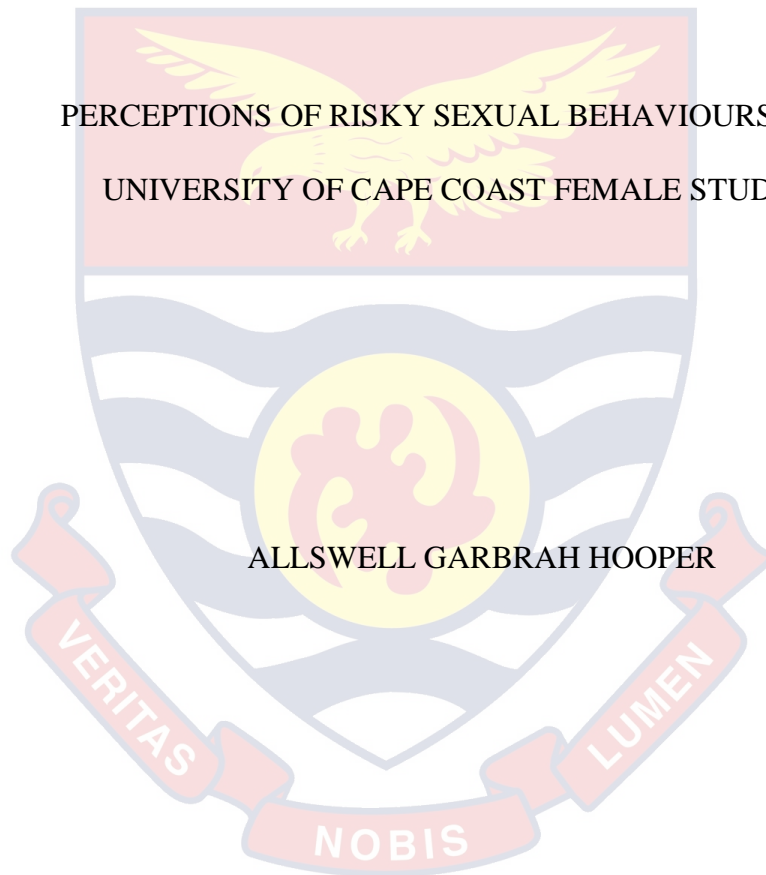


UNIVERSITY OF CAPE COAST

PERCEPTIONS OF RISKY SEXUAL BEHAVIOURS AMONG  
UNIVERSITY OF CAPE COAST FEMALE STUDENTS.

ALLSWELL GARBRAH HOOPER



2018

UNIVERSITY OF CAPE COAST

PERCEPTIONS OF RISKY SEXUAL BEHAVIOURS AMONG  
UNIVERSITY OF CAPE COAST FEMALE STUDENTS.

BY

ALLSWELL GARBRAH HOOPER

Thesis Submitted to the Department of Sociology and Anthropology, Faculty  
of Social Sciences, College of Humanities and Legal Studies, University of  
Cape Coast, in partial fulfilment of the requirements for the Award of Master  
of Philosophy Degree in Sociology.

JULY, 2018

## DECLARATION

### Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature..... Date: .....

Name: Allswell Garbrah Hooper

### Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Cape Coast.

Principal Supervisor's Signature: ..... Date:.....

Name of Principal Supervisor: Prof. Akwasi Kumi-Kyereme

Co-Supervisor's Signature: ..... Date:.....

Name of Co-Supervisor: Dr. Eric Koka

## ABSTRACT

The purpose of the study was to investigate the risky sexual behaviours of female students in the University of Cape Coast. Exploratory research design was adopted for the study. The study used purposive sampling procedure to select 28 female students within the ages of 19 and 24 years who had been sexually active over a period of time. The study adopted semi-structured interview guide as the data collection instrument and the interview sessions recorded were transcribed in full. In the study, it was revealed that female students were knowledgeable about sexual behaviours acquiring their knowledge about risky sexual behaviours through peer interactions, from traditional media (radio and television), social media and internet as a whole, personal reading and experience as well as from school. Again, it was revealed from the study that most of the respondents perceived their sexual behaviours as risky. Finally, the study showed that the risky sexual behaviours of the respondents were attributed to unplanned nature of sexual intercourse, the fun in sexual activities and the satisfaction derived from the sexual affairs as well as the influence of alcohol. Therefore, the study concluded that female students in the University of Cape Coast engaged in risky sexual behaviours despite their knowledge of the risky sexual behaviours. The researcher recommended that the University Health System as well as other health advocacy agencies should continue the education on proper sexual behaviours among young people.

## KEY WORDS

Sexual Behaviour

Risky Sexual Behaviour

Female Students

Ministry of Health

Health Advocacy Agency

University Health System

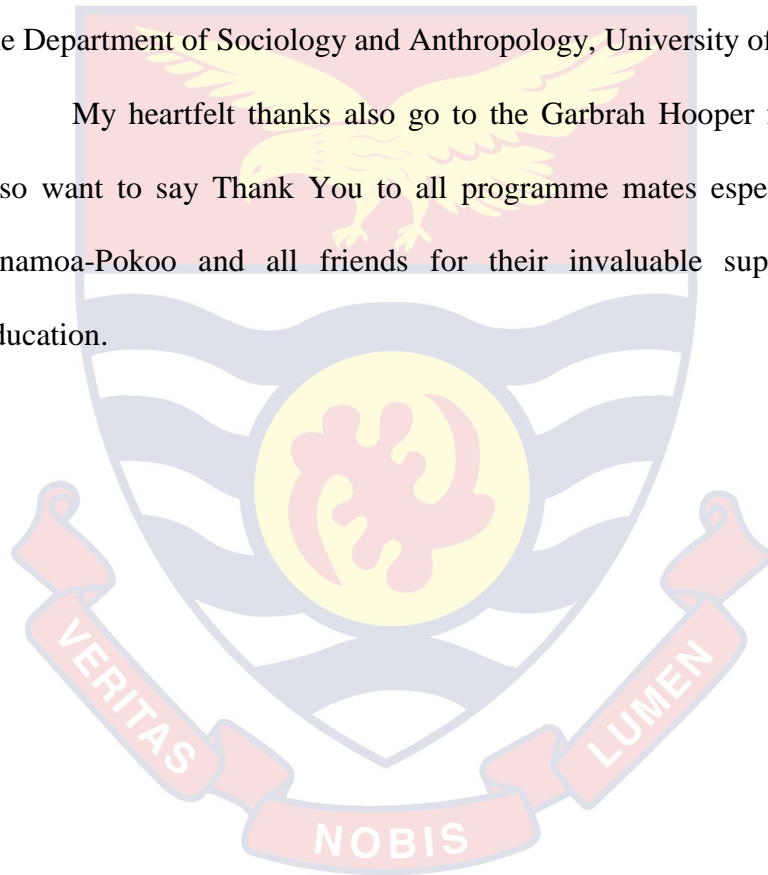


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Again, I am equally indebted to all lecturers and non-teaching staffs at the Department of Sociology and Anthropology, University of Cape Coast.

My heartfelt thanks also go to the Garbrah Hooper family as well. I also want to say Thank You to all programme mates especially Standhope Anamoah-Pokoo and all friends for their invaluable support during my education.



## DEDICATION

To the Garbrah Hooper family



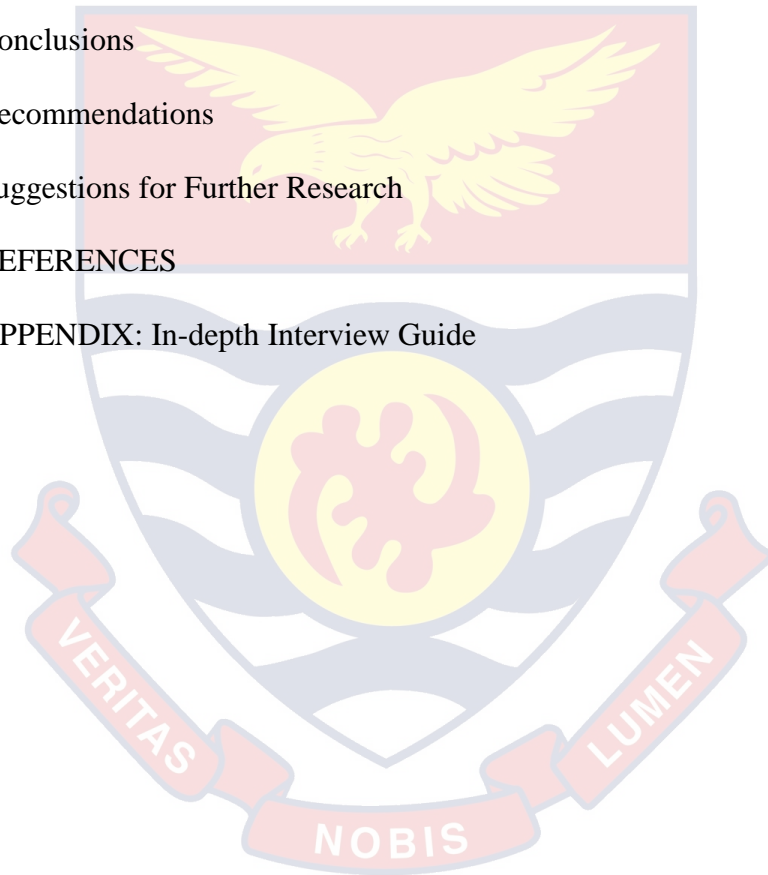
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## CHAPTER ONE

### INTRODUCTION

#### Background of the Study

Many studies from sub-Saharan Africa show that risky sexual behaviours are fairly common among young people (Daka & Shaweno, 2014; Mturi & Gaearwe, 2014). Such risky sexual behaviours can have both serious long term and life-threatening consequences. This usually occurs when young people engage in multiple harmful sexual behaviours. According to Dingeta, Oljira and Assefa (2012), factors of risky sexual behaviours such as consumption of alcohol, cigarette smoking, and the use of illicit drugs increase the common risky sexual practices. These include engagements in early sexual intercourse, sexual promiscuities, lower rates of condom use among young people or unprotected sexual intercourse, engaging in sexual relationships with older people and non-regular partners such as what commercial sex workers do.

