

Investigating Factors Influencing Knowledge, Attitude and Practice Towards Negotiation for Safer Sex Among Youths in Institutions of Higher learning:

A Case Study of Kwame Nkrumah University.

Conference ID: CFP/942/2018

MR.Levyson Chipangura
Information and Communications University
School of Humanities
Lusaka, Zambia
Lvchipagura@sociologist.com

MR.Kelvin Chibomba
Information and Communications University
School of Humanities
Lusaka, Zambia
kelvin.chibomba@gmail.com

Abstract

Safer sex in sexual relationships means reduced chance of one contracting STIs and HIV. However, Youths, especially those in Zambia's institutions of higher learning have problems with negotiating for safer sex as a way of preventing HIV and STIs. This study investigated factors influencing students' Knowledge, Attitudes and Practice towards negotiating for safer sex in sexual relationships in a case study of Kwame Nkrumah University. This study was non-experimental with sample size of 250 respondents (students) sampling frame of accommodated students only. Probability sampling design in the form of stratified random sampling method was used. Self-administered questionnaire was convenient to use because the respondents in the study population were literate. Data was analysed using SPSS. The study showed that social economic factors has a bearing on practice with students from high density reported poor negotiated for safer sex compared to those from medium and low density areas Students good level of Knowledge on negotiation for safer sex however students showed a substantial negative attitude however, some reported having more than one sexual partner. The research will have a far-reaching benefit to NGOs and government ministries of Higher Education and ministry of Health in implement programs that mitigate the impact of consequences of failure to negotiate for safer sex that include: HIV/AIDS, unplanned pregnancies and unsafe abortion among others.

1.0 Introduction and Background

This paper covers factors that influence Knowledge Attitude and Practice towards negotiation for safer sex in sexual relationships in institutions of higher learning. The study attempts to investigate the factors and suggest recommendations for policy makers.

Contributing factors associated with risky sexual behaviours may include: rapid urbanization, westernization, peer pressure, media influence and socio-economic situations. Family background has also been found to have significant influence over young people's sexual behaviour. In many countries Zambia inclusive, young women lacking opportunities and from poor family background seek support from men by trading sex and thus risk contracting HIV infection and other STIs, and unwanted pregnancies. A study conducted by Luke (2003) in Sub-Saharan Africa found that young women sometimes enter into relationships with older men called "sugar daddies" and give sex in exchange for payment of school fees, gifts and other enticements.

In Zambia, for instance, many young women in institutions of higher learning have sexual relationships in exchange for favours and gifts, such as expensive clothing, cars, jewellery, fashionable hairstyles, accessories, and makeup (Campbell, 2001). Similar arrangements between young men and older women do occur as is in Nigeria, Cameroon

and South Africa where some young men have "sugar mummies" (Campbell, 2001).

A more serious a challenge today, is the growing infection rates and increased unwanted pregnancies among the young people in institutions of higher learning in Zambia. A study by the World Bank (2002) showed that the highest population groups affected by the HIV pandemic, STIs/STDs, unwanted pregnancies and unsafe abortions are those between 15 to 49 years. These groups account for 60 percent of all new infections in many countries.

1.2 STATEMENT OF THE PROBLEM

Safer sex is one way of getting to Zero New HIV infections as per Zambian government vision 2030. Safer sex in sexual relationships may mean a reduced chance of contracting or spreading HIV and STI. It is anticipated that education is commensurate to high level of self-awareness, increased knowledge, positive attitude and practice. However, youths, especially those in Zambia's institutions of higher learning have difficulties negotiation for safer sex in sexual relationships as a way of preventing HIV and STIs. According to the ZDHS (2007) the HIV prevalence for both men and women showed that those with more than secondary education was 19.3 per cent and those with no education was 10.0 per cent. This is underpinned by a baseline survey conducted by Malungo (2006) among University of Zambia students that showed

about 10 per cent of the respondents as not using condoms at all and more than a fourth (26 per cent) occasionally use condoms as a protective measure. From these statistics more students at institutions of higher learning in Zambia are at a high risk of contracting HIV and other STI infections. There was need, therefore to investigate the knowledge, attitudes and practices of youths in higher learning institutions of Zambia towards negotiating for safer sex in sexual relationships.

