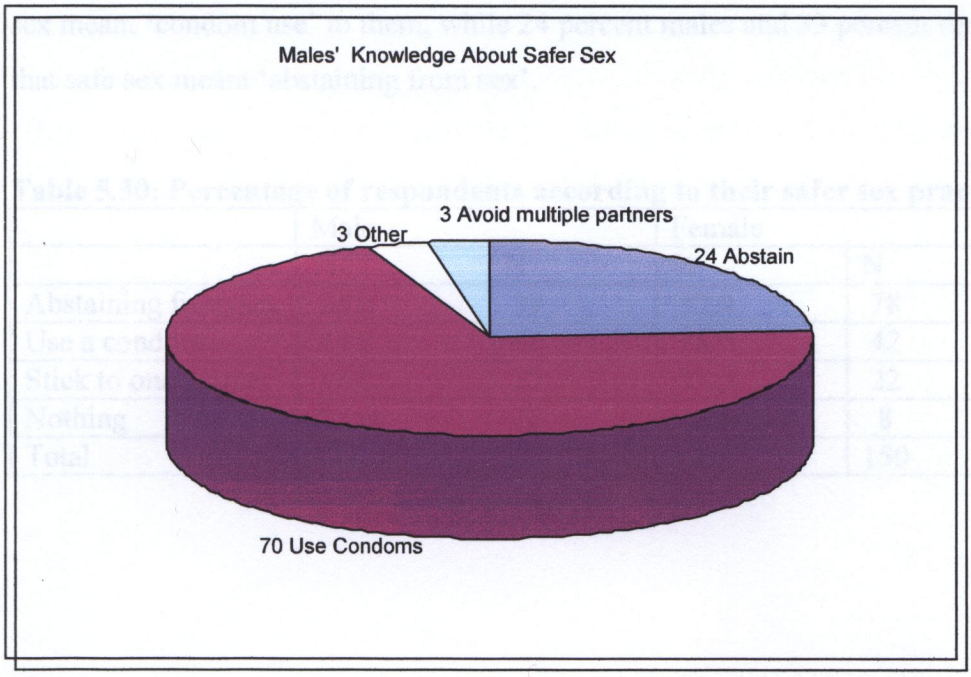
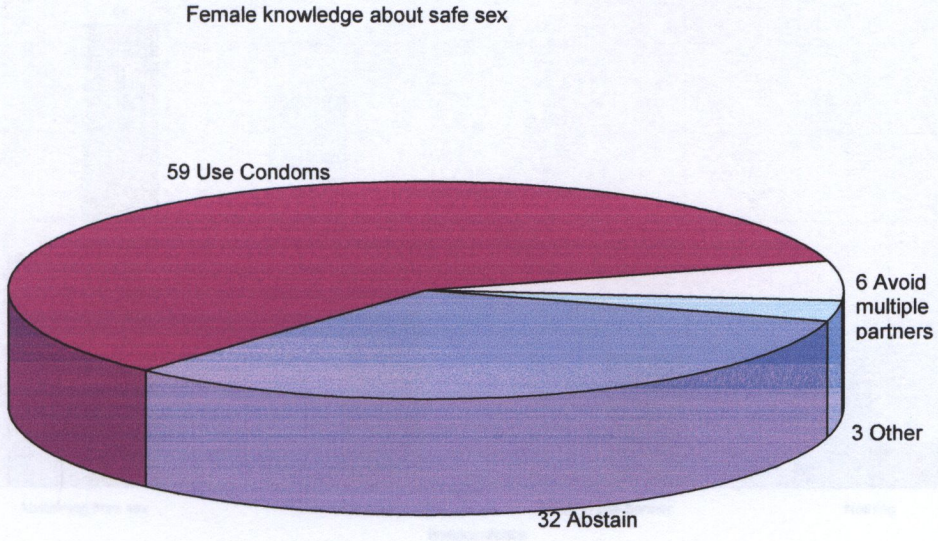


Figure 5.13: Female knowledge about safe sex

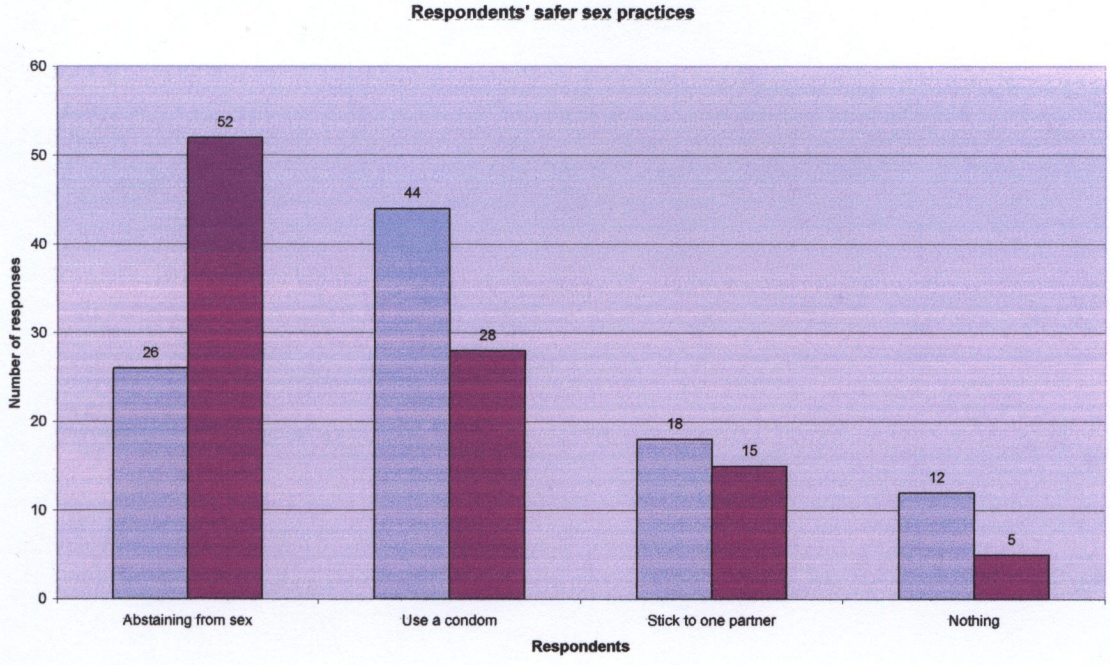


Among the respondents about 70 percent males and 60 percent females reported that safe sex meant 'condom use' to them, while 24 percent males and 33 percent females reported that safe sex meant 'abstaining from sex'.

Table 5.30: Percentage of respondents according to their safer sex practices

	Male		Female	
	%	N	%	N
Abstaining from sex	26.0	39	52.0	78
Use a condom	44.0	66	28.0	42
Stick to one partner	18.0	27	15.0	22
Nothing	12.0	18	5.0	8
Total	100	150	100	150

Figure 5.15: Respondents' safe sex practices



The respondents were asked as to what they did in an effort to practice safe sex. Abstinence was reported as the safest preferred by most female respondents (52 percent) while most male respondents (44 percent) reported using a condom as the safest. Doing nothing about safe sex was least preferred by both groups with male respondents likely to do nothing (12 percent) than female respondents (5 percent).