According to Cooper (2002), risky sexual behaviours have negative consequences. Risky sexual behaviours are, thus, defined as the increased risk of negative outcomes involved in specific sexual encounters. This comes in two main pathways. First, risky sexual behaviours are those which increase the chance of contracting or transmitting sexually transmitted disease. For instance, a study by Alamrew, Bedimo and Azage (2013) has revealed that risky sexual behaviours increase the likelihood of adverse sexual and reproductive health consequences such as unsafe abortion, and Sexually Transmitted Infections (STIs) including Human Immune Virus (HIV) and

Acquired Immune Deficiency Syndrome (AIDS). Secondly, it increases the chance of the occurrence of unwanted pregnancies.

These negative effects have created cause for considerable concerns in many countries about the sexual and reproductive health of young people because of their perceived increased vulnerability to the risk of sexually transmitted diseases (Preston-Whyte, 1994; Scommegna, 1996). Clearly, entry into the reproductive stage is a key transition in a person's life and the choice and behavioural patterns acquired during this early stage typically shape the subsequent life course; a transition that is marked by critical life events such as puberty, sexual initiation, marriage and childbearing (United Nations, 2002). There are many factors that shape the overall health lifestyle of young people. These factors range from the social, economic, cultural and political conditions of the wider society to those that characterize the living situations of the individual including the family situations with respect to education and income levels.

Research shows that female youths bear disproportionately heavy social, economic and psychological burdens, especially in developing countries due to poor emphasis given to their education and prevailing violence against them (Daka, 2014). This can be exacerbated in both urban and rural areas where there is little chance of getting good education, living conditions may be poor and services as well as infrastructure are limited. Lack of awareness of STI risks, the inaccessibility of condoms, lack of skills to address pressures from peers and men as well as unavailability emotional supports may be the common factors responsible for risky sexual behaviours (Ugoji, 2008).

Whereas some current studies by Daka (2014) and Mulu, Yimer and Abera (2014) have shown that some students remain virgins on University campuses despite predisposing factors, other studies have shown that most students engage in sexual activities (Mturi & Gaearwe, 2014). Hence, sexual activities among the youth on university campuses have attracted many researches, mainly because of the rise of sexually transmitted infections including HIV and AIDS. Furthermore, the attention to these behaviours have been drawn because being on the university campus is mostly the first time many young people live away from their parents and their home environment (Mturi, 2014). This is also the time they meet people from different backgrounds and cultures with little supervision from their family. Thus, the period of being in the university is the period young people mostly explore or try different activities including their sexual activities (Anyanwu, Goon, & Tugli, 2013; Hoque, 2011; Ngoma & Himoonga, 2010; Ojudokun & Balogun, 2008; Omoteso, 2006). In a similar vein, researchers like Gilchrist, Smith, Magee and Jones (2012), and Olley (2008) have revealed that public activities on campus such as parties, congregation, among other events are linked with excessive alcohol intake, drugs and peer pressure.

Absolute abstinence from sexual activity has been found to be the only way to completely eliminate these risks. However, for most consenting adults, abstinence is not a reasonable goal or choice. Unsafe sexual practices are still occurring with frequency so that sexually transmitted diseases remain significant public health concern even though most adults are well informed or educated about the effects of risky sexual behaviours (Mturi, 2014). Similarly, it has been reported by the WHO (2002) that the practice of unsafe sex was

second among the top ten risk factors in the global burden of all diseases (Cooper 2002). Sexual behaviours have been found to be partly complex because they are influenced by a wide array of factors. These include personal, peers, media, religious, social, cultural, moral and legal factors (Chanakira, O’Cathain, Goyder, & Freeman, 2014). It is from these background that this study seeks to explore the risky sexual behaviours among University of Cape Coast female students.

### **Statement of the Problem**

Plethora of studies in Africa on sexual behaviours among young people have all found risky sexual behaviours to be common among young people (Daka, 2014; Mturi, 2014; Ugoji, 2008). For instance, the studies by Ankomah and Ford (1993), Tweedie and Witte (2000), and Karim, Magnani, Morgan and Bond (2003) have all shown that sexual activities are high among young people in Africa. In recent times, Asante, Meyer-Weitz, and Petersen (2014) have also found that, in Ghana, alcohol use is independently associated with risky sexual behaviours. The youth have sex without condom and have multiple sexual partners and survival sex. Doku (2012) has revealed that young people engaged in risky sexual behaviours, most especially in the form of having multiple sexual partners. The implication of all these studies is that young people in Ghana do engage in risky sexual behaviours.

Several studies carried out internationally by researchers such as Doherty, Appel and Murphy (2004); Hoque (2011) and Omoteso (2006) on the risky sexual behaviours of young people revealed high rates of pre-marital sexual activities among young people in Africa specifically Nigeria (Ugoji, 2008). Unlike Ghana, many studies done in the African sub-region on risky

sexual behaviours have focused on individual characteristics as predictors of behaviours such as condom use (Eaton, Flisher & Aarø, 2003; Meekers & Klein, 2002; Slap, Lot, & Bin, 2003).

Several observations have been made from all the studies conducted relating to the study. In the first place, it was observed that most of the studies carried out on sexual behaviours in Ghana did not consider the sexual behaviours of university students. Again, the few studies conducted among students were focused on all groups of students (both males and females). The current study, however, focuses on only female students to bridge this gap in the literature. Focusing on only females is important because, according to Mturi and Gaearwe (2014), females are more vulnerable to risky sexual behaviours and sexually transmitted infections than males. This vulnerability coupled with the liberal nature of campus life makes female students a high-risk group (Imaledo, Peter-Kio, & Asuquo, 2012).

In the University of Cape Coast, the researcher has observed from interactions with female friends and colleagues that most female students are vulnerable to risky sexual behaviours because of the numerous parties and outings that they attend. By identifying the risky sexual behaviours of these students and the predisposing factors, measures can be taken to help reduce the factors leading to the risky sexual behaviours. Exploring the risky sexual behaviours of female students in the University of Cape Coast is, therefore, considered necessary.



### **Objectives of the Study**

The purpose of the study is to investigate the risky sexual behaviours of female students in the University of Cape Coast. Specifically, the study aims to:

1. Explore the knowledge of female students on risky sexual behaviours.
2. Discuss the current risky sexual behaviours of female students.
3. Examine the factors that influence female students' risky sexual behaviours.

### **Research Questions**

The following research questions have been formulated to guide the current study:

1. What is the knowledge of female students on risky sexual behaviours?
2. What are the current risky sexual behaviours of female students in the University of Cape Coast?
3. What are the factors that influence risky sexual behaviours of female students in the University of Cape Coast?

### **Significance of the Study**

This study is expected to be of significance to policy makers, students and researchers. Specifically, the results of the study will help enlighten the Ministry of Health (MoH) about the risky sexual behaviours of female university students and the factors responsible for such behaviours. By this knowledge, the MoH can formulate and streamline policies that can help deal with the rate of engagement in risky sexual behaviours. For instance, if the study finds that the risky sexual behaviours of female students are the result of

a lack of access to female condoms, then the MoH can take steps to make female condoms more accessible to female students.

The result of this study is also expected to be of relevance to university authorities in the sense that they can be assisted to know the factors responsible for risky sexual behaviours. By this, the prevalence of risky sexual behaviours can be reduced. The university authorities can then, through the appropriate centres like the Counselling Centre, develop educational guidance programmes for all students to assist the students to better handle their sexuality.

Finally, the results from this study will serve as an addition to the literature on risky sexual behaviours of female students. Thus, students and other researchers can benefit from this study by using the findings as basis for future and further research.

### **Delimitation of the Study**

This study is delimited in its scope of coverage and its geographical coverage. In terms of the scope, this study covers the knowledge level of risky sexual behaviours, the current risky sexual behaviours and the factors responsible for the risky sexual behaviours among female students. Male students are, therefore, not a part of the study. Again, the current study is delimited to the sexually active female students.

In terms of the geographical coverage, the study is delimited to the University of Cape Coast. This implies that female students from other universities are not considered as part of the study.

### **Limitations of the Study**

The main challenge of the current study has to do with getting all the participants required for the study. The study is a sensitive one and as such getting participants who were ready to get involved in the study was a challenge. This challenge brought an extension to the period for data collection from the originally planned six weeks to eight weeks in all. However, in the end, the researcher was able to get all the respondents needed for the study.

### **Definition of Terms**

Some of the key terms in the study are defined as they are used in the context of the study.

**Sexual behaviours:** In this study, sexual behaviours are used to refer to the overall involvement of students in sexual activities as well as their sexual lifestyles.

**Risky sexual behaviours:** These are sexual behaviours that increase the likelihood of contracting sexually transmitted infections and experiencing unintended pregnancies. In this study, they include having multiple sexual partners, engaging in sexual intercourse without condoms, indiscriminate sexual affairs and having sexual affairs under the influence of drugs, alcohol etc.

### **Organisation of the Study**

The Chapter One of this study serves as the introduction to the current study. As such it includes the background to the study, statement of the problem, purpose of the study, research questions of the study and the significance of the study. It is also concerned with the delimitation of the

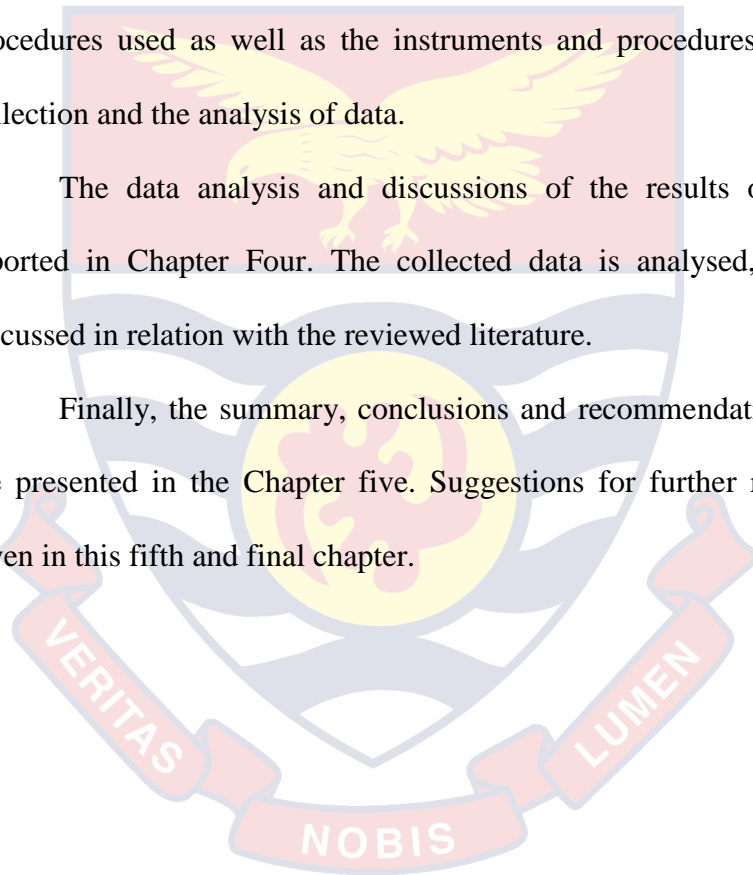
study, limitations of the study and the definition of terms as well the organisation of the study.

