

Knowledge, Attitude and Practice of Risky Sexual Behavior and Condom Utilization among Regular Students of Mizan-Tepi University, South West Ethiopia

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Abstract

Background: Students of higher institutions are assumed to be exposed to many risky sexual behaviors. However, little was explored about the knowledge, attitude and practice of risky sexual behavior and condom utilization on the context of higher education institutions in Ethiopia. Thus, the objective of this study was to assess the knowledge, attitude and practice of risky sexual behavior and condom utilization among Mizan-Tepi University regular students.

Methods: Cross-sectional study was conducted among students of Mizan-Tepi University in 2014. The study was conducted among 284 students selected by systematic random sampling. The data was collected by using self-administered questionnaire. The data was entered in to Epidata 3.1 and transported to SPSS version 17 for analysis.

Results: Among the participants, 93% had good knowledge towards risky sexual behavior and condom utilization. About 59.8% and 96.4% of study participants know about ways of transmission of sexually transmitted infections and HIV/AIDS respectively. Among study participants 59.5% know that alcohol intake, chewing chat and smoking cigarette expose to unwanted pregnancy, STIs and HIV/AIDS. Among participants, 71% had positive attitude towards condom utilization. Among the participants, 41.9% ever had sexual intercourse, of those 60.5% ever had used condom. Most (66%) started sexual intercourse before joining university. Among participants 35% who ever had sexual intercourse reported to have ever used condom consistently. From those who ever had sexual intercourse 27% of participants had sexual intercourse with commercial sex workers and 19% with casual partners. Current substance users were about 2.5 times more likely to be involved in risky sexual behavior compared to non-users and those drinking alcohol daily were 3.5 times more likely to be involved in it.

Conclusion: Risky sexual behavior such as having multiple sexual partner and unsafe sexual practice with non-regular partner exists. The university and local government bodies shall work together to address the identified risky behaviors with particular focus on behavior change and communication.

Keywords: Knowledge; Attitude; Practice; Risky sexual behavior; Mizan-Tepi

Introduction

Students of higher learning institutions are assets of the society and change agents in filling the gap on whom the future of the country is based. It is clear that this group is on the way of transforming to adulthood, filled with ambition and building their future academic and social career. Neglecting their sexual and reproductive health can lead to social and economic cost, both immediately and in the future. One of the most important commitments a country can make for future economic, social and political progress and stability is to address the sexual and reproductive health needs of this population group [1].

Sexual issues have been one of the most fundamental aspects of human existence, which is directly related to both physical and psychological wellbeing of an individual. Psychologists believe that

boys and girls achieve sexual maturity early in adolescent and physical maturity by the end of it. However, according to World Health Organization (WHO) adolescence is defined as the period of psychosocial development between the onset of sexual maturity and early adulthood, during which self-identified sex roles and relationship with other person are defined by young people [2]. Adolescence and adulthood are critical target groups for sexual behavioral change programs. While sexual abstinence is the preferred method of HIV prevention among this group of people, it is not practical for many of individuals. Therefore, consistent and correct condom use is a reasonable method of preventing the transmission and acquiring HIV and other sexually transmitted infections [3].

Adolescents and adults made unprotected sex for multitude of reasons. Within or outside of marriage young women may feel pressure to prove their fertility. Other young people may be engaged in unprotected sex because they didn't consider contraception, fear of possible side-effects, are misinformed about the risk of pregnancy or

STIs [4]. Risky sexual behaviors are defined as behaviors which increase the chance of contracting or transmitting disease or increase the chance of occurrence of unwanted pregnancy. Those include having more than one sexual partner, changing sexual partners frequently, having sex without condom, not using contraceptive [5]. Most adults are educated about risky sexual behaviors. However, unsafe sexual practices are still occurring with sufficient frequency. So that sexually transmitted diseases and unwanted pregnancy remain significant public health concerns. The WHO reported in 2002 that unsafe sex was second among the top ten first factors in the global burden of all diseases caused globally [6].