Chapter Six: STI/HIV and AIDS Knowledge, Beliefs and Pregnancy

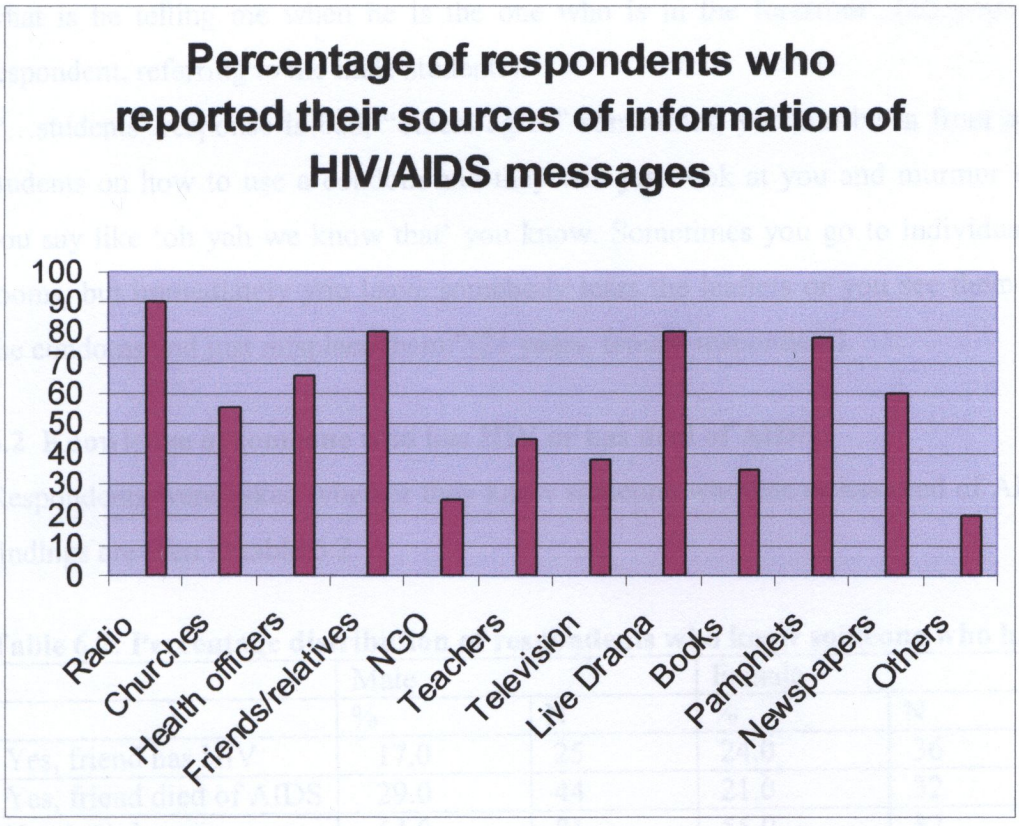
6.0 Introduction

It is believed that college students have enough knowledge about sexual health issues because acquiring knowledge is the first step that leads to healthy behaviours. In this survey respondents were asked a series of questions to assess their knowledge of HIV/AIDS and STIs. This information is important for the formulation of HIV and AIDS prevention programmes in high institutions of learning. It therefore follows that in the face of a serious AIDS pandemic being faced in this country, college students should have knowledge of all they possibly can about HIV and AIDS. This is not just for the sake of knowing but for their own deep appreciation of its implications in their own lives and in the lives of those around them. In this chapter the researcher's aim is to establish and shade light on the HIV and AIDS and STI knowledge that college students have.

6.1 Source of information about HIV and AIDS

Seeing as to how much effort is being dedicated towards sensitization of citizens young and old on the dangers of HIV, respondents were asked to indicate their sources of information on HIV and AIDS and the results are presented in figure 6.1.

Figure 6.1: Percentage of respondents who reported their sources of information on HIV and AIDS



The percentage of respondents who reported their sources of HIV and AIDS message is shown in figure. The most common sources of information were radio (90 percent), live drama and relatives (80 percent), pamphlets (72 percent), health officers (66 percent), newspapers (60 percent), churches (55 percent), teachers (45 percent), television (38 percent), books (35 percent), and NGOs (25 percent).

Youths in the focus group discussions were asked about their main sources of information about HIV and AIDS. Most of them recognised the presence of a peer club in the colleges known as SHARES but were quick to point out that information was no longer flowing because even peer educators were no longer role models and HIV and AIDS information has been overplayed.

"...only members of SHARES get the information but are unable to spread it to others because of their behaviour. You see how can I go and tell someone about AIDS when they know my behaviour that I like moving from one girl to another, they will just say

what is he telling me when he is the one who is in the forefront" (20 years, female respondent, referring to the male students).

"...students' response is bad, "others agree" sometimes, you can be in front educating students on how to use a condom and they will just look at you and murmur whatever you say like 'oh yah we know that' you know. Sometimes you go to individuals in the rooms, but immediately you leave somebody tears the leaflets or you see them blowing the condoms and just misplace them."(24 years, female respondent).

6.2 Knowledge of someone who has HIV or has died of AIDS

Respondents were asked whether they know someone who has or has died of AIDS. The findings are seen in table 6.2.

Table 6.2: Percentage distribution of respondents who knew someone who had HIV

	Male		Female	
	%	N	%	N
Yes, friend has HIV	17.0	25	24.0	36
Yes, friend died of AIDS	29.0	44	21.0	32
No, don't know	54.0	81	55.0	82
Total	100	150	100	150

Though some respondents (46 percent and 45 percent females) reported that they know someone who has HIV or died of AIDS, most respondents (54 percent males and 55 percent females) said they did not know anyone who had HIV or died with AIDS. This did not give a true picture and the researcher was very doubtful about the respondents who reported that they did not know anyone who had HIV.

6.2 Prevention of HIV and AIDS through Circumcision

Respondents were asked to state whether circumcision of either sexes helps with the prevention of HIV and AIDS and the results are presented in table 6.3.

Table 6.3: Percentage distribution of respondents by knowledge of HIV and AIDS prevention through circumcision

	Male				Female			
	YES		NO		YES		NO	
	%	N	%	N	%	N	%	N
HIV and AIDS can be prevented by circumcision of all male children	21.0	32	79.0	118	17.0	26	83.0	124

When asked as to how best HIV and AIDS can be prevented in future, 21.0 percent males and 17.0 percent females said they believe circumcising of all males can help prevent HIV and AIDS in future.