Chapter Two of this study concerns the review of literature related to the study. The chapter presents the theoretical and conceptual frameworks for the study. Again, the second chapter reviews related empirical studies.

The Third Chapter focuses on the methodology for the study. This chapter describes the research design, the population, the sample and sampling procedures used as well as the instruments and procedures involved in the collection and the analysis of data.

The data analysis and discussions of the results of the study are reported in Chapter Four. The collected data is analysed, interpreted and discussed in relation with the reviewed literature.

Finally, the summary, conclusions and recommendations of the study are presented in the Chapter five. Suggestions for further research are also given in this fifth and final chapter.



## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

The purpose of this study is to investigate the risky sexual behaviours of female students in the University of Cape Coast. As such, this chapter of the study concerns itself with the review of the related literature. It comprises three main sections which include the conceptual issue, the theoretical framework and the empirical review.

#### The Concept of Risky Sexual Behaviours

According to Kalina (2012), sexual behaviour and sexuality are very important for adolescents' health and overall well-being. Ahiataku (2016) is of the view that risky sexual behaviours are commonly said to be behaviours that increase an individual's risk of contracting sexually transmitted infections and also being at risk of other unintended pregnancies. Eaton et al. (2003) also viewed risky sexual behaviours as the kinds of sexual activities such as having sexual intercourse without a condom, having multiple sexual partners and having sexual intercourse for money or reward. In the observations of Oluwatoyin and Oyetunde (2014), risky sexual behaviours include having sex at an early age, having multiple sexual partners, and having sex while under the influence of alcohol or drugs.

Slaymaker, Walker, Zaba and Collumbien (2004) also showed that risky sexual behaviours involve a set of behaviours such as having multiple sexual partners, not using condoms for sexual activities, and having unsafe sex. These are not different from the view of Kirby et al. (2010) who see the key markers and indicators of risky sexual behaviours as including early

initiation of sexual activities, lack or irregular use of contraceptives, and promiscuous behaviours as well as sexual affairs with unknown partners. The European Centre for Disease Prevention and Control (ECDC, 2009) has said that the indicators of sexual behaviours include age at onset of sex, contraceptives usage, number of partners, and the type of partner. In providing a summary of all the definitions and views of risky sexual behaviours, Doherty, Appel, and Murphy (2004) opine that risky sexual behaviours are the behaviours that can result in negative consequences for an individual's health.

The prevalence of risky sexual behaviours among young people within the ages of 15 to 24 include early onset of sexual intercourse, having multiple sex partners, and non-use of condoms and contraception (Agardh, Cantor-Graae, & Ostergren, 2012; Nalwadda, Mirembe, Byamugisha, & Faxelid, 2010; Prata, Vahidnia, & Fraser, 2005). These risky sexual behaviours have been the main source of the HIV epidemic in sub-Saharan Africa (United Nations Programme on HIV and AIDS [UNAIDS], 1999; WHO, 2009). This is the reason why risky sexual practices among the young have drawn attention from most parts of the world including Ghana (Daka, 2014).

### **Current Attitudes and Practices of Young People towards Risky Sexual Behaviours**

The attitude of young people towards sexual activities has been varied and as a result demands attention. Among university students, especially, this issue is a major cause of concern. Civic (2000) has indicated that most university students trust what their sexual partners tell them about their sexual history, and as such make decisions about sexual protection based on what they have been told. This is more necessary since it has been shown that most

university students are willing to lie about their sexual histories in order to engage in sexual behaviours (Cochran & Mays, 1990). As a result, completely trusting what a partner says becomes dangerous.

Males and females sometimes believe that once there is the element of trust in a relationship, condom usage is unnecessary. Again, females, for instance, may find it difficult to go and buy a condom because they might be perceived as being bad. Males also reject condoms from female partners because they suspect the partners of cheating (Rondini & Krugu, 2009).

### **Mediating Factors of Risky Sexual Behaviours among Female Students**

The several factors that could mediate the risky sexual behaviours are explained as follows:

#### **Peer Pressure**

Engagement in sexual intercourse have been viewed by most young people as following the norm or current trend of modernism (Okereke, 2010). This implies that most sexual practices of young people have been born out of the need to follow what is trending. Again, it has been shown that young people do not use contraceptives during sexual affairs because they are either embarrassed, afraid, or shy to get the contraceptives or that they trusted their partners enough (Awusabo-asare, Biddlecom, Kumi-Kyereme, & Patterson, 2006; Rondini & Krugu, 2009).

Further, young people who feel that risky sexual behaviours is a normative behaviour among their peers might engage in several risky sexual behaviours such as having multiple sexual partners, inconsistent use of condoms, and alcohol usage prior to sex (Lewis, Lee, & Patrick, 2007). In Ethiopia, Cambodia, and Laos, peer influences have been shown to mediate

risky sexual behaviours. When peers are mostly involved in risky sexual behaviours, there is the likelihood that the others who are not doing so might like to engage in sexual practices to satisfy their curiosity (Awusabo-Asare et al., 2006; Seme & Wirtu, 2008).

### **Low Self-Esteem**

Self-esteem has been found to be influential in the risky sexual behaviours of individuals even though the evidence regarding this is still inconclusive (Mann, Hosman, Schaalma, & de Vries, 2004). Self-esteem could be low or high. Low self-esteem has been viewed by Davies et al. (2003) as well as Lejuez, Simmons, Aclin, Daughters and Dvir (2004) to be associated with several risky sexual behaviours such as early onset of sexual intercourse, and inconsistent contraceptive and condom usage. This has also been supported by the position of Magnani (2001) that low self-esteem leads to both early onset of sexual activity and unprotected sexual intercourse in Peru. The reverse of these views is true. Overall, it appears that high self-esteem is positively associated with less sexual risk behaviour. In deviation from these popular views, some interesting findings have been made regarding self-esteem, gender and risky sexual behaviours. Spencer (2002) reported that the probability of engaging in sexual activity was increased by high self-esteem among boys but by low self-esteem among girls. However, Paul, Fitzjohn, Herbison and Dickson (2000) revealed that girls with higher self-esteem were more likely to have early onset of sexual intercourse compared to those with a low self-esteem.



## Alcohol and Drug Abuse

Alcohol and drug abuse have been constantly linked to engagements in risky sexual behaviours among young people. Leigh and Stall (1993) have opined that substance abuse among young people is responsible for risky sexual practices which have been common among young people. Donovan and McEwan (1995) in their view also support the claim that drug abuse is responsible for the prevalence of risky sexual behaviours among young people. In terms of the specific risky sexual behaviours, alcohol intoxication prior to having sex has been associated with a lower likelihood of using condoms (CDC, 1997; Fergusson & Lynskey, 1996; Hernandez & DiClemente, 1992).

In support, Graves and Leigh (1995) have shown that young people who drink heavily or use marijuana are more likely to be sexually active, have multiple partners, and be less likely to use condoms during sexual intercourse. Laumann, Gagnon, Michael, and Michaels (1994) have posited that alcohol and drugs may enhance sexual desire and as a result lead to impaired judgment increasing the likelihood that condoms and other contraceptives may not be used. There is impaired judgment because the use of alcohol and drugs prior to a sexual encounter affects the perceptions of risk by the users and increase the likelihood that positive expectancies of risky sexual behaviours would be more enhanced (Fromme, Katz, & Rivet, 1997; Norris, Nurius, & Dimeff, 1996). The influence of alcohol is very serious in cases where both individuals involved in the sexual affair are very intoxicated.

## **Theoretical Framework**

Some theories propounded in relation to health behaviour change have been considered in this study. The main theory upon which the current study is founded is the Social Cognitive Theory. In addition, the Rational Choice Theory is also reviewed.

### **Social Cognitive Theory**

The social cognitive theory otherwise known as the social learning theory was propounded by Albert Bandura in 1977. The view of this behavioural approach is that people learn by observing the behaviour, attitudes and outcomes of others. Bandura (1977) believes that humans are active information processors and think about the relationship between their behaviour and its consequences. The major premise of the approach is that people do not learn only through their own experiences, but also by observing the actions of others and the results of those actions (Polis & Upenieks, 2003). Bandura's (1977) approach is a social learning theory that investigates behaviour as it is formed and modified in social contexts. Bandura recognizes that much learning takes place as a result of reinforcement and stressed that virtually all forms of behaviour can be learned without directly experiencing any reinforcement. Bandura's approach is also called observational learning indicating the importance in the learning process of observing other people's behaviour. Rimer and Glanz, (2005) opine that, in the social learning approach, human behaviour is dynamic and reciprocal and as a result, personal factors, environmental influences and behaviour continually interact.

A feature of Bandura's observational-learning approach is its treatment of internal cognitive processes. For this reason, Bandura's social learning

theory was later called social cognitive theory in 1986. This was because Bandura (1986) emphasised the cognitive processes that mediate learning and therefore argued that learning and behaviour have triadic reciprocal relationship with the environment. The social cognitive theory was based on the idea that people learn by observing the behaviour of other people called models. However, a closely related assumption within the social cognitive theory is that people have the ability to influence their own behaviour and the environment in a purposeful goal-directed fashion (Bandura, 1977).