Mizan-Tepi University is one of the 31 universities. It has one clinic and condoms are placed around the clinic at irregular bases. University students are at adolescent and adult age groups. Students in this age group are highly sexually active and involved in risky sexual behaviors. Therefore they are prone to acquire HIV, unwanted pregnancy, STIs, unsafe abortion and psychological trauma [7]. Furthermore the prevalence of HIV in Ethiopia was 2.4% and in Mizan –Aman town it was 13.6% and the students were in continuous contact with the surrounding society. So, they were likely to have sex with commercial sex workers and to have unprotected sex [8,9]. Young people especially who are unlikely to have access to quality health care services such as University students have higher rates of STI, but they have largely been ignored [10].

University/college students are viewed as being at higher risks to acquire STI or HIV infection and they are categorized under the most at risk population segments (MARPS) due to their inclination to be engaged in risky sexual behavior and their sense of non-vulnerability [11]. Despite high level of knowledge, University students involve in unprotected sex with casual partners and fail to recognize that they are at risk of HIV infection [12].

Various factors are associated with risky sexual behavior and condom utilization. It is multi factorial and often challenging. In a wider context knowledge, attitude and practice are associated with peer pressure, sexual desire, early sexual initiation, alcohol and drug abuse, living away from family, financial factors, stigma in procuring and using condom, attending night clubs, enjoying with sex films, low media coverage and inadequate and inappropriate allocation of condom [13]. Even though there is a rapid increase in the number of universities and university students and trained man power to achieve the growth and transformation plan and to equalize the country at middle income economic countries, it is impossible without maintaining the health of trained man power [14].

Although the mission of ministry of health is “to promote good health and reduce illness, ensure access to good and affordable health care and pursue medical excellence”, the prevalence of HIV in Ethiopia and Ethiopian universities was high (2.4% and 12.2% (Jimma university) respectively) [15]. Moreover, the vision of ministry of education (MOE) is “building an education and training system which assures quality and equality of education by the year 2020 that aims at producing competent citizens”, reducing risky sexual behavior and promoting condom utilization in university students is essential to achieve the mission and vision [16].

The present study would tend to contribute to fill the gap of KAP of risky sexual behavior and condom utilization in this university and would be used as an input by policy makers to achieve the mission and vision of MOH, MOE and the country at all. Recognizing the health impact of STIs and/ or HIV infection on productive population and

underscoring that universities are important fronts in fight against STIs and/or HIV transmission is important [17]. But in recently established public universities including Mizan-Tepi University there is paucity of researches to undertake informed institution based risk reduction intervention.

Even if there are researches conducted in other universities, risky sexual behavior and prevalence of STIs and/or HIV is still high despite interventions. Therefore, this study was aimed to assess the knowledge, attitude and practice of risky sexual behavior and condom utilization, which may support the intervention towards reducing risky sexual behavior and improvement of condom utilization among Mizan-Tepi University students.

Methodology

Study setting

The study was conducted in Mizan Tepi University, Mizan campus from June to July 2014. It is one of newly established Universities in Ethiopia which is located in south west Ethiopia around 561 km from Addis Ababa. It was established in 2007/08. The University was organized in two campuses, namely Mizan and Tepi. There were six colleges, two schools and about 34 departments. From these, four colleges and one school were found in Mizan and two colleges and one school were found in Tepi. Of those 21 departments were found in Mizan and 13 departments were found in Tepi campus. It had a total of 1129 supportive staffs, 779 academic staffs and 7895 regular and summer students.

Study design

Institutional based cross sectional study design was employed.

Study population

The study population was students of Mizan-Tepi University in Mizan campus.

Sample size determination

The sample size was calculated by using a single population proportion formula, by taking prevalence of risky sexual behavior 25.9%, with confidence interval of 95% and margin of error was 5%.

$$n = (z\alpha/2)^2 p(1-p)/d^2$$

$$n = (1.96)^2 2.259(1-.259)/(0.05)^2$$

$$n = 295$$

But since the source of the study subjects were considered below 10,000 we used population correction formula.

$$nf = n/1+n/N$$

$$nf = 258$$

Then we added 10% contingency for nonresponse rate, final sample size was 258+26=284.