More additional information came from the FGDs when respondents were asked to discuss further the knowledge they have on cultural norms/initiation ceremonies and their influence on HIV transmission;

"Like circumcision, things like that, they used to be done a long, long time ago even in the Bible they used to, but ah, ah those are things that are --- ah, for women it is kind of risky because of infection nowadays yah, blood transfusion and all that --- it is just not good because of side effects. For men it is voluntary, but I don't know how true it is, rumour has it that after doing it men become active in terms of performance sexually – yes, (laughter) and they are immune to certain STDs." (Male, 20 years)

"They (cultural norms and initiation ceremonies) influence because they kind of give you false hope to say that you are immune then you go on and spread the virus." (Male, 32 years)

"And for ladies there are some tribes or should I say a tribe when the girls have become of age they tell them, you have grown up and this is what happens, I hear that they tell them how to dance in bed – (laughter) – so those girls want to prove it, they want to gain experience on how to satisfy a man in bed, they start practicing from a very tender age." (Male, 28 years)

"Just to add up to what is already said, you know, in initiations, the teachings prepare people for adulthood, so as a result the ones who have been taught need to practice. Those who went to the same initiation ceremony would want to experience and see what they were taught, so --- (laughter) --- they would be spreading the infection. They may

get infected from the first person they go out with then they start spreading the illness to whoever they sleep with." (Female, 23)

"Concerning the same initiation there are some places where they pick someone who they consider to be very knowledgeable in the area or family. This one shows practically to those who become of age, -- yes – show practically how everything is done. But there are a lot of chances that this same person once she/he is infected will spread the infection to all the upcoming students." (Female, 32)

6.4. Misconceptions and Beliefs about HIV and AIDS

Information about HIV and AIDS is usually overshadowed by a number of misconceptions which negatively affect most people's perception of the disease. In order to gain some insight about some of the common misconceptions on HIV and AIDS among college students, students were asked to state whether HIV can be brought about by witchcraft or not. The results are presented in table 6.4.

Table 6.4: Percentage distribution of respondents who reported that HIV can be transmitted by witchcraft

	Male		Female	
	%	N	%	N
YES	11.0	17	8.0	12
NO	89.0	133	92.0	138
Total	100	150	100	150

Though most respondents (92 percent females and 89 percent males) reported they did not believe that HIV could be brought by witchcraft, it was surprising that 11 percent males and 8 percent females said they believe some people get HIV through witchcraft.

During the FGD, students also discussed the traditional healers' claims of their ability to cure HIV and AIDS;

"For now there is no one although Mr mmmm Who is this, former Minister is claiming he is able to cure because his son once had but I don't know if it was HIV or something

else, otherwise I have never heard of anyone who is cured of HIV. As at now no one can cure HIV and AIDS." (Male, 24)

"It is very unfortunate that people should start claiming that they have the cure when people are dying. Why don't they if they have the cure just go to UTH and just prove it? And then we will all know without them going on the news to say they have the cure." (Female, 22).

"Some people have been cheated that when they sleep with a virgin they would be healed, so they are out there to rape young boys and young girls," (Female, 20).

"Concerning that, it is a matter of education because one can know that by sleeping with a two year old it can not change the entire blood system and that it is very detrimental. For the child's part, it is like you are sacrificing an innocent soul." (Male, 21)

"That curing, how does it come to the old man because he is one who is putting in the dirt in the young girl, he is not getting anything, where is the medicine?" (Male, 25)

"Yah, you know some things are very difficult to understand in life, it's like to say in issues of sex sometimes people stop thinking they just follow their desire." (Female, 19)

"In fact such people should be punished severely; I don't know what can be fair because it is torture for the young ones who experience such (rape)." (Female, 21)

6.5 Pregnancy

It is usually assumed that early and unprotected sexual activity during adolescence increases the risk of morbidity and mortality associated with pregnancy, child birth, induced abortions and STIs/HIV infection (Castle, Likwa and Whittaker, 1990). Thus respondents were asked about their pregnancy history. The results are shown in table 6.5.

Table 6.5: Percentage distribution of respondents who reported having been pregnant/made someone pregnant before

	Males		Females	
	%	N	%	N
Yes	10.0	15	17.0	26
No	90.0	135	83.0	124
Total	100	150	100	150

When asked whether they had ever been pregnant or made someone pregnant, most of the respondents (90 percent males and 83 percent females) reported that they had never been pregnant or made someone pregnant.

6.6.1 Planned to get/make someone Pregnant

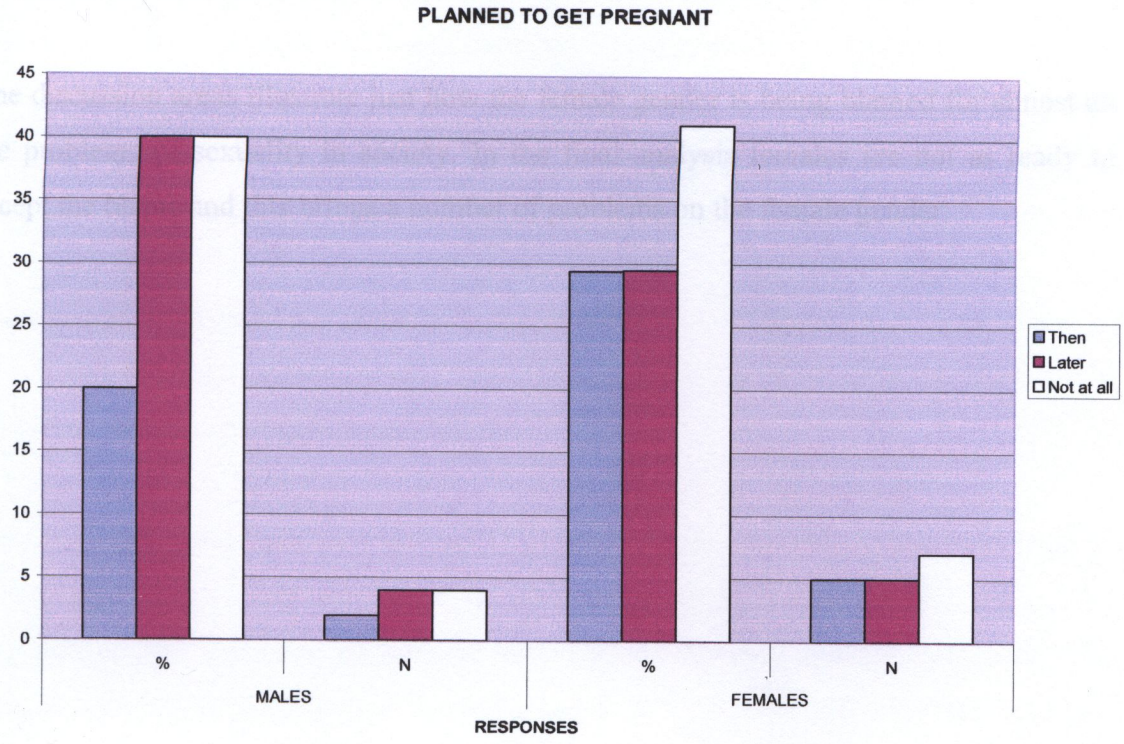
Respondents were asked whether they had planned to get pregnant/make someone pregnant and answers were compared to those who had not planned their first pregnancy;

Table 6.6: Percentage distribution of respondents who reported having planned to get/make someone pregnant

	Males		Females	
	%	N	%	N
Then	20.0	3	29	8
Later	40.0	6	29	8
Not at all	40.0	6	42	10
Total	100	15	100	26

Most of the respondents said they had not planned for the first pregnancy then (80 percent males and 70 percent females) while 20 percent males and 29 percent females reported that they had planned for their first pregnancy.