Central to the social cognitive theory are two basic issues:

- a. Self-efficacy: the belief in the ability to implement the necessary behaviour (“I know I can insist on condom use with my partner”)
- b. Outcome expectancies: beliefs about outcomes such as the belief that using condoms correctly will prevent HIV infection.

Bandura (1977) believed that cognitive processes can influence observational learning. Thus, we do not automatically imitate the behaviours we see other people displaying; rather, we make deliberate conscious decision to behave in the same way. He emphasized the observation of others as a means of learning and considered learning to be mediated by cognitive processes. Sexual behaviours are influenced by personal knowledge, skills, attitudes, interpersonal relationships, and environmental influences which are all addressed in the Social Learning theory.

In applying this theory to knowledge of actual sexual behaviour among young people, what needs to be pointed out is that young people often observe the behaviour of other people and deliberately imitate the behaviour. Even though individuals may have heard about how risky sexual behaviours can

lead to STI infections, when they find out that people they know are engaging in such risky sexual behaviours and are still not infected, they can be tempted to imitate. Again, young people have few, if any, positive models for healthy sexual behaviour. Because sexual behaviours often happen in private settings, much of what young people learn about sex is from movies, music and magazines. However, majority of the behaviours from movies depict early sexual activity, violence combined with sex with no mention of protection and no discussions of the risks involved. Such acts are usually in contrast with what health promoters expect of young people. Therefore, modelling of healthy sexual behaviours is extremely important.

### **Rational Choice Theory (RCT)**

According to Wright (2017), rational choice theory originated during the late 18<sup>th</sup> century with the work of Cesare Beccaria. Since then, the theory has been expanded upon and extended to include other perspectives such as deterrence, situational crime prevention, and routine activity theory. The Rational Choice Theory (RCT) assumes that individuals act to maximize their interests through the evaluation of costs and benefits (Wright, 2017). A rational choice is taken on the basis of reasoning and as such, is optimal for achieving a goal or solving a problem. The theory posits that when making decisions on available courses of action to take, individuals will usually follow the one which best serves their interests.

The basic assumptions of the RCT are:

- a. human beings base their behaviour on rational calculations,
- b. they act with rationality when making choices and
- c. their choices are aimed at the optimization of their pleasure or profit.

In the rational choice theory, individuals are motivated by the needs, wants or goals that express their preferences. Therefore, individuals make their choices after they have evaluated their preferences. Behaviour, thus, reflects a rational assessment of gains and losses. This is the key to understanding human phenomena such as sexual behaviour. The rational choice theory is a theory that has been found to be useful in understanding the health seeking behaviour and alternative care practices that individuals engage in (Elster, 2007).

The RCT is a heuristic model— thus, a simplifying mechanism aimed at explaining fully the reason behind behaviour choices. This theory of behaviour maintains that in principle, behaviours of individuals can be explained as a result of the rational choices of the individuals involved. Elster (2007) revealed that the strongest asset of the RCT is that it uses intentional explanation. This type of reasoning according to Elster (2007) allows us to answer the question of why an individual will chose a certain course of action.

In terms of explaining sexual behaviour, individuals will choose particular sexual behaviours after they have assessed the costs and benefits of choosing the behaviour. In this sense, if the benefits of a low risk sexual behaviour exceed the costs, an individual will choose the low risk sexual behaviour and if the cost of low risk sexual behaviour exceeds the benefits, an individual will choose low risk sexual behaviour.

### **Review of Empirical Studies**

This section reviews related empirical studies on the current study. They were reviewed under sub-headings as related to the research questions.

### **Level of Knowledge of Female Students on Risky Sexual Behaviours**

In the study by Sachdeva, Malik, Sachdeva and Sachdev (2011) in India, it was found that most of the young people were aware of the sexual behaviours that were considered “high risk”. Their study found that students had high level knowledge about risky sexual behaviours. Specifically, most of the students knew that unprotected sexual contacts (92%) and sharing of used and infected needles (94%) were high risk sexual behaviours. Along similar lines, Sallar (2009) conducted a survey among young people in Ghana and reported that there was a high level of knowledge on sexual behaviours among young people. Specifically, Sallar found that majority of the respondents knew that sexual abstinence (78.1%), condom use (72.7%), fidelity to partner (72.5%), not sharing needles (76.4%) and reducing sexual partners (56.7%) are sexual behaviours important for preventing sexually transmitted infections. This implied that there is a high level of awareness of appropriate sexual behaviours among the young people in Ghana.

Okpokumoku, Nwajei and Nwose (2017) carried out a study aimed at collecting data on the sexual behaviour, knowledge and the use of contraceptive, with a view of finding what was known and unknown among undergraduate university students in the Delta State, Nigeria. The methodology employed for that study was a narrative literature review approach. The finding of the study showed that there was abundance of knowledge about sexual health. Contraception usage, however, did not seem to match the high level of knowledge of the respondents.

A United Nations report (2008) revealed that most young people are aware that being in monogamous relationship is an effective prevention

strategy to sexually transmitted infections. The implication of the report is that young people have high level of awareness of risky sexual behaviours. The report indicated, however, that in sub-Saharan Africa and globally, women have lower levels of risky sexual behaviours. Jeckoniah (2013) also carried out a study to find out the knowledge of perceived risky sexual behaviours among Tanzanian university students. He found that the students had high levels of knowledge concerning risky sexual behaviours. The study of Jahanfar, Lye, and Rampal (2009) also showed that respondents had higher levels of knowledge and a better attitude towards sexual activities.

Awusabo-Asare, Biddlecom, Kumi-Kyereme and Patterson (2006) reporting on the 2004 Youth Reproductive Health Survey among young people in Ghana revealed that majority of the young people surveyed knew at least one modern method of contraception. However, knowledge on specific methods apart from the male condom was low. In addition, Somba, Mbonile, Obure, and Mahande (2014) studied the sexual behaviour, contraceptive knowledge and use among female undergraduate students of the Muhimbili and Dares Salaam Universities in Tanzania. According to the study, female undergraduate students had knowledge and awareness of contraceptives and more than half of the participants of about 148 (58.5%) have ever used contraceptives. Further, the source from which individuals obtain knowledge about sexual behaviours has been of interest to researchers. The study of Jeckoniah (2013) revealed that television was the most popular source of information (18.9%) about sexual behaviours while newspapers and radio were second in importance with 16.4 and 16.3 percent respectively. Again, the study of Bohmer and Kirumira (2000) among Ugandan students

revealed that electronic media was the main source of information about sexual behaviours for young people.

In the cross-sectional study by Bui, Pham, Pham, Hoang, Nguyen, Vu, and Detels (2001) on sexual behaviour knowledge among residents in Vietnam, it was shown that the most commonly reported sources of information on sexual behaviours were television (90% in Ha Long, 80% in Yen Hung, and 48% in Binh Lieu) and radio (42%, 38%, and 48% respectively). This implied that television source was low in Binh Lieu. Posters, friends, hospitals, and newspapers were infrequent sources of information. The implication of the findings of Bui et al. (2001) is that most of the people acquire knowledge about risky sexual behaviours from electronic media sources.

Despite the cultural and geographical differences, the findings of Bui et al. (2001) are similar to that of Agyemang, Buor, and Tagoe-Darko (2012). Agyemang et al. (2012) carried out a study to find the extent of knowledge about sexual behaviours and HIV and AIDS among young people in the Ejura-Sekyedumase district of Ghana. Their study revealed that the electronic media (radio and television) was the predominant source of information about HIV and AIDS and risky sexual behaviours among the respondents. Their study showed that young people obtained information about sexuality more often from their friends than from their family members. This finding was attributed to the Ghanaian culture of families not discussing sexual issues with their children. In support of this, Awusabo-Asare et al. (2006) found that the most common source of information on safe sexual practices, particularly contraceptive usage in Ghana was either TV or Radio. In deviation from most



of the findings reviewed, Wodi (2005) has revealed that young people prefer talking to the peers about sexual issues and as such their main source of knowledge about sexual behaviours and sexually transmitted infections is from their friends.

In relation to this study, it is anticipated that the population of the study is likely to acquire information about sexual behaviours from mainly digital sources and friends. This is because, in the university, most of the students are users of internet services where they can get easy access to information about risky sexual behaviours. Friends could also be a source of information on risky sexual behaviours since students in the university are usually more connected to their friends and learn more from their friends than from other people.

### **Risky Sexual Behaviours of Female Students**

Identifying the sexual behaviours and risk level of young people is necessary because the degree of exposure of students to sexually transmitted diseases and infections is likely to increase in the presence of risky sexual behaviours. Several studies have been carried out both outside and within Africa to identify the risky sexual behaviours of students, particularly females. Tura, Alemseged, and Dejene (2012) have found that there is high prevalence of risky sexual practices among Jimma University students. Their study revealed further that, most of the respondents said having multiple sexual partners is very common among the students. They explained that the students did this because they had different benefits including academic and economic. A female student in their study revealed specifically that “... *There is what we call three to zero or three to three principle that students follow in the university life. This means changing sexual partners each year to end up with*

*three partners before graduating.*” The implication is that students change partners just as part of the university life. Tura et al. reported further that 26.9% of the respondents in their study had ever had sexual intercourse. This value is much higher than that of Mitike et al. (2005) obtained from in-school youth in which 9.9% had had sexual experience. The study of Belachew, Jira, and Mamo (2002) also showed that 33.2% of the respondents in their study had engaged in sexual intercourse at the time of the study.

Odu and Akanle’s (2008) study of “Knowledge of HIV and AIDS and Sexual Behaviour among the Youths in South West Nigeria” found that a greater percentage of the youth were sexually active and were already engaged in high-risk sexual behaviour such as same sex intercourses, sex with multiple sexual partners, and sex in exchange for money. They again found a low-level condom use among the youth. Some of the reasons indicated for the low level of condom use included the belief that condom interferes with sexual pleasure and partners dislike for condom use. This is supported by the study of Tura et al. (2012) which revealed that 25.9% of those who had had sex in the last 12 months in their study did so without condom. This was considered as having risky sexual behaviour. The reasons given by the respondents for having sexual intercourse without condom was mainly because the respondents trusted their partners and the non-comfortability of condom. This means that some of the respondents felt that they trusted their partners and so did not need condoms while other felt that using condoms for sexual intercourse was uncomfortable.