1.3 RESEARCH OBJECTIVES

1.3.1 General objective

To determine factors influencing student's knowledge, attitudes and practices towards negotiating for safer sex in sexual relationships.

1.3.2 Specific objectives

- a) To ascertain sources of information among students on safer sex in sexual relationships.
- b) To establish the levels of knowledge among students on safer sex in sexual relationships.
- c) To assess students' attitude towards negotiating for safer sex in sexual relationships.
- d) To assess the extent to which students practice safer sex in sexual relationships.

1.4 Research questions

- a) Where are the sources of information among students on safer sex in sexual relationships?
- b) What are the levels of knowledge among students on safer sex in sexual relationships?
- c) How are the students' attitude towards negotiating for safer sex in sexual relationships?
- d) What is the extent to which students practice safer sex in sexual relationships?

1.5 SIGNIFICANCE OF THE STUDY

The significance of this research was to discover relevant information on factors influencing students' knowledge, attitude and practice towards negotiating for safer sex in sexual relationships. For which a case study of Kwame Nkrumah University was conducted. The information obtained can to be used by Government Ministries of Health and Education, non-governmental organizations and research institutions like the Information and Communications University (ICU) and Kwame Nkrumah University to come up with mitigation measures.

2.0 LITERATURE REVIEW

Literature review is the reading and gathering of information about the topic under study, so that the researcher is better informed. Besides,

it also acts as a pre-route to problem formulation. Literature review comprises of two components, empirical review and review of theory as demonstrated below: -

2.1 Empirical Review

Demographic factors

Sex of youth has a bearing on their sexual activities and the power to negotiate for safer sex. A study by Anwar et al (2009) found that male students are more sexually active than female students and a similar pattern happened in Malaysia (Othero et al, 2009) and China (Ma, 2009). Moreover, the boys initiated earlier sexual activity than girls, while the early sex debut was more likely to be associated with the risky sexual behaviour. Nevertheless, there are more young females believed in possibilities of having a relationship without sex than young males. Hence, compared to males, females show a low tendency to engage in premarital sex.

Similarly, age is a factor that influences one's behaviour, derived from several studies, the older teenagers are more likely to initiate sexual intercourse and become sexually active than the younger. Moreover, age has relation with condom use, while the younger adolescents are less likely to use a condom at the first sexual intercourse (Ma et al, 2009).

In contrast, the older young people reported are preferably to use a condom most as the first contraceptive use method when they had first

sex or with new or casual partners (Bankole, et al., 2009). A lot of research explained that young adults have knowledge and experiences better than early adolescents. Even though there are different information needs between the older and younger age (Khan, 2009).

Levels of knowledge: The extent to which youth know things is significant in the manner their attitude and practice parents for instance, findings of a survey conducted in Tanzania on the fight against AIDS in 2008 revealed that female youths do not have strong negotiating powers, they are not empowered in important spheres of life that includes economically, socially and their limited knowledge, skills and formal education limits their say over their lives including sexual relationships.

In a study conducted by Lance (2001) on the extent of knowledge among college students (regarding HIV/AIDS) engaging in protected sexual intercourse as well as if there are any gender differences using a sample of 183 college students 46 per cent perceived their knowledge on HIV/AIDS as high with 55 per cent of females reporting never had unprotected sex compared to 33 per cent of males.

Sources of information; Youth mainly get their information from unreliable sources and friends are a trusted source of information. A study in Pakistan found that there are many sources of safer sex information such as family, medical personnel, friends,

neighbours, TV, radio and the electronic and print media.

Similarly, a study conducted in California among adolescents, reports school, friends, and family as top three sources of information these sources are followed closely by media sources like television, the movies, magazines, and the Internet. Youth also stress the importance of friends, the media, and boyfriends and girlfriends (Davis, 2003)

according to the Demographic Health Survey (DHS) from some countries that are cited from the United Nations (2002) found that the radio and televisions have important roles for disseminating information of SRH matters including HIV/AIDS. A positive effect on the knowledge towards awareness and attitudes after watching weekly TV programs, reading the newspapers, magazine articles, and surfing in the internet about this issue in Uganda and Thailand (Chanthavong, 2009).