Figure 6.2: Showing respondents' plans to get pregnant



As from the focus group discussions, what came out as reason why most pregnancies were reported not planned for was that females are experimental, males are not ready for any other responsibilities, females have no negotiating skills;

"In fact, madam, females in that age group (15-19years) tend to be very experimental." All laugh, Male, 19.

"Because of pressure from friends, girls tend to go for sugar daddies—laughter. Married men usually follow the young girls, leaving their wives." Female, 22.

"Yes surely girls are --- they are easily enticed. It is easy to have what I want with the girl, you know, they stop thinking at one time in a relationship." Male, 21.

"Mmm sometimes it also depends on the situation, like for example if something happens in the room and the girl knows the guy, she wouldn't scream. She would just say that ah, people will think I am wired or something and you know she may even fall pregnant." Male, 24.

The discussion areas illustrate just how the female gender is being blamed for almost all the problems of sexuality in society. In the final analysis females are not as ready to accept the blame and this brings a number of problems on the female gender.

Chapter Seven: Discussion of Findings

7.0 Introduction

The current research study was carried out with the aim of assessing the sexual behaviour of college students in the era of HIV and AIDS. In order to do this a research survey was carried out in four colleges of Lusaka, namely NRDC, ZAMIM, Evelyn Hone and ZCAS. A total of 300 students were involved in answering the structured questionnaire. Additionally there were a total of 64 students who participated in eight focus group discussions. Each group had a total of eight participants aged nineteen to thirty.

In chapter four, five and six an analysis and interpretation of empirical data was done. In this chapter findings are presented and briefly discussed. The main findings in this study are presented in the paragraphs that follow;

Almost all the respondents were single (91 percent of male respondents and 95 percent of female respondents) and they were in the age group of 20-24 (76 percent of the respondents were male and 68 percent were female). Seventy-four (74) percent of the male respondents were sexually active as compared to 48 percent of female respondents.

The 16 percent of male respondents and 24 percent of female respondents did not receive any pocket money while 49 percent of male respondents and 60 percent of female respondents received less than K100,000 per month or less than K3,333 per day.

The age at first sex was quite low among the respondents with 13.2 percent of male respondents reporting sexual initiation between 10 and 14 years of age. It is noteworthy that half of the female respondents reported that they initiated sex between 15 and 19 years of age.

The main reason given by most male respondents for initiating sex was curiosity (35 percent) while female respondents (25 percent) initiated sexual intercourse out of 'love' for a boy/girlfriend.

As seen from the findings, 84 percent of female respondents and 68 percent of male respondents reported belonging to a religious group. It seems belonging to a religious group did not help much in preventing the youths from engaging in early sexual intercourse, a finding which is inconsistent with the World Health Organisation report (WHO 2002) which stated that young people who had some spiritual beliefs were less likely to initiate sexual intercourse early.

Condom use at initial sexual intercourse was low. Only 10 percent of male respondents and 7 percent of female respondents reported using a condom on their first sexual encounter. This result differs from that of the Zambia Sexual Behaviour Survey of 2005 which reported that the percentage of young people 15-24 that reported condom use at first intercourse was 20.8 percent.

Over half (51 percent) of male respondents took alcohol at initial sexual intercourse. It is also significant that 39 percent of female respondents had taken alcohol at the time of their sexual initiation. This result is higher than that of the ZSBS of 2005 which reported that 17.3 percent of women took alcohol at initial sexual intercourse compared to 19.1 percent of men. This is a matter of concern because alcohol tends to lower inhibitions and sexual negotiation skills and therefore increases the risk of a young person to contract HIV.

Although, females were more than twice (61 percent) more likely to be sexually solicited for an academic reward than males (28 percent), male respondents were more likely to give in (86 percent) than female respondents (54 percent). It must be noted that this is a highly personal question; therefore, responses were taken with a cautious view.

But it is interesting to note that male respondents were more likely to give in to sexual solicitation than female respondents. This may be because of the young male psyche that may never want to pass up an opportunity to engage in sexual intercourse! On the other hand it may be because of sexual exploitation coming from the female partners.

The results show that 19 percent of males and 38 percent of females reported that they had been forced to have sex before. The same was true when it came to sexual harassment that 14 percent of males and 21 percent of females reported having been sexually harassed before. Females are more likely to report having been sexually harassed before than the males.

The female respondents had a higher perceived sense of security (54 percent) than their male counterparts (35 percent). However, this sense of security is unjustified seeing that 44 percent of both male and female respondents said that females were more at risk of contracting the HIV virus because they were too submissive (23 percent of male respondents and 20 percent of female respondents).

The majority of the participants still felt that they were not at risk of HIV infection. A large number of sexually active respondents had not yet been tested for HIV. Among the male respondents 85 percent did not yet know their HIV status compared to 78 percent of their female counterparts. These results are consistent with the results obtained in the 2005 ZSBS that among young people 15-24 years only 15.1 percent were tested for HIV with adolescent males 15-19 being four times less likely to get tested as only 2.9% said they have ever been tested for HIV.

The results revealed that most respondents were aware that correct and consistent use of condoms constituted safe sex. This was reported by 46 percent of both male and female respondents who said that they had always used a condom in the previous 12 months.

Youths appeared to know what constitutes safe sex practices, but there was no indication that this knowledge was enough to effect behaviour change. Among male respondents 63 percent said they did not use a condom because they trusted their partner. But among female respondents 50 percent said the reason for not using a condom was that their partner refused. When their partner refused and yet they gave in to unsafe sex, female young people may have done this to let their partners know their feelings either as a sign of intimacy in the relationship or trust in their partner. This could also have revealed the

unequal power relations that existed among the two sexes with females thought of as too submissive.

There were still entrenched beliefs that condoms reduce sexual pleasure (35 percent of male respondents and 22 percent of female respondents). There is also the belief by over one fifth of the respondents that prolonged use of condoms could have side effects and that they are not 100 percent safe and therefore not worth using. The results were consistent with the findings in a study done by Meekers and Klein (2001) on "Patterns of sexual behaviour and condom use among high school and university students in Butare". In this study it was reported that youths also had concerns that condoms reduce sexual pleasure, that condoms themselves may be laced with the HIV virus, or the condoms can get 'lost' in the vagina.

It was surprising to find that 11 percent of male respondents and 8 percent of female respondents still believed that some people could get HIV through witchcraft. These results are consistent with the results obtained in the 2005 Zambia Sexual Behaviour Survey (CSO, et al, 2005) that 19.2 percent of young people believed that HIV could be transmitted through witchcraft.