Stulhofer, Graham, Božičević, Kufrin and Ajduković (2007) conducted a study on HIV/AIDS related knowledge, attitudes and sexual

behaviours as predictors of condom use among young adults in Croatia. The study revealed that only a small percentage of the respondents reported consistent condom use during sexual intercourse in the last 12 months of the study. Their findings were, however, worse for oral sex since most of the respondents did not use condoms during oral sex.

Several other studies have revealed higher percentages of individuals having had sexual experiences. For instance, the study of Rahamefy et al. (2008) revealed that 80% of students had sexual experience while the study of Okafor and Obi (2005) among Nigerian University students reported that 76.8% had had sexual experiences. Along similar lines, the study of Imaledo, Peter-Kio, and Asuquo (2012) showed that more than a quarter of the respondents had had sexual intercourse and some even had had sex in exchange for gifts with a friend. This is not different from the findings of Manning, Giordano, and Longmore (2006) which revealed that 75% of youth had casual sex with a friend, ex-girlfriend or boyfriend. Thus, it did not really matter who the people within the studies had sex with.

Similar to the study of Adegoke, Fawole and Ogunkan, (2011); Manning et al. (2006), revealed that 72.7% of their respondents had ever had sex, 62.3% had had more than one sexual partner in the last 2 months preceding the study, with 30.0% of the respondents having between 2-3 partners, 25.9% had had between 4-6 partners, while 6.4% had had more than 6 partners within the same period. A report from the Centres for Disease Control (CDC) (2003) showed that 14.4% of 18–24 year old college students reported having four or more sexual partners in their lifetimes. This was no different from an earlier report of the Centres for Disease Control (CDC)

(1999), that compared to other age groups, individuals within the age range of 10 to 24 years were more likely to have multiple (sequential or concurrent) sexual partners rather than a single long-term relationship. Individuals within the same age group were also found to be more likely to engage in unprotected intercourse and might select sexual partners who had more risk characteristics such as partners with sexually transmitted infections (STIs).

Stenhammar, Ehrsson, Åkerud, Larsson, and Tydén (2015) carried out a study on the sexual and contraceptive behaviour among female university students in Sweden using repeated surveys over a 25-year period. The study showed that the mean number of lifetime sexual partners increased from 4.0 in 1989 to 12.1 in 2014. The study also showed that between 2009 and 2014, condom use decreased but experience of anal sex increased. The majority of the women in the study graded giving and receiving oral sex as a positive experience. However, they graded anal sex as negative but were still willing to engage in it again. In terms of contraceptives, the study revealed that the most common contraceptive method at the very first time of intercourse was the use of condoms while contraceptive pills were the most common method used the last time they had had sexual intercourse. The implication of the findings of Stenhammar et al (2015) is that women engaged in risky sexual behaviours progressively. As observed in the findings, though, the number of sexual partners increased, anal sex also increased with condom-use decreasing.

The study of Somba et al. (2014) on the sexual behaviour, contraceptive knowledge and use among female undergraduate students of Muhimbili and Dar es Salaam Universities in Tanzania revealed that fear of pregnancy (49.2%) and fear of contracting HIV and AIDS (17.2%) were the

main reasons mentioned to have caused the utilization of contraception. Mavhandu-Mudzusi and Asgedom (2016) examined the prevalence of risky sexual behaviours amongst regular undergraduate students in Jigjiga University. They adopted a quantitative, univariate cross-sectional descriptive study and came out to reveal that majority of the respondents were sexually experienced. More than half of the respondents used condom in their most recent sexual engagement. The study also revealed that university students are involved in sexual behaviours that may increase their risk of contracting HIV infection.

Deviating from the several findings, Maluwa-Banda (2004) found that there was limited sexual activity among female compared to the considerable sexual activity among male students in Southern Malawi. The difference was attributed to the fact that more pressure was put on females to conceal virginity for social or family reasons while males exaggerated their sexual experience since it was viewed as an achievement among peers. The strong sanctions that sexually active female students were likely to encounter and the normative fear of being stereotypically stigmatised as 'being loose' also led to females under-reporting their sexual behaviours (Lugoe, Klepp, & Skutle, 1996). In a similar study, the findings of Puja and Kassimoto (1994) have revealed that females have so much more to lose than males and so they are likely to either remain virgins or go for safer sex. Further, in the study of 1,415 Euro-American, Hispanic, and Asian college students in the United States, Ahrold and Meston (2010) found that across all three ethnic groups, men had more liberal attitudes to casual sex than women. These studies indicate that women have more reserved sexual behaviours.

In sub-Saharan Africa, Bankole, Singh, Woog, and Wulf (2004) reported that among the four countries surveyed, several of the respondents were engaged in sexual activities. Specifically, 29% of Ghanaian females, 37% of Malawian females, 45% of females in Burkina Faso, and 48% of females in Uganda (Bankole et al., 2004) were all found to be engaged in sexual activities. Several other studies in Ghana have made several revelations. The study conducted by Ankomah and Ford (1993) showed that sexual activities among young people in Ghana were high. Out of the respondents interviewed, 86% said that they had had sex with 42% of those respondents indicating that they had engaged in sexual affairs before their 16th birth day. Tweedie and Witte (2000) writing on the Ghana Youth Reproductive Health Survey Report of 1999 said that the 38% of the females who had had sex had been in a sexual relationship with two to three people since their sexual life began. In the same report, Tweedie and Witte showed that 12% the females had exchanged sex for money. The report further revealed that among the unmarried youth in Ghana, 41% of females have had sex and 4% of them have been with more than one sexual partner three months prior to the survey.

Makgale and Plattner (2017) carried out an exploratory study to investigate sexting behaviours among undergraduate students in Botswana (N = 309, 64.5% female; mean age = 20.3 years). Thus, the study aimed to find out the extent to which students were sending sexually explicit messages (sexts). It was revealed that most participants (84.8%) had received sexts and many (61.8%) had sent sexts at least once in their lifetime. The reasons given by the respondents for sending sexts were to flirt (42.9%), to have fun

(24.6%), and/or to initiate sexual activity (17.8%). It was shown again that only 36.7% of the participants were worried about their sexts being forwarded to others, and 30.2% had forwarded sexts to others. Being sexually active (OR = 4.52), drinking alcohol (OR = 2.52), and being a mother with tertiary level education (OR = 0.40) emerged as significant predictors of sending sexts. Among participants who had sexual intercourse at least once in their lifetime (N = 164), an increase in the frequency of sexting was associated with an increase in the number of sexual partners and with sex under the influence of alcohol and drugs. However, sexting behaviours were not associated with unprotected sex.

Gebresllasie, Tsadik and Berhane (2017) conducted a study aimed to assess the magnitude of risky sexual behaviours and predictors among students of Private Colleges in Mekelle City. A mixed design of both quantitative and qualitative methods was used among 627 randomly selected students of private colleges from February to March, 2013. Self-administered questionnaire and focus group discussion were used to collect data. A thematic content analysis was used for the qualitative part. For the quantitative study, Univariate, Bivariate and multivariable analysis were made using the SPSS version 16 statistical package, and a p value less than 0.05 was used as cut-off point for statistical significance. The study found that of the total of 590 respondents, 151 (29.1%) had ever had sex. Among the sexually active students, 30.5% reported having had multiple sexual partners while consistent condom-use was done by nearly 39%. In multivariable logistic regression analysis, variables such as sex, age group, sex within the last twelve months, and condom-use during the last twelve months were found particularly

associated with risky sexual behaviour. The findings of the qualitative and quantitative study showed consistency in the presence of risk factors. In concluding, Gebresllasie et al. (2017) said that sexually risky behaviours were high in private colleges. These included having multiple sexual partners and substance use.

The purpose of the study of Shore and Shunu (2017) was to assess the prevalence and factors associated with the risk of sexual behaviours among the youth in Haramaya Secondary and Preparatory School. Institutionally-based cross-sectional study was conducted. Simple random sampling technique was used to select a sample of 394 participants. A structured, pretested and self-administered questionnaire was used to collect data. The collected data was entered into the computer and analysed using the SPSS version 20. Crude and adjusted odds ratio with its confidence interval was used as a measure of association and statistical significance was declared at  $P < 0.05$ . Among 363 school youths who completed the questionnaire, 134 (36.9%) were sexually active and more than quarter (25.3%) of the youth had engaged in risky sexual behaviour. The study concluded that risky sexual practice was relatively high among the respondents. It was recommended in that regard that schools, local health bureaus and stakeholders should work together to address the identified risky behaviours with particular focus on behaviour change communication.

Ksahsay, Jejaw, and Mulatu (2017) sought to assess the risky sexual behaviours and the associated factors among the Mizan, Bonga and Tepi preparatory school students, Southwestern Ethiopia in 2016. Institution based cross-sectional study was conducted by employing both quantitative and qualitative data collection method from November 1 to December 30, 2016.



The systematic random sampling technique was employed in selecting the sample for the study. Quantitative data was collected by self-administered questionnaire whereas an in-depth interview was used for qualitative data analysis. The descriptive, logistic regression analysis was performed during data analysis. The overall risky sexual behaviour was found to be 25.2% (119 out of 473). In conclusion, the researchers pointed out that there were risky sexual behaviours among Mizan, Bonga and Tepi preparatory school students.

Abdu, Tesfaye, and FeKecha (2017) assessed the risky sexual behaviours and the associated factors among Jimma university of Kitto Furdisa students, Jimma zone, Jimma town, Kitto Furdisa in 2015. A cross-sectional study was conducted on 407 undergraduate Engineering students of Jimma university of Kitto Furdisa. The stratified random sampling technique was used in selecting the sample. Data was collected through self-administered questionnaire and analysed using the SPSS. For significant statistical association between dependent and independent variables, chi-square test was employed and data was presented using table as needed. A total of 407 questionnaires were distributed and 356 returned which made the response rate 87.5%. The study found that 304 (85.4%) of the respondents were aware of the risks risky sexual behaviours; 65 (32.9%) had their first sexual intercourse at the age 15-19 years followed by 46 (23.4%) at the age 20-24 and 83 (42.1%) did not remember their first sexual intercourse. The study concluded based on the findings that there were risky sexual behaviours among the students. The researchers recommended that continuous health information to create awareness on condom utilization and anticipation of future risks should be provided by Anti-HIV and AIDS club of Jimma

University of Kitto Furdisa Campus Students, Peer-club of students, and the student clinic.