Practice; Availability of services influences to a larger extent the level of positive practice In 1999, a number of studies were commissioned by the Association for the Development of Education in Africa (ADEA) on university and college campuses in Benin, Ghana, Kenya, Namibia, South Africa and Zambia to generate understanding of the way HIV/AIDS, STIs and unwanted pregnancies was affecting these institutions cited in Anarfi, 2000 and Otaala, 2003.

The study found out that of the sexually active students who had sexual intercourse in the last twelve months, both male and female students reported having negotiated safer sexual practices with their partners, with males reporting a slightly higher percentage of condom use than females. This means that females may be at a higher risk of HIV/AIDS and STI's than their male counterparts. However, an equal proportion of male and female students (72 per cent versus 73 per cent) disagreed with the statement that negotiating safer sexual practices like condom use were only needed when one did not trust the partner. When it came to use of condoms, the study found out that there was a gap between knowledge and practice (Ibid, 2003).

In the above-mentioned study, it was discovered that students did not negotiate for safer sexual practices consistently. Some students would discontinue the use of safer-sex practices when they perceived the relationship to be stable. Others also used them when they were available. In situations where they did not have the condom, they were more likely to have sex without condoms. Female students were less likely to walk to pharmacy shops to buy or carry condoms around because of cultural factors associated with sex. In addition, many of the female students indicated they had not seen the female condom before, nor used one before.

Social and Economic Factors; Education: Education is an important role to transfer safer sex knowledge to adolescents and young adults. A study by Bosh showed that adolescents with secondary level education have two times higher safer sex knowledge than their friends with less than primary level education (Khan, 2009).

Residence: Various studies conducted by Hong and Chhea, (2009); Chanthavong, (2009) prove that there are significant effects of residence on knowledge and awareness towards safe sex practices

Negotiation for safe sex in sexual relationships; Condom usage and AIDS education are essential tools for reducing the impact of the disease, yet less than one third of sexually active college students report consistent condom use. It seems that sexually active individuals rarely discuss safer sex or ask about their partner's sexual activity before engaging in sexual activity. This raises some questions as to the origin of the avoidance of safer sex discussion. It has been found that the interpersonal reactions of sexual partners, rather than the less direct thoughts of AIDS risk, influence attitudes towards condoms and condom usage. These personal interactions among partners in a sexual relationship are a result of attitudes each partner carries about sex, contraception and a sexual relationship itself. (Fetene and Getnet, 2009).

2.2 Review of Theory

Theoretical Framework; It is argued here that though there is no standard theoretical framework for studying attitudes towards negotiating safer sexual relationships, however, the subject intricate could be satisfactorily understood by pinpointing within the main theories of decision making. And the Theory of Patriarchy underpins this. Lerner (1986) posits that patriarchy is historic creation formed by men and women in a process which look nearly 2500 years to its completion. In its earliest form, patriarchy family, which both expressed and constantly generated its rules and values through this socialization process, the roles and social roles. They also and very importantly were expressed in leading metaphors, which become part of cultural construct and explanatory system.

It is further argued that the sexuality of women, consisting of their sexual and their reproductive capacities and services, was codified even prior to the creation of western civilization. Men as a group had rights in which women as a group did not have in men. Women themselves became a resource, acquired by men much as land was acquired by men. The first gender defined social role for women was to be that of being exchanged in marriage transactions. The obverse gender role for men was to be that of those who did the exchanging or also defined the terms of the exchange (Ibid).

Thus, from the foregoing, patriarchy is unambiguously understood to be the manifestation and institutionalization of male dominance over women and children in the family and the extension of male dominance in society in general. It implies that men hold power (including sexual decision-making power), in all the important institutions of society and that women are either totally powerless or totally deprived of rights, influence and resources.

Inevitably, students are a social group who live under this socio cultural of patriarchy which consequently shapes their lives and the way they act under the covering and teaching of patriarchy. Patriarch then undergirds the whole range of socializing agents through which students are socialized. The result is that Youth (students) adopt and begin to act out their perspective roles as either female or male as a direct reflection and mirror of the roles generally accepted and allocated to adult females and males in society. Relationships are thus reduced to and played out within the parameters and confines of male dominance and superiority and female subordination and inferiority. This then, also becomes the dynamic that shapes, influences and constrains decision making even in matters of sex relationship decision making.