Over 70 percent of all respondents believed that it was traditionally and socially unacceptable for youths to be seen buying or using condoms. This is because such possession is seen to be an admission that the youth is engaging in premarital sex which due to religious upbringing is considered morally wrong.

Over 40 percent of all respondents reported not having planned their pregnancies. As discussed in literature review, early and unprotected sexual activity during adolescence increases the risk of morbidity and mortality associated with pregnancy, child birth, induced abortions and STIs/HIV infection (Castle, Likwa and Whittaker, 1990).

Chapter Eight: Conclusion and Recommendations

8.0 Conclusion

The findings show that information and knowledge on HIV and AIDS has not had a serious impact on the college students' attitudes and sexual practices. Despite the knowledge they have on the dangers of risky sexual behaviour some college students were still not willing to change the risky sexual activities through which they could get infected with HIV.

Various reasons have been identified to probably contribute to the risky sexual behaviour of college students. Examples of the possible reasons include freedom from parental authority and low economic status especially among young females.

Only 16 percent of female respondents and 24 percent of male respondents did not receive any pocket money. However, even of those who reported receiving pocket money about half (49 percent of female respondents and 60 percent of the male respondents) received less than K100, 000. This means that they lived on less than US$1 per day (US$1= 4,180, BOZ, 2006). Female respondents were more likely to receive K100, 000 or more (46.6 percent of females) than their male counterparts (31.1 percent of the male respondents).

The combination of little finances, freedom from parental authority, an appetite for luxury items and peer pressure at a time of a youth's heightened need for sexual fulfilment, predisposes young females to indulge in sexual activity usually with someone who is able to finance their desired status. However, the results could not prove this assertion as 83 percent of female respondents and 27 percent of male respondents said they never received any object for sex.

Among the sexually active respondents more females (73 percent) than males (51 percent) were likely to have had their initial sexual contact with their boyfriend/girlfriend. The main reason given was that their sexual debut was out of "love"

(25 percent of female respondents and 20 percent of male respondents). On the other hand, only 2 percent of female respondents and 7 percent of male respondents had their initial sexual contact with their husband or wife. This means that messages of abstinence till marriage do not seem to sink nor are they put in practice.

Messages of morality do not seem to be effective either. Even though most of the respondents (84 percent of female respondents and 68 percent of male respondents) had some religious affiliations, where teachings of moral purity are emphasised, this did not seem to prevent them from early sexual debut. Most of the respondents (39.0 percent males and 50.0 percent of females) had their first sexual experience between 15-19 years of age, with some males (5.4 percent) having had theirs below 10 years old. It seems belonging to these religious groups did not help much in preventing these youths from engaging in early sexual intercourse.

Worse still the results revealed that though most of the respondents said they practiced the normal vaginal sex, some of them (23 % males and 12%females) practiced anal or oral sex. This was quite alarming and just revealed how serious the problem was. The risk of infection among the adolescents was therefore very high and needs serious attention.

The result that although most respondents did not believe the misconceptions around condom use, there was still a good percentage (35 percent males and 22 percent females) that believed that use of condoms reduces sexual pleasure. Others believed that prolonged use of condoms has negative side effects (20 percent males and 27 percent females). Some of the respondents expressed concerns that since condoms are not 100 percent effective they are not worth using (23 percent and 27 percent females). These beliefs mean that youths are not convinced that even correct condom use is sufficient protection against HIV infection.

As regards the misconception that an HIV infected person could get healed after having sexual intercourse with a virgin, respondents strongly condemned this belief. This was said to be a very sad development which should not be tolerated in society.

The misconception that HIV could be transmitted through witchcraft (11 percent males and 8 percent females) is a source of concern as this externalises the risk of HIV infection from the youths and makes them fail to adopt protective behaviours.

This research has also shown that college students have not personalized the risks that HIV and AIDS poses on them as individuals. This was so because of the failure of those who were engaged in sexual activities to say no to having intercourse with their regular partner. Their failure to say no was due to fear of losing their partners or the perception that was abnormal to say "no" to sexual intercourse with a regular partner. The fear to lose one's sexual partner if one said no to sexual intercourse seems unfounded as most of the respondents (89 percent of male respondents and 92 percent of female respondents) said that they would respect their partner's decision.

Female respondents reported having had more than one sexual partner (23 percent of female respondents) though more males (46 percent of male respondents) were likely to have more than one partner than females. This means that messages of sticking and being faithful to one sexual partner have not elicited the desired change in sexual behaviour in a significant number of youths who are sexually active.

On the other hand some female respondents said their male partners simply 'refuse' to use condoms in the name of 'trust'. The male partners would only use condoms at the beginning of the relationship and then later do away with them after gaining trust. This revealed the unequal power relations between the two genders. Female respondents took romantic relationships more seriously so that the fear to lose their partner was greater than their fear of the risk of contracting the HIV and AIDS.

Strong beliefs still exist (by 76 percent male respondents and 69 percent female respondents) that it is socially and traditionally unacceptable for a young man or woman to posses, use or buy condoms. Both males and females had fears of being stigmatized by society if they were to be seen in the possession of condoms. This is probably because such possession of condoms is seen as an admission of engagement in immoral behaviour.

Females were identified as most at risk of STIs/HIV and AIDS infection. The reason given was that they are biologically susceptible and because they were culturally conditioned to be submissive to men.

8.1 Recommendations

The findings of this study have several policy, research and programmatic implications as follows:

1. HIV/AIDS policies should not lump youths into one homogenous group. Some youth groups such as college students face unique challenges such as lack of financial support, sexual harassment, peer pressure and exploitation for grades. Gender segregation is also required. This recommendation is also important for unbundling programmatic activities.

2. Combining qualitative data collection approaches can inform survey instruments and strengthen data collection and thus improve the quality of data available for program development. Such research should try to uncover and engage local norms, beliefs practices and inclinations surrounding the HIV infection.

3. Bridging the knowledge and behaviour change gap should be the target of all HIV and AIDS programs. This could be achieved as follows:

    - Messages for behaviour change should go beyond IEC to relay accurate scientific information in innovative ways that satisfy inquisitive youthful

minds which may have shorter attention spans. This would help to allay the various misconceptions about HIV and AIDS such as linkages of the disease with witchcraft and the boredom that comes from overplayed HIV and AIDS messages.

- To a college student HIV/AIDS is no longer a "hot topic", so that it becomes the number one public threat. This challenges effectiveness of agencies that concentrate on prevention efforts, to do things differently. Providers need cutting edge best-practice information for the target groups.

- HIV and AIDS programmers need to move beyond didactic sermons to large groups toward more interpersonal and peer counselling methods that invoke a personal and emotional understanding of transmission, prevention, and risk.

4. Most of the respondents sourced their HIV and AIDS information from the mass media. But these sources need to be supplemented with face-to-face interventions in which participants have an opportunity to ask trained agents questions about STI/HIV/AIDS transmission and prevention. In this regard SHARES has a role to play in all colleges.