Sampling procedure

The total number of regular students in Mizan-Tepi University, Mizan campus was 1982. From this 1090 were males and 892 were females in the year 2014. Stratification was done as health and non-

health college students and proportional allocation to the total number of students in each stratum was done in respective college. The participants were selected by systematic random sampling technique.

Data collection

The data was collected by principal investigators, by using structured self-administered questionnaire. It was prepared in English; it consisted of questions related to socio demographic characteristics of study participants, risky sexual behaviors like sexual contact with commercial sex workers or non-regular partner, history of Sexually transmitted diseases, knowledge and practice questions on the use of condom and frequency of use. Data collection was supervised by trained supervisor.

Data analysis and management

After completion of data collection, Data was categorized by principal investigators. We presented our data by frequency table. Finally we compared and contrasted our result with literature review and conclusion was made.

Ethical consideration

Ethical clearance was obtained from college of health sciences, Mizan-Tepi University. Confidentiality of the data was kept. Informed consent was obtained from study participants. Permission letter was obtained from Mizan-Tepi University administration. Study participants were informed about the objective of the study.

Result

Sociodemographic characteristics of study participants

The study findings revealed that majority of the participants were between the age group of 18-23 years (80.3%). More than half (53.8%) of study participants were males and 46.2% of study participants were females. Most of the study participants came from three regions, South region (29.6%), Amhara region (28.5%) and Oromia Region (23.1%). Regarding the batch of student majority were third year students (31.69), followed by second year (24.29%) and first year (23.59%). Social science (26.05) and Agriculture colleges (24.29%) accounted for almost half of the study participants. More than half of the students were from rural areas (56%). About half of students (52%) never discussed sexual issue with families and nearly half discuss the issue with friends occasionally (45%) (Table1).

Variables	Frequency	Percentage (%)
Age in years		
18-20	119	41.9
21-23	109	38.4
24-26	47	16.5
27-29	6	2.03
>29	3	1.07
Sex		
Male	153	53.8

Female	131	46.2
Region of origin		
Amhara	81	28.5
South region	84	29.6
Oromo	66	23.1
Tigray	28	9.9
Other	25	8.8
Total	284	100
Batch		
First year	67	23.59
Second year	69	24.29
Third year	90	31.69
Fourth year	45	15.84
Fifth year	13	4.57
College		
Health science	62	21.83
Agriculture	69	24.29
Business and Economics	60	21.12
Social Science	74	26.05
Law	22	7.74
Religion		
Orthodox	156	55
Protestant	87	30.6
Muslim	35	12.3
Others	6	2.1
Residence		
Rural	159	56
Urban	125	44
Approach to discuss sexual issues		
Very easy	228	80
Easy	15	5
Difficult	34	13
Never get	7	2
Total	284	1
Issues discussed with family		
Often	37	14
Occasionally	100	35

Never	147	52
Total	284	1
Issues discussed with friends		
Always	7	2
Often	87	31
Occasionally	128	45
Never	62	22
Total	284	100

Table 1: Sociodemographic characteristics of study participants in Mizan-Tepi University, Mizan campus.

Knowledge towards risky sexual behavior and condom utilization: According to our study 86.9% of participants had information about sexuality and reproductive health. Most of participants get information from different sources like radio/ television (83%), school (77.3%), health institution (62%), friends (58%), parents (47%) and other sources (25%). Majority (89.1%) of participants heard about condom and 21.1% of participants had sexual partner. And also 64.7% of study participants know about signs of STI (Sexually transmitted infections). Of those who ever had sexual intercourse, 29.9% of participants caught by STI. And most of participants got treatment from different places such as campus students' clinic (77%), private clinic (67%), public health institution (42%) and pharmacy and drug store (21%). According to our study result health science students are 1.5 times more likely to have good knowledge towards risky sexual behavior and condom utilization.

Above half (59.8%) of participants know about transmission of STI and 96.4% of participants know about ways of transmission of HIV/AIDS. Of those 31.4% of study participants categorized themselves as having high chance of acquiring HIV/AIDS. And also 89.6% of study participants know that limiting sexual intercourse to one faithful partner can reduce the chance of contracting HIV.