3.0 METHODOLOGY

3.1 Research Design

A non-experimental type of study, non-experiment study is an organized investigation that does not involve manipulation of variables. It was used because the study was conducted in a natural uncontrolled environment of Kwame Nkrumah University which no manipulation of variables was done.

3.2 Study setting

The population from which the sample for this research was drawn consisted full-time students at Kwame Nkrumah University during the 2017/2018 academic year. The university is a natural setting with a population of over 2,870 with diverse personalities and characteristics.

3.1 Target Population

The population of interest included all students enrolled at the Kwame Nkrumah University, for the 2017/2018 academic year. However, only accommodated students on campus were considered due to it being convenient in accessing

Sample Selection and Procedure

3.2 Sample Size

The recommended sample size that was used in this study consisted two-hundred and fifty respondents (students). For equal representation sake, the sample consisted of

125 males and 125 females the main reasons among others for choosing this sample size include cost effectiveness, manageability and adequacy in generalization of the data.

3.3 Sampling Frame

Kwame Nkrumah year book for the 2017/2018 academic year was used as the sampling frame. This was simply because the University year book is always readily available and has the entire population of students categorized by sex, year of student, program of study and their places of domicile.

3.4 Sample Selection

Probability sampling design in the form of stratified random sampling method was used to select respondents from the population the procedure for doing this involved dividing the total population of accommodated students into divided into two homogeneous mutually exclusive strata, two mutually exclusive groups, of female male accommodated students respectively. Then the use of a non-uniform sampling fraction obtained by dividing the total population of the accommodated students into the total of each stratum and multiplied by the sample size of to get the needed sample from each stratum.

This sampling procedure ensured equal representation of both sexes.

Thereafter simple random sampling was employed to get the sample.

3.5 Data Collection Methods

Data was collected by the use of structured self-administered questionnaires consisted both open and closed ended questions. The use of open and close-ended questions in the self-administered questionnaire collected qualitative and quantitative data, respectively.

3.6 Data Analysis

Data processing was performed through manual compilation of the questionnaires. This involved categorizing and coding the data. Data was entered in excel and then exported into Statistical Package for Social Science (SPSS)

3.7 Limitations of the study

This study had some limitations that might have posed some challenges on the final findings. Among them are:

Discussions around sex and sexuality are quite sensitive in most parts of Zambia, and therefore accurate information on these issues are relatively difficult to obtain. There is limited published literature exists on underlying factors within the study population that influences the negotiating for safe sex in sexual relationships among the students at the institutions.

3.8 Ethical considerations

In order to have a much-desired objective research, the researcher made ethical considerations from the inception through to

the end of the research. To ensure this, the researcher did not require participants to give names or details that may make them known. The information that the participants brought out on was treated with utmost confidentiality and no part of it was leaked

4.0 RESEARCH FINDINGS AND DISCUSSION

4.1 Overview

This chapter presents findings and attempts to discussion of pertinent factor in line with the main objective of determining factors influencing student's knowledge, attitude and practice towards negotiating for safe sex in sexual relationships. The chapter has attempted to bring out recommendation for policy formulation to mitigate the consequences arising impact of failure to negotiate for safer sex such as HIV STIs

Sources of information

This study found out that there are three top ranking sources of information for most of the respondents that included: - television, friends and internet. These findings do not differ so much from those of a similar study conducted in California among adolescents who reviewed that the top three sources of information are sex education in schools, friends, and family and that these sources are followed closely by media sources like television, the movies, magazines, and the Internet. Youth also rates

the importance of friends, the media, and boyfriends and girlfriends (Davis, 2003).

By sex, the males dominated almost all the sources except magazines as their main source of information in comparison to females. This well disaggregated information makes the planning for programs very easy as planners are able to come up with programs that can be tailored towards the targeted groups using the right means of reaching out. Knowledge about the main source of information is vital because it gives insights to the policy makers with regards forming of awareness interventions

4.2 Knowledge levels

This study showed that in general students had high level of knowledge on issues related to safer sex in sexual relationships, 89.3 percent of the respondents had good level of knowledge as demonstrated by their definition of safer sex.

The presented findings were similar to those of a study conducted by Nei and Shen (2006) on the knowledge, attitude and behaviour status on AIDS among college students in Guangzhou. Nei and Shen (2006) found that the level of knowledge was significantly high among students on issues to do with HIV and AIDS.