5. College lecturers could play the important aspect of role-models. Most youths do not want to hear messages of behaviour change from a peer who him/herself needs such behaviour change. This is because youths are quick to detect hypocrisy.

6. For the majority of students, there is little or no relationship between the knowledge of HIV transmission and safer sexual behaviour. Simply being knowledgeable about HIV transmission is not sufficient to change risky sexual behaviour. It is apparent that the barriers to practicing safer sex are complex. For example it is recognised that safe sex includes using condoms correctly. But strong social and traditional

beliefs exist against youths possessing, buying and using condoms. Therefore, HIV prevention might be best included within the context of more general health promotion campaigns. For this to be achieved more education for all health care professionals is required so that they do a better job of informing all clients, especially those with high-risk behaviors, *regarding HIV and how to protect themselves from infection.* Sustained effort is needed to build trust and credibility between college students and prevention program staff. Health beliefs and how they may impact preventive measures need to be identified.

7. Commitment from people with influence in society is necessary. These include college principals, heads of departments and lecturers. Momentum that has been lost in the HIV and AIDS transmission and prevention programmes in colleges must be regained and expanded.

8. Some specific ways to reach the youth in colleges is to provide free testing via mobile vans. This currently does not exist and the recommendation is to explore such a development.

9. Another recommendation is that in view of the stigmatization attached to youth's possession, buying and using condoms it is necessary to provide free condoms in rest rooms.

8.2 Future Research

This research study focused on youths in colleges and their behaviour in the era of HIV and AIDS. While it has established that little behaviour change in college students, most likely because it was a cross sectional survey in nature, it is necessary to encourage future research that would monitor behaviour change longitudinally in the same cohort over the period of time that the students are in college.

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COLLEGE STUDENTS QUESTIONNAIRE

Introduction

My name is ..... a student at the University of Zambia carrying out a research ..... college. The aim of the research is to assess sexual behaviour of college students in the era of HIV/AIDS and how gender norms, beliefs and attitudes influence sexual behaviour. This research is being carried out as part of the Master of Arts in Gender Studies in the School of Humanities and Social Sciences at University of Zambia.

I am seeking your participation in this study by answering this questionnaire if you choose to participate, the information you will give will be treated with maximum confidentiality. This research is purely for academic purposes. The information you give should be given freely and voluntarily. Your name shall not be quoted in any of the documents of this research. If you are willing to participate, kindly sing the consent below:

CONSENT TO PARTICIPATE

I have read and I understood the information given. I am willing to participate and therefore given my full consent.

Signature: ..... Date: .....

FOR OFFICIAL USE

Respondent's No: .....

Name of College: .....

Date: .....

SECTION A: BACKGROUND INFOMRATION			
No.	**Questions and Filters**	**Coding Categories Responses**	**Go To**
01	Record your sex	Male ..... 01 Female 02	
02	How old are you?	Completed Years _____	
03	What is your marital status?	Single .... 01 Married .... 02 Separated .... 03 Divorced .... 04 Widowed..... ... 05 Living with sexual partner 06	
04	What is your religious denomination?	Catholic .... 01 Anglican .... 02 Baptist .... 03 SDA .... 04 Methodist .... 05 Pentecost .... 06 Muslim .... 07 Other (specify) 88	
05	How many children do you have?	Number of males _____ Number of females _____	
06	In which year are you?	First year .... 01 Second year .... 02 Third year 03	
07	Are you accommodated in college	Yes .... 01 No 00	
09	How much money do you		

	get per month?	Amount ----------	
SECTION B: QUESTIONS ON PREGNANCY			
10	Have you ever been pregnant/made someone pregnant?	Yes ..... 01 No 00	
11	Who made you pregnant/who did you impregnant?	Uncle/Auntie ..... 01 Boy friend/girl friend ..... 02 Married man/woman ..... 03 Cousin ..... 04 Other (specify) 88	
12.	At the time you/she became pregnant, did you want to become pregnant then or did you want to wait until later or did you want to have children at all?	Then ..... 01 Later ..... 02 Not at all 03	
13	What did you do when you had an unwanted pregnancy?	Nothing ....01 Was depressed .....02 Tried to hid ....03 Tried to abort ..... 04 Did abort 05	
14	Do you think a pregnant woman has a right to abort?	Yes, its her body ..... 01 No, should consult the man ..... 02 No, not at all 00	

15	What did you use to get rid of the pregnancy?	Chloroquine tablets ..... 01 Capsules ..... 02 Herbs ..... 03 Went to clinic/hospital 04	
16	Was the father of the baby aware of the pregnancy? Were you aware of the pregnancy as the father?	Yes ..... 01 No 00	
17.	What do you think should be done for girls who drop out from school because of pregnancy?	Nothing .....01 Encouraged to go back to school ..... 02 Encouraged to get married ....03 Other (specify) 88	

SECTION C: SEXUAL BEHAVIOUR

18	Have you ever had sexual intercourse?	Yes ..... 01 No 00	
19	How old were you when you had your first sexual intercourse?	Years ..... 01 Can't remember 03	
20	Why did you have your first sexual intercourse at that time (multiple responses possible)?	Yes No Out of curiosity..... 01 02 Was aroused .... 01 02 Was in love ..... 01 02 For fun/pleasure ..... 01 02 Peer pressure ..... 01 02 To get married/ Got married ..... 01 02 Needed food/money fees 01 02	

		Parents encouraged me ..... 01 02 Other specify) 88	
21	Did you use a condom when you had your first sexual intercourse?	Used a condom..... 01 Did not use a condom.....02 Can not remember.....	
22	Did you take alcohol before you had your first sexual intercourse?	Took alcohol at first sex.....01 Never took alcohol at first sex.....02 Can not remember.....	
23	With whom did you have your first sexual intercourse?	Husband/wife ..... 01 Fiancée ..... 02 Boy/girl friend ..... 03 Friend ..... 04 Classmate ..... 05 Teacher ..... 06 Other (specify) 88	
24	How many sexual partners have you had in the last 12 months?	Number _____	
25	How often have you taken alcohol as well as engaged in sex?	Take alcohol but no sex.....01 Once in my life.....02 In the last 12 months.....03 In the last encounter.....04 Never take alcohol.....05	
26	Of the partners you have had in the last 12 months how may were regular partners, commercial and casual partners?	No of regular partners _____ No. of commercial sex workers _____ No. of casual partners _____	

27	Did you use a condom during the last sex with your regular partner?	Yes ..... 01 No 00	
28	Did you use a condom during the last sex with your non regular partner?	Yes ..... 01 No 00	
29	How often did you use a condom with your regular sexual partner during the last 12 months?	Always ..... 01 Sometimes ..... 02 Occasionally .....03 We do not ..... 04 Have none 05	
30	How often did you use a condom with your non-regular sexual partner during the last 12 months?	Always .....01 Sometimes ..... 02 Occasionally .....03 We do not ..... 04 Have none 05	
31	Why do you NOT use condoms with your regular partner?	Trust my partner .....01 Partner refuses ..... 02 Don't like them .....03 We have no STDS or HIV ..... 04 Other (specify) _____	
32	What type of sexual practices have you had in the last 12 months?	Dry sex ..... 01 Anal sex ..... 02 Oral sex ..... 03 Normal vaginal sex 04	
33	Do you ever say no to having sexual intercourse with your regular partners?	Yes ..... 01 No 00	