Our study result showed that 84.5% of study participants know that condom prevents unwanted pregnancy, STI and HIV. And 59.5% of study participants know that alcohol intake, chewing chat and smoking cigarette expose to unwanted pregnancy, STI and HIV. Generally 93% of study participants had good knowledge towards risky sexual behavior and condom utilization.

Attitude towards risky sexual behavior and condom utilization: Our study shows that 71% of study participants had positive attitude towards risky sexual behavior and condom utilization. And also health science students were 1.6 times more likely to have positive attitude towards risky sexual behavior and condom utilization.

Practice of risky sexual behavior and condom utilization: Our study result showed that 124 (41.9%) of participants have ever had sexual intercourse. Out of these, 20.95% had sexual partner currently. The mean number of sexual partner was 1.9 partners in their life time. And 44.5% of participants had history of multiple sexual partners. Of those who ever had sexual intercourse 60.5% of participants used condom during sexual intercourse.

Among study participants that use condom during sexual intercourse 44.4% used condom during their first sexual intercourse and 56.9% used condom in the last sexual intercourse. Among those

who ever had sexual intercourse, 39.4% of study participants ever had sexual intercourse in the past 12 months and of those 34.4% of study participants did not use condom during sexual intercourse. According to our study result, 59.1% of study participants attended sex film, movies and pornographic films frequently. Those who attend sex films, movies frequently were about 2 times more likely to be involved in unprotected sexual practice.

According to our study result, 49.3% of study participants drank alcohol occasionally. Of them, 5% drank daily. And 35.7% of participants ever had sexual intercourse. Among participants who had sexual intercourse after drinking alcohol, 68% ever used condom. Those who drank alcohol daily were 3.5 times more likely to be involved in risky sexual behavior than others. According to this study, 25.4% of study participants ever chew chat and smoke cigarette. Of these 47.2% of participants practiced sexual intercourse. Among these, 55.9% of them used condom during sexual intercourse. In this study in general, substance abusers were 2.5 times more likely to be involved in risky sexual behavior compared to non-users (Table 2).

Variables	Frequency	Percentage (%)
Age at first sex		
<15	19	15
15-18	69	56
>18	36	29
Total	124	100
When start first Sex		
Before entering campus	66	53.2
First year	9	7.3
Second year	16	12.9
After second year	33	26.6
With whom first sex		
Boy friend	78	62.9
Teacher	19	15.3
CSW	27	21.8
Reason for having sex		
Falling in love	47	38
Peer pressure	20	16
Sake money	12	9
Rape	6	5
Sex desire	39	32
Use condom		
Rarely	18	25
Occasionally	29	40
Always	25	35
Total	72	100

Source of condom		
Pharmacy/private clinic	156	55
Campus	87	30.6
Public health institution	35	12.3
Total	72	100
Sexual relationship without condom with person having other sexual		
partner	3	19
CSW/Businessman	4	25
Boy/Girl friend	6	37
Casual friend	3	10
Total	16	100
Issues discussed with friends		
Always	7	2
Often	87	31
Occasionally	128	45
Never	62	22
Total	284	100

Table 2: Sexual Characteristics of our study participants in MTU, Mizan campus regular students.

Discussion

In this study, 93% of study participants had good knowledge on risky sexual behavior and condom utilization which was lower than the study conducted in Jimma University (97%) and Wolayta Sodo University (97.3%) [12,18]. This study showed that 89.6% of study participants know that limiting sexual partner to one faithful and uninfected partner can reduce the chance of contracting HIV/ AIDS which was greater than the result found in EDHS 2011 (65%) [8]. Among participants, 21.1% of study participants had sexual partner, of these 21.6% of participants know that his/her partner had another sexual partner and the mean number of sexual partner was 1.9. However, it was lower than the result found in Nigerian university students (3.5) [19] and 2.5 in Hawassa university [20], but it was greater than that of EDHS 2011 which was 1.5 [8]. In this study, 44.5% of participants had history of multiple sexual partners. This figure was much higher than results found in Hawassa and Bahir dar universities (27.8% each) in 2012 [20]. In this study, 84.5% of study participants know that condom prevents unwanted pregnancy and 59.5% of them know that alcohol intake, chewing chat and smoking cigarette can expose to unwanted pregnancy, STI and HIV/AIDS.