Another similar study by Lance (2001) aimed at establish the extent of knowledge among college students (regarding HIV/AIDS) engaging in protected sexual intercourse as

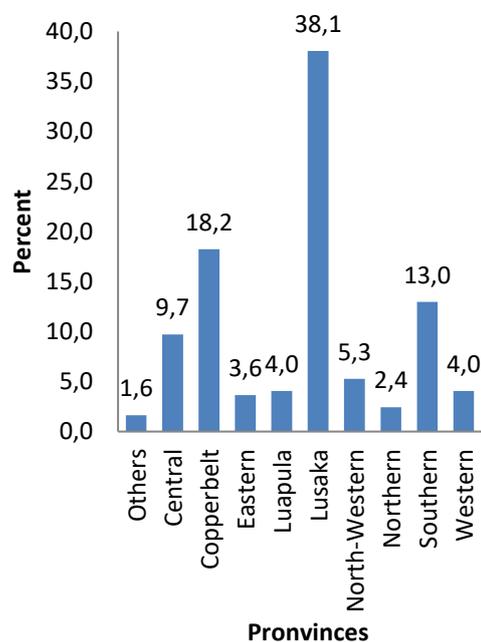
well as if there are any gender differences. The study found that 46 per cent of students perceived their HIV/AIDS knowledge high.

4.3 Influence of socio-economic and demographic factors

The findings showed that student's place of domicile is a factor in levels of student's attitude and practice. This is evidenced by the responses of student with (84.2 percent) from high density areas which in most cases are shanties associated with the poor, negotiated for safe sex more compared to students from the medium (62.7 percent) and low (61.9 percent) density areas which are considered to be for the rich. These results agree with various studies conducted by Hong and Chhea, (2009); Chanthavong, (2009) who found out that there are significant effects of residence on knowledge and awareness towards safe sex practices.

The study found that there was no significant deference between males and females in terms of the way they relate to safe sex in sexual relationships. This to some extent contradicts most of the studies done worldwide. For example, one study in Kenya by Anwar et al (2009) which found that male students are more sexually active than female students and that the similar patterns happened in Malaysia (Othero et al, 2009) and China (Ma, 2009). Moreover, the studies are just similar not really the same.

Figure 4.3: Percent distribution of respondents by provinces of Zambia



4.4 Attitude

The study indicates that generally students 65.8 percent of respondents had a positive attitude towards negotiating for safe sex in sexual relationships. However, 32.2 percent had a negative attitude of not negotiating at all which is a very risk behaviour especially that it is among university students. The introduction of life skills education can help in mitigating this gap.

The study showed that trust in long term sexual relationship was a major factor to inconsistency in practicing safer sex as showed that of the 41.3 of the 65.8 percent respondents who indicated that they negotiate for safe sex in sexual relationships, only percent negotiate every time they are about to have sex, 32.5 percent indicated that they do it on a regular

basis and 21.3 percent said they only negotiate “sometimes”. 21.3 percent is not a good figure in terms of the “sometimes” attitude towards negotiating for safer sex in sexual relationships among university student and this means something ought to be done in this area.

4.5 Practice

Several factors exist that influence the level of practice among students of the sexually active respondents in this study, 12.6 percent reported having more than one sexual partner of which 50 percent were males and other 50 percent were females. Further the findings showed that 9.3 percent of these sexually active respondents reported never negotiating for safe sex, this is a very high risking behaviour putting into consideration the standard of behaviour that is expected of the study population. Furthermore, a random check on respondents’ use of condoms at last sexual encounter showed that 33 percent of the respondents had unsafe sex (sex without a condom) at their last sexual encounter of which 54.1percent were males and 45.9 percent were females. These findings in this study in as much as they reflect negative practice of safe sex in sexual relationships among University students, they are to some extent better than those of a similar study reviewed and presented below.

A series studies in 1999 commissioned by the Association for the Development of Education in Africa (ADEA) on university and college campuses in Benin, Ghana, Kenya, Namibia,

South Africa and Zambia to generate understanding of the way HIV/AIDS, STIs and unwanted pregnancies was affecting these institutions cited in Anarfi, 2000 and Otaala, 2003, showed that of the sexually active students who had sexual intercourse in the last twelve months, both male and female students reported having negotiated for safer sexual practices with their partners, with males reporting a slightly higher percentage of condom use than females. This means that females may be at a higher risk of HIV/AIDS and STI's than their male counterparts.