34	Have you ever received or given money, gifs or material help in exchange for sex?	Yes received ..... 01 Yes, given ..... 02 Never, received ..... 03 Never given 00	
35	How often do you receive or give gifts, money or material help in exchange for sex?	At least once a week .....01 At least once in 2 weeks ..... 02 Once per month ..... 03 Once per year 00	
36	Have you ever been sexually exploited (solicited) by your lecturer(s) or fellow students?	Yes have been solicited.....01 Never been solicited.....02	
37	When you faced sexual solicitation for an academic award did you give in or not?	I gave in.....01 I never gave in.....02	
38	Why are some students not engaged in premarital sexual relations?	Everyone is doing it ..... 01 They are shy ..... 02 They are afraid of sex ..... 03 They are sick ..... 04 They fear their parents ..... 05 Afraid of diseases and God. He says no sex before marriage .....06 Other (specify) _____ 88	
SECTION C: STD/HIV/AIDS KNOWLEDGE			
39	Which of these diseases are transmitted through sexual intercourse? (Multiple answers) read out	.....Yes No Syphilis ..... 01 02 Gonorrhoea..... 01 02	

	responses	AIDS ..... 01 02 Genital Warts ..... 01 02 Condolytomata-lata ..... 01 02 Others (specify) 88	
40	From which source of information have you learnt about STIs? (Multiple answers) read out responses	Yes No Radio ..... 01 02 Newspaper/magazines..... 01 02 Television ..... 01 02 Pamphlets ..... 01 02 Health workers ..... 01 02 Churches ..... 01 02 School/teachers ..... 01 02 Friends/relatives ..... 01 02 Live drama ..... 01 02 NGOs/CBOs official..... 01 02 Books ..... 01 02 Other (specify) 88	
41	Have you had any STD in the lat 12 months?	Yes ..... 01 No 00	
	KNOWLEDGE OF HIV/AIDS		
42	What is the difference between HIV and AIDS?	_____ _____	
43	What are the symptoms of HIV/AIDS? (major and minor) (Multiple answers) do not read responses.	Yes No Unexplained weight loss ..... 01 02 Loss of hair ..... 01 02 Skin colour changes ..... 01 02 Coughing more than 1month ..... 01 02 Persistent diarrhoea ..... 01 02 Recurrent infections e.g. T.B. ..... 01 02 Others specify 88	

44	What are the modes of transmission of HIV/AIDS? Tick the best response 'Yes or No' (Multiple answers) read out and circle all mentioned.	Yes No Sex with infected person .....01 02 Having multiple partners ..... 01 02 Not using condoms..... 01 02 Blood transfusion .....01 02 Kissing .....01 02 Mosquito bites .....01 02 Hand shakes ..... 01 02 Witchcraft ..... 01 02 Exchanging clothes ..... 01 02 Eating with an infected person .... 01 02 Other (specify) 88	
45	Do you know anyone amongst your friends whom you believed has HIV/AIDS or died of AIDS?	Yes, Friend has HIV ..... 01 Yes, friend die of AIDS ..... 02 No, don't know 00	
46	If yes, how many?	_____	
47	How long does it take an average person to progress from HIV to AIDS	One month ..... 01 Two to three months ..... 02 Four to six months ..... 03 Seven months to one year .....04 Can be more than one year ..... 05 Not sure 06	
48	What does 'safe sex' mean to you?	Abstaining from sex ..... 01 Use condoms ..... 02 Avoid multiple partners ..... 03 Other (specify) 88	

49	Do you have safe sex yourself?	Yes ..... 01 No 00	
50	What do you do?	Abstain from sex ..... 01 Use condoms ..... 02 Stick to one partner ..... 03 Nothing 04	
51	Do you think you are at risk of contracting the HIV virus?	Yes ..... 01 No 00	
52	Have you ever undergone HIV counselling and testing?	Yes ..... 01 No 00	
	SECTION D: GENDER POWER RELATIONS		
53	Have you ever been forced to have sex?	Yes ..... 01 No 00	
54	With whom were you forced to have sex?	Boy friend / girl friend ..... 01 Husband/wife ..... 02 Teacher ..... 03 Other (Specify) 88	
55	Have you ever been sexually harassed?	Yes ..... 01 No 00	
56	Who has ever sexually harassed you?	My teacher(s) ..... 01 Classmates ..... 02 Work mates ..... 03 Other (specify) 88	
57	Which gender is more at risk of contracting	Females 01	

	STD/HIV/AIDS?	Males ..... 02 Both sexes ..... 03 Not sure 04	
58	Why do you think the gender you mentioned (in Q50) is more at risk of contracting STD/HIV/AIDS?	Too submissive ..... 01 Can't say No to sex ..... 02 Biological make up ..... 03 Not allowed to question their partners ... 04 On receiving end ..... 05 Other (specify) 88	
59	What does your regular partner do when you say no to sexual intercourse with him/her?	Respects my decision ..... 01 Gets very annoyed ..... 02 Forces me to have it ..... 03 Goes for another person ..... 04 I never say no ..... 05 Other (specify) 88	
60	Why do you fail to say No to sexual intercourse with your regular partner?	Fear to lose my parent ..... 01 Always forced ..... 02 Feel shy to say No ..... 03 Abnormal to say no ..... 04 Other (specify) 88	
61	Does you regular partner have the right to say No to sexual intercourse with you?	Yes ..... 01 No 00	
62	When your regular sexual partner says No to sexual intercourse with you, what do you do?	Respect my parent's decision ..... 01 Use force ..... 02 Terminate relationship ..... 03 Look for another person willing to do it ..04	

		Other (specify) 88	
63	Do you think your chances of getting AIDS are small, moderate, high or no risk at all?	No risk at all ..... 01 Small ..... 02 Moderate ..... 03 High ..... 04 Has AIDS 05	
64	Why do you think that you have (no risk/a small chance of getting AIDS?	Abstain from sex ..... 01 Use condoms ..... 02 Have only sex partner ..... 03 Limited number of sex partners ..... 04 Avoid sex with prostitutes ..... 05 Spouse has no other partner ..... 06 No homosexual contact ..... 07 Other (specify) 88	
65	Why do you think that you have moderate/great chance of getting AIDS?	Do not use condoms ..... 01 More than one sex partners ..... 02 Sex with prostitutes ..... 03 Spouse has other partners ..... 04 Spouse has other partners ..... 05 Had blood transfusion ..... 06 Homosexual contact ..... 07 Other (specify) 88	
66	If you raped/forced to have sex with a known person would you report to the victim support?	Yes ..... 01 No 00	
67	Why wouldn't you report the case?	_____	