Kebede, Molla and Gerensea (2017) carried out an assessment of risk sexual behaviour using institution-based cross-sectional study design on 287 randomly selected subjects among Aksum University students. They found that almost 60% of the students reported having ever had sexual activities. Out of that percentage, 86 (83.5%) and 112 (64.4%) reported having inconsistent condom use and multiple sexual partners respectively. Even though more than half of the first sexual intercourse (61.5%) started due to their desire, peer pressure and alcohol did have significant effect on sexual intercourse. The study also revealed that a significant segment of the students had risky sexual behaviours which increased individuals' risk of acquiring HIV and AIDS.

Menon, Mwaba, Thankian and Lwatula (2016) adopted a cross-sectional quantitative survey in investigating sexual behaviours among students. Eight hundred and fifty-nine (859) undergraduate students from the University of Zambia were surveyed in classrooms selected through a stratified random sample procedure. Data was collected using a self-administered questionnaire in a class room situation. The questionnaire included the Health and Behaviour Survey, National College Health Risk Behaviour Survey and the Global School Health Survey. The results showed that male students were more likely to report having had more than one sexual partner. They were more consistent in condom use compared to female students. The study also revealed that students in the fourth (final) year were more likely to report having experienced sexually transmitted infections than those in the first year. The researchers concluded that having multiple sex

partners increased with advancement in university years attained with more males likely to report of having more than one sexual partner. Consistent condom-use was generally low, with students in the senior years reporting having contracted an STI.

Idowu, Ayodele, Omotade, Anu, and Omolola (2017) assessed the factors associated with Risky Sexual Behaviour (RSB) among secondary school students in Nigeria. A cross-sectional design was employed using the multistage sampling technique to select 375 secondary school students in Ogbomoso, Nigeria. A pretested questionnaire was used for data collection. After that, the chi-square test and the binary logistic regression analysis were done. It was found that overall, 23% of the respondents engaged in at least one risky sexual behaviour and that students not in steady relationships were 5 times more likely to have risky sexual behaviours. Also, respondents who had positive attitude toward risky sexual behaviours had 24% increased odds of engaging in risky sexual behaviours.

Belay, Worku, Addisu, and Alemneh (2017) assessed the magnitude of risky sexual behaviours among High School and Preparatory School Students in Mizan town, Ethiopia. School-based cross-sectional study designs were conducted from April 23-27, 2016 and data was collected through self-administered questionnaire. A sample of 308 students was used for the study via simple random sampling techniques. Data was entered and analysed by using the SPSS version 20. It was observed that 51% (157) of the respondents had risky sexual behaviours. From the total participants (157) who ever had sexual experience, most (80, 50.9%) of them had multiple sexual partners. Again, out of the 157 participants who ever had sex, 114 (72.6%) of them did

not use any form of contraceptive or barriers during their first sexual exposure. Regarding their sexual partners, about 29 (18.47%) of the 157 had had sexual relations with commercial sex workers. The study concluded that a considerable number of students had practiced risky sexual behaviours.

Most of the results of the studies reviewed could be summed up in the findings of Ibe and Ibe (2003) that risky practices recorded among students included having sex without condom, having had multiple sexual partners, use of condom only at first sexual encounter and having multiple partners. These findings are relevant to the current study since it also samples students.

### **Factors That Influence Risky Sexual Behaviours of Female Students**

Several studies have been carried out to identify the factors that influence risky sexual behaviours among female students. Tura et al. (2012) have revealed that the major predisposing factors for risky sexual behaviour (having multiple sexual partners and sex without condom) includes being free from family control, being in the youth age group, substance use, peer pressure, campus and outside environments like campus security, existence of night club and video houses. It also revealed that among the protective reasons for not initiating sexual practice, personal life plan or goal was the leading factor, (433, 55.9%), followed by religiosity (423, 54.6%). Among the factors indicated, alcohol usage was mentioned by several studies as being influential in the risky sexual behaviours among the university students (Coleman & Cater, 2005; Dale, Watson, Adair, Moy, & Humphris, 2010; Gilchrist, Smith, Magee & Jones, 2012; Scott-Sheldon, Carey, & Carey, 2010). Cooper (2002) also revealed that young people were more likely to engage in risky sexual

practices such as having multiple sex partners, exercising unprotected sexual intercourse, and selecting higher risk partners after drinking alcohol.

One other factor that has been indicated by several researchers as being influential in risky sexual behaviours of female students is the freedom of living away from their parents. It has been shown that female students living away from parents are three times more likely to be engaging in risky sexual behaviours than those who are living with their parents (Boyar, Levine, & Zensius, 2011; Moore, 2004; Prinstein & La Greca, 2004). In Nigeria, the study of Uzokwe (2008) has shown that lack of communication between parents and children about sex, high incidence of campus prostitution and poverty or harsh economic conditions are factors that increase risky sexual behaviours among students.

The media has also been identified as one factor that can influence sexual behaviour. In terms of specific media avenues, it has been revealed that magazines (Walsh-Childers, 1997), movies and music (Christenson & Roberts, 1998) and television shows (Cope & Kunkel, 2002; Lowry & Shidler, 2002) have abundance of sexual contents frequently used by young people. The media has also been identified by Fields (2002) to have impacted the present college students' sexual attitudes and behaviours more than any previous generations. Fields (2002) explained that casual unprotected sex have been promoted in the media as the ideal thing and as such influenced the sexual life of a lot of college students. Along this line of thought, Brown and Cantor (2000) said that young people who see and hear a lot about sex in the media may be more than twice as likely to have early sexual intercourse compared to those who are rarely exposed to sexual content.

Aside the media, religion has been a factor that influences sexual behaviour of young people. The findings of Crockett, Bingham, Chopak and Vicary (1996) shows that females who attend religious services more frequently are more likely to delay sexual debut. However, Mott, Fondell, Hu, Kowaleski-Jones and Menaghan (1996) say that attendance to religious services is a predictor to delaying sexual debut only when the male friends of the females are also religious. The study of Zaleski and Schiaffino (2000) has shown a negative association between the level of religiosity and frequency of sexually risk-taking behaviours within emerging adulthood. The implication is that the higher the level of religiosity, the lower the possibility of engaging in risky sexual behaviour. In a similar vein, Paul, Fitzjohn, and Eberhart-Phillips (2000) found that individuals who attend religious services frequently and who value religion in their lives are more likely than others to develop sexual attitudes and behaviours that are consistent with their religious doctrines. In this regard, young people who are active in religious groups may have a greater commitment towards sexual abstinence than young people who are less active in religious institutions (Miller, Forehand, & Kotchick, 2000). This is no different from the view of Turchik (2007) that sexual behaviours could be influenced by values, religiosity and cultural orientations of the people involved.

Contrary to the findings about religion, it has been argued that premarital sexual practices that lead to unplanned pregnancy and sexually transmitted infections are on the increase regardless of obvious prevalent religiosity (Dorojaiye, 2009; Morhason-Bello, Oladokun, Enakpene,

Fabamiro, Obisesan & Ojengbede, 2008). Thus, the literature on the impact of religion on risky sexual behaviours is not conclusive.

The influence of peers on sexual activity of young people has been of interest to several researchers such as Henry and Fayorsey (2002) and Kiragu and Zabin (1993). It has been shown that young people whose grown-up friends are sexually active are more likely to be sexually active. The same is true even when young people perceive their friends to be sexually active (Blum & Mmari, 2004; Kiragu & Zabin, 1993). Alamrew, Bedimo, and Azage (2013) have observed that having a close friend involved in sexual activities is a predictor variable. This observation was made because having a close friend involved in sexual activities shows statistically significant association with multiple sexual partnerships.

Alamrew et al. (2013) have shown that individuals who have sexually experienced friends are more than five times at risk of having multiple sexual partners compared to those who do not have such friends. It has also been reported that young people who perceive their friends as having less encouraging attitudes toward sexual activity among young people are more likely to be sexually abstinent (Watts & Nagy, 2000), or delay sexual initiation (Santelli, Kaiser, Hirsch, Radosh, Simkin, & Middlestadt, 2004). These people are therefore less likely to engage in sexual activities (O'Sullivan & Brook-Gunn, 2005).

The influence of peers has been seen in the use and abuse of alcohol and other drugs. Alcohol consumption has been found to be correlated with engaging in high-risk sexual behaviours (Leigh, 1990; Anderson & Dahlberg, 1992) and the likelihood of sex on first dates (Cooper & Orcutt, 1997).

Alcohol also decreases the likelihood of condom use during casual sex (MacDonald, Zanna, & Fong, 1996). Tapert, Aarons, Sedlar and Brown (2001) have cautioned that binge-drinking teens are approximately three times less likely to use condoms, while recent marijuana users are almost two times less likely to use condoms.

Handebo, Kebede and Morankar (2018) used an institutional-based cross-sectional study triangulated with qualitative data to investigate risky sexual behaviours at North Shewa Zone, Ethiopia from February to March 2016. Six hundred and thirty-five (635) students were selected using a multi-stage sampling method. Self-administered questionnaire and focus group discussion guide were used for data collection. Out of the 628 students, 115 (18.3%) reported having engaged in risky sexual behaviour. Social connectedness was inversely correlated with having risky sexual behaviour. Substance-user-students had four times risky sexual behaviours than non-users. Risky sexual behaviour was associated with family connectedness, religion connectedness and school connectedness. The researchers concluded that grade level, substance use, religiosity or religious attachment, family and school connectedness were major predictors of risky sexual behaviour among students.

Asante, Meyer-Weitz and Petersen (2014) conducted a study to examine the association between substance use and risky sexual behaviours among homeless youth in Ghana. A cross-sectional survey of a convenient sample of 227 (122 males and 105 females) street connected children and youth was conducted in Ghana in 2012. The study revealed that having ever drunk alcohol and alcohol use in the past one month are associated with all the



four indices of risky sexual behaviour (ever had sex, non-condom use, multiple sexual partners and survival sex) in the study. Both marijuana use and smoking of cigarettes are associated with having ever had sex, multiple sexual partners and survival sex. Other drug use is associated with non-condom use. The implication of the findings of Asante et al. (2014) is that substance abuse in the form of alcohol, marijuana and cigarettes was related to the risky sexual behaviours of young people.