However, an equal proportion of male and female students (72 per cent versus 73 per cent) disagreed with the statement that negotiating safer sexual practices like condom use were only needed when one did not trust the partner. When it came to use of condoms, the study found out that there was a gap between knowledge and practice (Ibid, 2003).

The great thing about condoms is that they protect against unplanned pregnancy and STIs. Condoms work by holding the semen so that it does not pass into the vagina, anus, or mouth. So, using condoms effectively (safe sex) prevents pregnancy and STIs when used correctly each time you have sex. The other good things about condoms are that they are readily available, Free of hormonal side effects and affordable.

Table .1.1: Number and percent distribution of respondents' frequency of negotiating for safer sex by sex.

	Sex				Total	
	Male		Female			
Frequency	Number	Percent	Number	Percent	Number	Percent
Every time	20	37.7	13	48.1	33	41.3
Regularly	20	37.7	6	22.2	26	32.5
Some times	13	24.5	8	29.6	21	26.3
Total	53	100.0	27	100.0	80	100.0

Source: Field data NKU

5.0 CONCLUSIONS AND RECOMMENDATIONS

Conclusion

The objectives of this study were indicated in chapter 1, Factors that influence negotiation for safer sex boards on ones on a number of issues, that include sources knowledge, on social economic status such as although students had. In this study, demographic factors such as sex, age and place of domicile largely influence student's level of knowledge attitude and practice. There is high level of knowledge regarding safe sex in sexual

relationships, they still harbour negative attitude and risky practices towards safe sex in sexual relationships.

Knowledge of safe sex in sexual relationships is high, however 34.2 percent of the students showed negative attitude towards negotiating towards safer sex. Further 2.6 percent reported having more than one sexual partner.

The challenge therefore is not the lack of knowledge but negative attitude and inconsistency in the practicing of safer sex practices. This negative attitude may lead to serious problems among students at national. University management should not assume that there are no sexual practices on campus but rather be cognisant to of this fact and provide condoms as a measure of prevention. Condoms provide triple protection against STIs, HIV and pregnancy

Recommendations

This researcher therefor suggests that University management, NGOs and Government Ministries of Health and Education should implement age and gender specific targeted life skills training to build and strengthen the student capacity to negotiate for safer sex. In order to enhance safer sex, condoms should be made readily available in toilets for easy access. University students understand safer sex in sexual relationships and develop positive attitude and good practice

that will prevent interactions in studies arising from ills of unsafe sexual practices. Policy makers should level the social economic status by providing material and financial support to less privileged students.

ACKNOWLEDGMENTS

I give Praise and thanks to God almighty for the strength and sound health I enjoyed to accomplish this work. I give gratitude to my wife Phinet and my two sons Kudzayi and Kudakwashe for the unwavering support given to me as I had to work long hours and deprive them of the much-needed family time. I' am forever indebted to my parents Mrs Violet Banda Chipangura and Mr Agripa Tawanda Chipangura for the positive energy

they give me to do more and be excellent at what I do, even without them knowing. I'm also greatly thankful to the respondent at Mulungushi University.

I pay thanks to all the lecturers at ICU for guiding me through my program. Special thanks go to Mr Kelvin Chibomba my lecturer and research supervisor together with the research team at the Information and Communications University (ICU) without whom this work would not have been easy to accomplish.

Finally, though too numerous to mention, I'm most profoundly grateful to professional colleagues inside and out the university for their advice and encouragement.