This study showed that 41.9% of participants reported to have ever had sexual intercourse while 53.8% and 74.5% of Wolaitta Sodo University [18]. In our study, the mean age at 1st sexual intercourse of the participants was 16.5 years. This may predispose students to HIV/ AIDS and STI.

In this study, 70.96% of participants reported to have sex before 18 years. This was higher than the findings of Bahir dar university (25.3%) in 2007 [20]. This is may be due to the time difference between the two

researches or from sociocultural differences. In our study, 53.2% of study participants reported to have ever experienced sexual intercourse before they joined university. About two-third (62.9%) of participants who reported to have commenced sexual intercourse had their first sex with their boy/girlfriend. This indicates that significant number of students had their first sex with CSW/business man or non-regular sexual partner so that they are likely to be involved in risky sexual behavior. In this study, 21.8% and 15.3% of participants reported to have had their 1st sex with CSW/Business man and teacher, respectively. This explains how much students are exposed to risky sexual behavior.

About 40% of our study participants (sexually active students) gave falling in love as a reason to initiate sex. This figure was lower than the finding in MWU (Mada Walabu University) in 2011 where 53% of sexually active students gave same answer [21]. In this study, 33% of sexually active participants reported to have had initiated sex due to sexual desire and 14%, 10% and 3% are due to peer pressure, for the sake of money and rape, respectively. But those initiated for sex due to peer pressure and for sake of money was slightly lower and higher respectively than that found in MWU in 2011 where it was 13% and 8.6% respectively [21].

About 60.5% of the sexually active participants had ever used condom, and 44.4% and 56.9% of sexually active students used condom in their 1st and last sexual intercourse, respectively. Out of those who ever used condom, 35% had used it always (consistently). But it is higher than the result found in JU in 2010 (43.7% had ever used it) [12]. As well those used it in the last sexual intercourse were higher than that found in EDHS 2011 in which 47% of women who had two or more sexual partner in the last 12 months reported to have had used condom [8]. In spite of this result, students experienced unprotected sex and therefore practicing risky sexual behavior as each sexual intercourse made with unfaithful and probably infected partner should be with condom.

Of the sexually active students who ever used condom, 51%, 26% and 23% got condom from pharmacy, campus clinic and public health institution respectively. This indicates that most students either don't have adequate access to condom at campus or there may be possible stigma and shame in taking condom from the campus clinic.

In this study, of those who ever had experienced sex, 37.9% had sex in the last 12 months of which 34.04% had it without condom, and 63% had it with casual friend, with person who has another sexual partner and CSW/business man. Hence, they had practiced unprotected sex and therefore involved in risky sexual behavior. Similarly, unprotected sexual practice patterns among university students lags behind knowledge and attitude towards prevention of STDs and condom use [17].

More than half (59.1%) of our study participants reported to ever attended sex films, movies and pornographic films frequently. Those participants are about 2 times more likely to be involved in unprotected sex. This study revealed that students who drank alcohol daily were 3.5 times more likely to be involved in risky sexual behavior. This was consistent with the study conducted in WSU (9.2 times more likely to be involved) [18].

This study indicated that current substance abusers are about 2.5 times more likely to be engaged in risky sexual behavior. In this study, 22.4% of female study participants faced abortion at least once after entering campus. Out of all abortions, 15% of abortions were reported to be interfered.

This study has limitations in that it is cross-sectional in nature and may not explain the temporal relationship between the outcome variable and some explanatory variables. The study topic by itself assesses personal and sensitive issues related to sexuality which might have caused under reporting of some behaviors. Thus, the finding of this study should be interpreted with this limitation.

Conclusion

Risky sexual behavior such as having multiple sexual partner and unsafe sexual practice with non-regular partner exists. The university and local government bodies shall work together to address the identified risky behaviors with particular focus on behavior change and communication.

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