68	Do you believe in payment of "lobola" as a way of buying a woman from her family?	Yes ..... 01 No 00	
69	Do you believe that it is better for a man to have extra marital affairs than for a woman?	Yes ..... 01 No 00	
70	Do you believe that in regular sexual relationship it is better to be in control than to be controlled?	Yes ..... 01 No 00	
	SECTION E: ATTITUDES AND BELIEFS		
71	Do you value virginity and marriage?	Yes ..... 01 No 00	
72	What happens when you abstain from sexual intercourse for sometime?	Nothing ..... 01 I fall sick (physically) ..... 02 Mental disturbance ..... 03 Can't manage ..... 04 Other (specify) 88	
73	Do you believe that your regular partner needs more than one sexual partner?	Yes ..... 01 No 00	
74	Do you believe that use of condom reduces sexual pleasure?	Yes ..... 01 No 00	
75	Do you believe that prolonged use of condoms has negative side effects?	Yes ..... 01 No 00	

76	Do you believe that people who are HIV positive are getting what they deserve?	Yes ..... 01 No 00	
77	Do you believe that a man who has never suffered from an STD in life is not man enough?	Yes ..... 01 No 00	
78	Do you believe that since condoms are not 100% safe, they are not worthy using?	Yes ..... 01 No 00	
79	Do you believe that it is traditionally and socially acceptable for young men to buy and use condoms?	Yes ..... 01 No 00	
80	Do you believe that it is traditionally and socially unacceptable for young women to buy and use condoms?	Yes ..... 01 No 00	
81	Do you believe that the more sexual pleasure one has now, the easier it becomes for them to avoid HIV/AIDS?	Yes ..... 01 No 00	
82	Do you believe that some herbs inserted into the vagina make it warm, dry and tight?	Yes ..... 01 No 00	
83	Do you believe that initiation ceremonies just teach young men and women bad manners?	Yes ..... 01 No 00	
84	Do you believe that circumcising all the male children will help prevent HIV/AIDS in future?	Yes ..... 01 No 00	
85	Do you believe that circumcising all the female	Yes 01	

	children will help prevent HIV/AIDS in future?	No 00	
86	Do you believe that if an HIV positive person sleeps with a young girl they can be cured from HIV/AIDS?	Yes ..... 01 No 00	
87	Do you believe that AIDS is just a condition like malaria ad others and it can be treated?	Yes ..... 01 No 00	
88	Do you believe that HIV/AIDS can be cured by witchdoctors?	Yes ..... 01 No 00	
89	Do you believe that some people get HIV through witchcraft?	Yes ..... 01 No 00	
90	Can a person get HIV by having one time sexual intercourse with an infected person?	Yes ..... 01 No 00	
91	Like any other STDs, AIDS can be cured if detected early?	Yes ..... 01 No 00	
92	How can HIV/AIDS be prevented? (Multiple answers). Do not read responses.	Yes No Using condoms ..... 01 02 Sticking to one partner ..... 01 02 Abstaining completely for the Unmarried ..... 01 02 Sleeping with virgins ..... 01 02 Other (specify) 88	

THANK YOU VERY MUCH FOR YOUR COOPERATION.

Appendix B: Focus Group Discussion Guide for College Students

Warm-up and explanation

Introduction

You are all welcome to the venue of this discussion. We are happy that you are able to spare some time to come for this discussion. Let us start by introducing ourselves. My name is Beatrice Zulu, my colleague's name is Mervis Mtonga. We would like you to introduce yourselves. Tell us your name or nickname to use during the course of this discussion.

Purpose

We will be discussing health and issues related to sexual behaviour. The objectives of this study are (i) to examine gender power relations, norms and practices with regard to sexual risk behaviour and (ii) to examine the knowledge, attitudes and beliefs towards condom use. We are interested in your ideas, comments and suggestions on the various issues. All information will be confidential.

Explain the ground rules for discussion

This is a friendly discussion so there are no rights or wrong answers. Everyone should feel free to air his opinion. We would like to have one speaker at a time and there should be no side discussions during the session. Please tell us your opinion even if it is similar to what someone has already said. Anyone can contribute to the discussion at any time. You should feel free to agree or disagree in a friendly manner. We will spend about an hour in all.

Appreciation of Severity of HIV and AIDS

1. Latest reports reveal that here in Zambia, 55 percent of HIV positive people are women and 7 percent girls aged 15-19 are infected compared to 2 percent boys of the same age.

What do you think are the factors responsible for the difference in HIV infection rates between males and females aged 15-19?

- probe – How vulnerable are college male and female students?

  - Who is more at risk of contracting HIV and AIDS between Male and female students? Why?

    -What do male and female students do to protect themselves from this infection?
  - What is the level of condom use among students in this institution?
  - What are the barriers to condom use?

Gender Relations

2. What type of sexual abuse and sexual harassment do males and females face within campus?
3. Do female /male students easily negotiate for condom use with their sexual partners?
4. Do women have sexual negotiation skills? (do they easily negotiate for safer sex?)
5. Do women have condom negotiation skills?
6. How are women who try to negotiate condom use treated by their partners?

Cultural beliefs and Practices

7. It is said there are some cultural practices that predispose one to risky behaviour or to contracting HIV and AIDS e.g. sexual cleansing, wife inheritance, polygamous marriages and so on. What is the view of the people in your institutions on these practices?

- probe – What forms of sexual cleansing are practiced?
  - How do polygamous marriages put people at risk of Contracting HIV and AIDS?
  - Is it the same for men and women?
  - What other cultural practices predispose men and women Risky sexual behaviour?

8. In recent years, there has been a strong belief that once an older man or woman who has HIV virus has sexual intercourse with a virgin (younger girl or boy) he or she gets cured off the HIV virus. What is your view concerning this belief?

- probe – Do we have some traditional healers who cure HIV and AIDS?
  -- What are some of the common myths and misconceptions About HIV?AIDS and condom use?

Cultural Norms

9. There are some misconceptions about the initiation ceremonies performed when the girl is of age.

What are your views on these ceremonies?

--probe--- How do these ceremonies influence the spread of HIV?

10. In our Zambian cultures like other African cultures, the role of a "good" wife is accepted to involve satisfying the sexual needs of her partner and women believe that men like the vagina of their lover dry.

What are your views on the practices of dry sex?

Probe – Is it true that men prefer sex when herbs are inserted to dry and tighten the vagina before intercourse?

11. The barrier method use is not practical for many women because it is complicated by cultural norms that discourage couples from talking about sexual matters.

    What can be done to help females develop the habit of talking to their partners about the use of condoms in a sexual relationship?

12. Women rarely negotiate protected sex because in the absence of condom use their refusal to have sex could provoke anger or even violence.

    How can women be helped to be able to negotiate protected sex even say no to sex without facing violence from their partners?

13. What could be the possible reasons as to why condoms are not readily used by females in college?

14. Do you think students are receiving sufficient information or life training skills about HIV and AIDS to protect them from HIV and AIDS?

Thank you very much for your co-operation.