Mulu, Yimer and Abera (2014) conducted a study to assess the sexual behaviours and associated factors at Bahir Dar University in Ethiopia. A cross sectional study was adopted and respondents were selected through multistage sampling. The study found that substance use, attending night clubs and watching porno video were predictor factors for practicing different sexual behaviours. In a similar vein, Stenhammar et al (2015) found that sexual behaviour of women is influenced by watching pornographic pictures. Specifically, an association was found between exposure to pornography and experience of anal sex in more than half of the women who had watched pornographic pictures.

The study of Shore and Shunu (2017) on the prevalence and factors associated with risk of sexual behaviour among youths in Haramaya Secondary and Preparatory School has shown that living arrangement, substance use, watching pornographic movie, peer influence and perceived family control are predictors of risky sexual behaviour. Still in line with these findings, Kahsay, Jejaw and Mulatu (2017) found that living away from parents, non-attendance of religious programmes, alcohol drinkers, pornography watchers and financial hardships are significant predictors of

risky sexual behaviour. The study by Abdu et al. (2017) on the risky sexual behaviours and associated factors among Jimma University of Kitto Furdisa students, found that age, previous place of residence, and academic year were significantly associated with risky sexual behaviour of students.

The knowledge of sexual behaviours and sexually transmitted infections has also been observed as a factor in the risky sexual behaviours of female students. Several studies such as those done by Bankole et al. (2004) and Camlin and Chimbwete (2003) have revealed that low risk sexual behaviours such as delaying sexual intercourse, using condoms, and stopping sex with commercial sex workers are positively correlated with the knowledge of risky sexual behaviours. Giving more credence to the existence of the relationship between knowledge of, and actual sexual behaviour, the findings of Stulhofer et al. (2007) have revealed a positive association between attitudes toward condom use and knowledge of risky sexual behaviours. This implied that respondents with more positive attitudes toward condom use tend to have greater knowledge of sexual behaviours. Contrasting these findings, it has been reported by several researchers that the high level of general knowledge about risky sexual behaviours, are unrelated to safe sexual behaviour (Greenlee & Ridley, 1993; Oswald & Pforr, 1992; Svenson & Varnhagen, 1990).

In Ghana, the study by Obuobi (2014) on the relationship between risk perception of HIV and AIDS and sexual behaviours among students in the Tema Metropolis, found that respondents' general level of knowledge regarding risky sexual behaviours and STIs was above average, yet their reported sexual behaviour was risky. This implies that even if respondents

report high levels of knowledge about sexual behaviour and STIs, their sexual behaviours do not necessarily reflect their knowledge. Evidence has been found that in spite of more adequate knowledge on sexual behaviours, there is continued high risk behaviour among the youth of sub-Saharan Africa. Again, the studies of Adedimeji (2003) and Omorepie (2003) have revealed that even though the majority of young people have knowledge of risky sexual behaviours, and how they can be destructive to their health, there is an underestimation of personal risk of infection.

In terms of the knowledge of risky sexual behaviours influencing actual sexual behaviours, the findings have been mixed. This is because some studies show positive association while other studies show that there is no association.

### **Conceptual Framework**

The framework upon which this study is based is an adapted version of the HIV Awareness, Sexual Behaviour and Perceived Vulnerability designed by Mugi (2012). In the original model, Mugi (2012) opined that sexual behaviour in a given society is directly affected by the level of awareness of HIV and AIDS. This is because in her view, the higher the level of awareness the safer the sexual behaviour adopted by a society, and the lower the level of awareness the riskier sexual behaviour will be adopted by that society. However, the relationship is likely to be influenced by the environment where perceived vulnerability of HIV and AIDS in the society directly affects sexual behaviour. Part of the model of Mugi (2012) was adapted for the study and not fully adopted because the study of Mugi was related to HIV and AIDS while

the current study uses the model in explaining the factors responsible for risky sexual behaviours without the HIV and AIDS component.

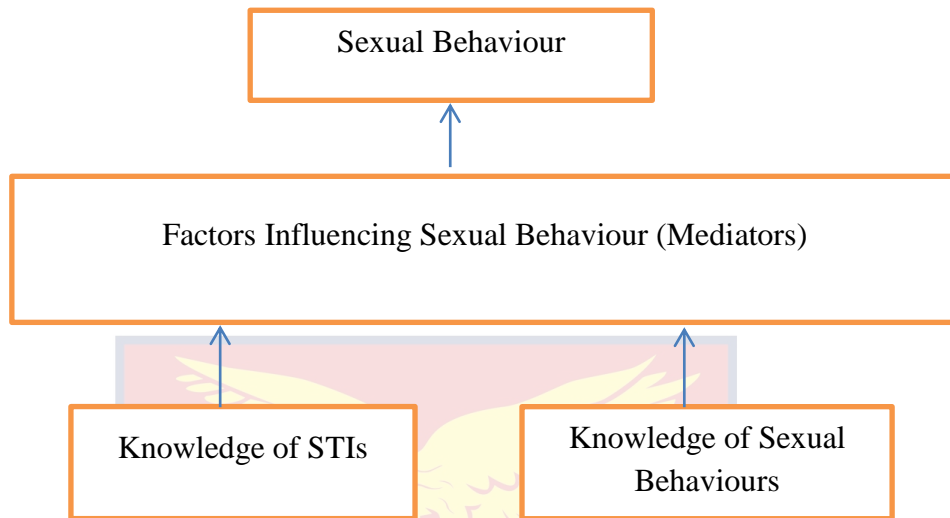


Figure 1: Conceptual Framework of the Relationship between Knowledge of Sexual Behaviours, Factors Influencing Sexual Behaviours and Actual Sexual Behaviours.

Source: Adapted from Mugi (2012)

Sexual behaviour of individuals in any society are directly affected by the society's level of awareness of the behaviours, and of STIs. It has been indicated that the higher the level of awareness, the safer the sexual behaviour adopted by that society, and the lower the level of awareness, the riskier the sexual behaviour adopted by that society (Mugi, 2012). According to the model, the relationship between the knowledge level and the sexual behaviour may be influenced by some other factors such as perception of risk, media, peers and religious affiliation.

Awareness of a particular issue or problem can help in dealing with the problem. According to the UNAIDS (1999) report on HIV and AIDS, the need for public awareness on HIV and AIDS is based on the fact that knowledge of

HIV and AIDS can help change attitudes that can ultimately reduce the spread of HIV and AIDS. Information has to be given to the society to be able to create awareness. Information then has to be translated into knowledge and then into action (Barnett & Blaikie, 1992).

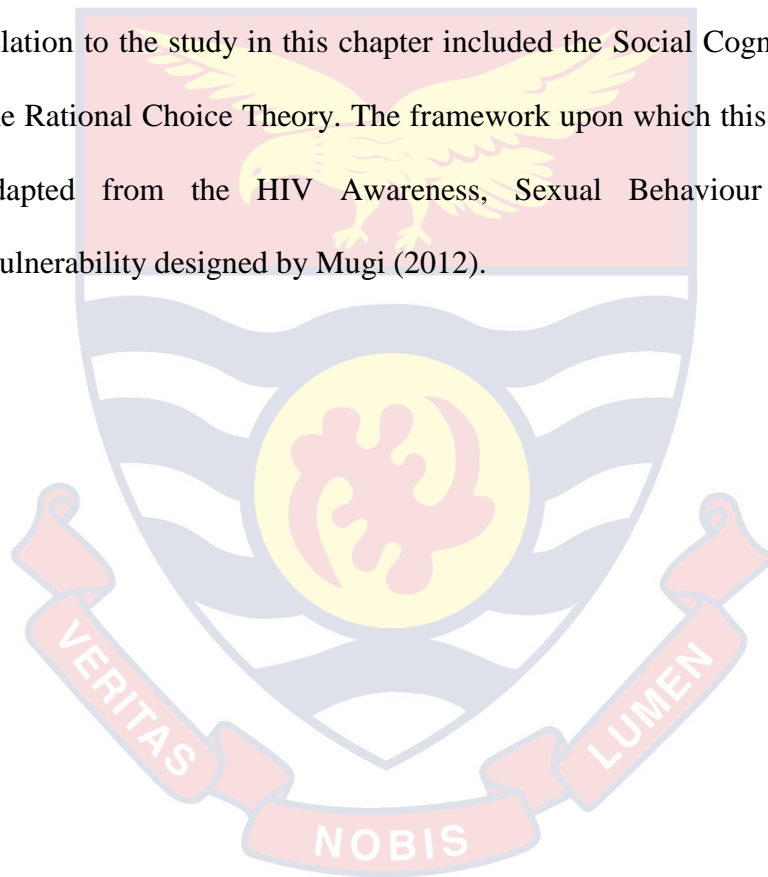
The mediating factors are those which interfere with translating knowledge or awareness into behaviour choice. When an individual perceives the level of risk involved in a particular behaviour to be high, the individual may not choose that behaviour and vice versa. Again, the kind of information in the media, the kind of peers or friends and the religiosity of the individual, can all tell whether an individual will choose to engage in a certain behaviour or not. This framework therefore provides an accurate guide for the study.

### **Summary**

This chapter is the review of the available literature related to the study. The review was done under three main sections which included the review of related empirical studies, the conceptual framework and the theoretical framework. The review of related empirical literature was done on the basis of the research questions for the study. Most of the studies reviewed showed that students have high level of knowledge on sexual behaviours. Specifically, studies such as that of Sachdeva et al. (2011) in India found that most young people are aware of the sexual behaviours that are considered high risk. Sallar (2009) also reported that there is a high level of knowledge on sexual behaviours among young people.

Risky sexual behaviours are reported by several researchers. For example, Ibe and Ibe (2003) have intimated that risky practices recorded among students included having sex without condom, having multiple sexual

partners, use of condom only at first sexual encounter and having multiple current partners. Among the factors responsible for risky sexual behaviours of students are freedom from family control, being in the youth age group, substance use, peer pressure, and existence of night club and video houses (Tura et al., 2012). From the literature review, the sexual behaviours of young people were identified to be risky regardless of the high level of knowledge of risky sexual behaviours among students. Theories that were reviewed in relation to the study in this chapter included the Social Cognitive Theory and the Rational Choice Theory. The framework upon which this study is based is adapted from the HIV Awareness, Sexual Behaviour and Perceived Vulnerability designed by Mugi (2012).