REFERENCES

- [1] Anarfi, J. H (2000) University and HIV/AIDS in Sub-Saharan Africa: A Case Study of the University of Ghana, Legon. Paper prepared for ADEA Working Group on Higher Education.
- [2] Anwar, M., Sulaiman, S.A., Ahmadi, K., & Khan, T.M. (2009). Awareness of school student on sexually transmitted infection (STIs) and their sexual behavior: a cross-sectional study conducted in Pulau Pinang, Malaysia.
- [3] Baldwin, A. L., & Baldwin, C. P. (1973). The study of mother- child interaction. American Scientist.
- [4] Bankole, A., Singh, S., Hussain, R., & Oestreich, G. (2009): Condom use for preventing STI/HIV and unintended pregnancy among young men in Sub-Saharan Africa. Am J Mens Health, 3(1), 60-78.
- [5] Campbell, S., Peplau, L., and DeBro, S., (1992) Women Men and Condoms. Psychology women of quarterly.
- [6] Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc. 2009. Zambia Demographic and Health Survey 2007. Calverton, Maryland, USA: CSO and Macro International Inc.
- [7] Chanthavong, S. (2009): Knowledge about HIV/AIDS transmission among female youth in LAO P.D.R. Faculty of Graduate Studies, Mahidol University.
- [8] Davis, J. (2003): Sexual Health Knowledge, Attitudes and Experiences Henry J. Kaiser Family Foundation, Menlo Park, California.
- [9] Dawson, D. A. (1986): The effects of sex education on adolescent behavior. Fam Plann Perspect, 18(4), 162-170.
- [10] Fetene, Getnet Tizazu, 2009. Self-reported sexual experiences, sexual conduct and safer-sex practices of Ethiopian undergraduate male and female students in the context of HIV/AIDS pandemic State University of New York at Buffalo,
- [11] Hong, R., and Chhea, V. (2009): Changes in HIV-related knowledge, behaviors, and sexual practices among Cambodian women from 2000 to 2005. *J. WomenHealth (Larchmt)*, 18(8), 1281-1285.
- [12] Kanekar.A. (2010): Determinants of Safer Sex Behaviors among College Students, Acta Didactica Napocensia, ISSN 2065-1430
- [13] Kessy, A.T. (1995) Prevalence and Risk Factors for HIV-Infection and Other Sexually Transmitted Diseases among Youths in Moshi Rural District. Kilimanjaro Region. Mmed Com Health Thesis, University of Dar-salaam, Tanzania.
- [14] Kessy.S. (2008): The fight against HIV/AIDS in Tanzania: Research on poverty alleviation REPOA.
- [15] Khan, F. A. (2009): Sexual and reproductive health knowledge differential among unmarried adolescent in project and non-project of family planning associated of Bangladesh. Faculty of Graduate Studies. Mahidol University.
- [16] Lance, L. (2001). HIV/AIDS perceptions and knowledge heterosexual college students within the context of sexual activity suggestions for the future. *College Student Journal*.
- [17] Lerner, R. M. (1986). Children and adolescents as producers of their own development. *Developmental Review*.
- [18] Loffredo, D. A. (2004). College students and HIV/AIDS: more insights on knowledge, testing and sexual practices. *Journal of Psychology*.
- [19] Luke, Nancy (2003). Age and Economic Asymmetries in the Sexual Relationships of Adolescent Girls in Sub Saharan Africa. *Studies in Family Planning*, Vol. 34, No.2.
- [20] Ma, Q. (2009): Early initiation of sexual activity: a risk factor for sexually transmitted diseases, HIV infection, and unwanted pregnancy among university students in China. *BMC Public Health*, 9, 111.
- [21] Malungo J.R.S., Renette B and Tania V (2006), Knowledge, Attitudes and Behaviour Survey Among University of Zambia and University of Western Cape First-year Students (ZAWECA); Lusaka-Zambia.
- [22] Moeliono, L. (2003): Sexual risk behaviour of out-of-school young males in an urban slum: A cases study in Bukit Duri Utara, Jakarta.
- [23] Prince, A., and Bernard, A. (1998). Sexual behaviours and safer sex practices of college students on a commuter campus. *Journal of American College Health*, 47(1), 11-21.

- [24] Shiferaw. Y. (2011); Assessment of knowledge, attitude and risk behaviours towards HIV/AIDS and other sexual transmitted infection among preparatory students of Gondar town, north west Ethiopia, BioMed Central Ltd.
- [25] Thornton, A. (1989).; Religious participation and adolescent sexual behaviour and attitude. Journal of Marriage and Family, 51(3), 641-653.
- [26] Varga C.A; (1997) volume 7: Sexual decision-making and negotiation in the midst of AIDS: Youth in KwaZulu-Natal South Africa.