## CHAPTER THREE

### RESEARCH METHODS

#### Introduction

The purpose of this study is to investigate the perceptions of risky sexual behaviours among female students in the University of Cape Coast. This chapter looks at the methodology used in the study. It includes sections such as the research design, the study area, population, sampling procedures, data collection instruments, data collection procedure, and the data processing and data analysis.

#### Research Design

The study used the exploratory research design. Exploratory research design helps to explain the reasons of a phenomenon. Exploratory studies look for reasons behind the nature of certain relationships. Exploratory design is a form of qualitative design, hence, a qualitative approach was used. Notwithstanding their diversity, Mason (2002) describes all qualitative research approaches as being founded on 'interpretivist' position; they are concerned with how a particular phenomenon of interest is interpreted, understood and experienced. Mason continued that qualitative approaches are based on analytic methods which take account of complexity, detail and context of the phenomenon of interest.

In the view of Streb (2010) exploratory designs are often used to establish the understanding of how best to proceed in assessing an issue, or what methodology would effectively be used to gather information about an issue. Cuthill (2002) as well as Taylor, Catalano, and Walker (2002) opine that the goals of exploratory research are intended to provide possible insights

such as familiarity with basic details, settings and concerns, well-grounded picture of the situation being investigated, generation of new ideas and assumptions. Again, exploratory design is intended to help in the development of tentative theories or hypotheses and determination about whether a study is feasible in the future.

This qualitative approach is used because as indicated by Kitzinger (1994) it helps to expose how people form their thoughts about risky sexual behaviours and why they construct specific understandings. Some of the advantages of exploratory research include gaining background information on a particular topic and providing an opportunity to define new terms and clarify existing concepts. A major limitation however of exploratory research is that findings cannot be generalized to a large population since it utilizes small sample sizes. Regardless of this limitation, this design will be used because it has the ability to provide complex documented descriptions of how people experience a given research issue. In relation to the current study, this approach would help to interpret the risky sexual behaviours of the female students in the University of Cape Coast.

The exploratory research design was considered appropriate for the current study because even though the concept of risky sexual behaviours have been investigated in different contexts, it has not been studied in connection to only female university students in Ghana. In most of the studies conducted on sexual behaviours in Ghana, the focus has been on both males and females. The researcher therefore deemed this study as a study with a new focus. Therefore, the choice of an exploratory study was based on this premise.



## **Population**

According to Ary, Jacobs, and Rezavieh (2002), population in research refers to the entire group of individuals to whom the findings of a study apply. It is whatever group the investigator wishes to make inferences about. The population for the study involved female students aged 18 to 24 years in the University of Cape Coast and had been sexually active over a period of time. The age group was chosen because they were deemed to be the most vulnerable.

## **Sampling Procedure**

A sample in research has been defined by Wiersma (2000), as a subset of the population to which the researcher intends to generalize the results. A sample size of twenty-eight (28) participants will be used for the study. For a qualitative study, it has been indicated by several researchers that a sample between six (6) and thirty (30) is appropriate (Saumure & Given, 2008). This is because qualitative studies do not focus on the number of people but the depth of information obtained. As a result, a sample of twenty-eight (28) was deemed appropriate for the study. Seven (7) female students each were selected from each of the four (4) out of the five (5) colleges of the university. These included the College of Agriculture and Natural Sciences, College of Education Studies, College of Humanities and Legal Studies and the College of Health and Allied Sciences.

Purposive sampling procedure was used. Purposive sampling according to Babbie (1990) involves selecting a sample on the basis of the researcher's own knowledge of the population, its elements, and the nature of the research aims. In other words, purposive sampling implies that the

population is non-randomly selected based on a particular characteristic (Frey, Botan, & Krepps, 2000).

Purposive sampling was used in selecting the four (4) colleges out of the five (5) colleges as well as the female students between the ages of 18 and 24 who were sexually active. In doing this, the researcher intentionally selected female students within the required age range who were sexually active. The students were also required to be in any of the four colleges. In identifying the sexually active respondents, the researcher identified individuals whom she knew were sexually active and engaged them in interactions to find out if they were truly sexually active. Those who were not sexually active were excluded from the main study while those who were sexually active were included in the main study to be interviewed.

Selecting participants purposively helped the researcher focus on particular features of the participants that the researcher is interested in. Thus, in this study, purposive sampling helped the researcher to get to female students between the ages of 18 and 24 who were sexually active. Furthermore, purposive sampling of participants with wide-reaching information gave the researcher deeper understanding of the perspectives of students on their sexual risk-taking behaviours.

### **Data Collection Instrument**

This thesis adopted semi-structured interview guide as the instrument for data collection. According to Bless and Higson-Smith (1995), in-depth face-to-face interviews involve direct contact with the participant who is asked to answer questions, providing participants the opportunity to comment on widely defined issues. The use of in-depth face-to-face interviews helps to

produce contemporary experiences and knowledge (Silverman, 2005). Interviews provide social encounters where participants are able to give accounts of their past actions, experiences, feelings and thoughts (Seale, 2004).

Interview was used because it afforded the researcher enough time to get detailed information on the subject matter. In the context of this study, getting detailed and in-depth information about students' risky sexual behaviours was the motive and so using semi-structured interview guide was considered suitable. Again, this enabled participants to give in-depth contribution to the study.

Interviews have their limitations which include issues of bias due to poorly constructed questions, response bias, poor recall and inaccurate articulation (Yin, 2003). Regardless of these limitations, using the interview enabled the interviewer and interviewee to modify their line of thought as they engaged in further probing of issues that arose during the process of interviewing, thus making the interview a better option for the study.

The semi-structured interview guide had five main sections. The first part focused on the demographic characteristics of the respondents. The second part dealt with the knowledge of the respondents about risky sexual behaviours. The third part focused on the risky sexual behaviours of the respondents. The fourth section covered a self-assessment of respondents' own sexual behaviours while the final section focused on suggested solutions to reduce risky sexual behaviours.

## Data Collection Procedure

Contact was first made with prospective participants to assess whether they met the criteria of being within the ages of 18 and 24 as well as being sexually active. Those who met the criteria were asked if they would voluntarily participate in the study after the nature of the study was explained to them. Those who agreed and consented to the study were recruited as part of the study. Dates were scheduled with them for the interviews to be conducted.

On the agreed dates for the interviews, the researcher ensured that the interviews were conducted at places convenient to participants. This is because in the view of Seale (2004), interviews provide social encounters where participants are able to give accounts of their past actions, experiences, feelings and thoughts. The interviews were guided by interview schedules. At the point of data collection, consent was sought from the participants to carry out the interview and to record for transcription. All the interview sessions were recorded and transcribed. Each interview lasted for at most 20 minutes.

The concept of saturation was considered in the study. Saturation of data collected is a commonly used criterion in qualitative studies to depict when data collection should be ceased. The premise of saturation is that the researcher finds that no new descriptive codes, categories or themes are emerging from the data. According to Saumure and Given (2008), a sample size of fifteen (15) to twenty (20) has been considered as appropriate for saturation of themes during analysis; however, the sample size will vary depending on the context and content under study. In this study, the researcher applied the principle of saturation when twenty-eight (28) participants were

interviewed. No new information or data was being introduced and the number of participants was considered appropriate.

The main challenge encountered during the data collection period had to do with some of the participants' who met the criteria pulling out before the main interview started, since they did not feel comfortable talking about their sexual lives. This was a challenge because even though the required sample was obtained, the time span for data collection was extended. The extension occurred because the researcher had to continue the process of selection until she got twenty-eight (28) female students who met the inclusion criteria and consented to being a part of the study.

#### **Data Trustworthiness**

According to DeVault (2018), the concepts of validity and reliability are relatively foreign to the field of qualitative research. The concepts are just not a good fit. Therefore, instead of focusing on reliability and validity, qualitative researchers substitute data trustworthiness. Trustworthiness consists of the following components: (a) credibility; (b) transferability; (c) dependability; and (d) confirmability (DeVault, 2018).

#### **Credibility**

Credibility is seen as the most important aspect or criterion in establishing trustworthiness and involves the researcher clearly linking the findings of a study with reality in order to demonstrate the truth of the study's findings (Olivia, 2018). In ensuring credibility of the data, the researcher used triangulation of sources. This is the means of gathering data from different people at different points in time and in different settings. Thus, the researcher did not gather the data from the participants at just one sitting. The different

participants were met at different times at different places. This helped to ensure that the data was not corrupted thereby improving the credibility of the data gathered.

### **Transferability**

According to DeVault (2018), transferability is the generalization of the study findings to other situations and contexts. Generalization is however limited in qualitative research due to the small nature of the sample size. However, in addressing the extent of transferability of the data, the researcher used purposive sampling. DeVault opined that purposive sampling can be used to address the issue of transferability since specific information is maximized in relation to the context in which the data collection occurs. Thus, specific and varied information are emphasized in purposive sampling, rather than generalized and aggregate information, which is seen in quantitative research.

### **Dependability**

Dependability is important to trustworthiness because it establishes the research study's findings as consistent and repeatable (Olivia, 2018). One major means of establishing dependability of data is to have an outside researcher conduct an inquiry audit on the research study. An inquiry audit involves having a researcher outside of the data collection procedure, data analysis and the results of the study (Olivia, 2018). This is done to help confirm the accuracy of the findings and to ensure the findings are supported by the data collected. In the current study, the researcher's supervisors who are experts in the field of health and population helped establish the dependability of the data collection and analysis procedures.

### **Confirmability**

Confirmability concerns the level of confidence that the study's findings are based on the participants' narratives and words rather than the researcher biases (Olivia, 2018). In establishing confirmability in this study, the researcher used an Audit Trail. An audit trail is when a qualitative researcher details the process of data collection, data analysis, and interpretation of the data. In this study, all the procedures involved in the study from the beginning to the interpretation of the results are described in detail.

### **Data Analysis**

The interview sessions recorded were transcribed in full. Themes were developed manually by the researcher in relation to the objectives of the study for analyses and discussion.

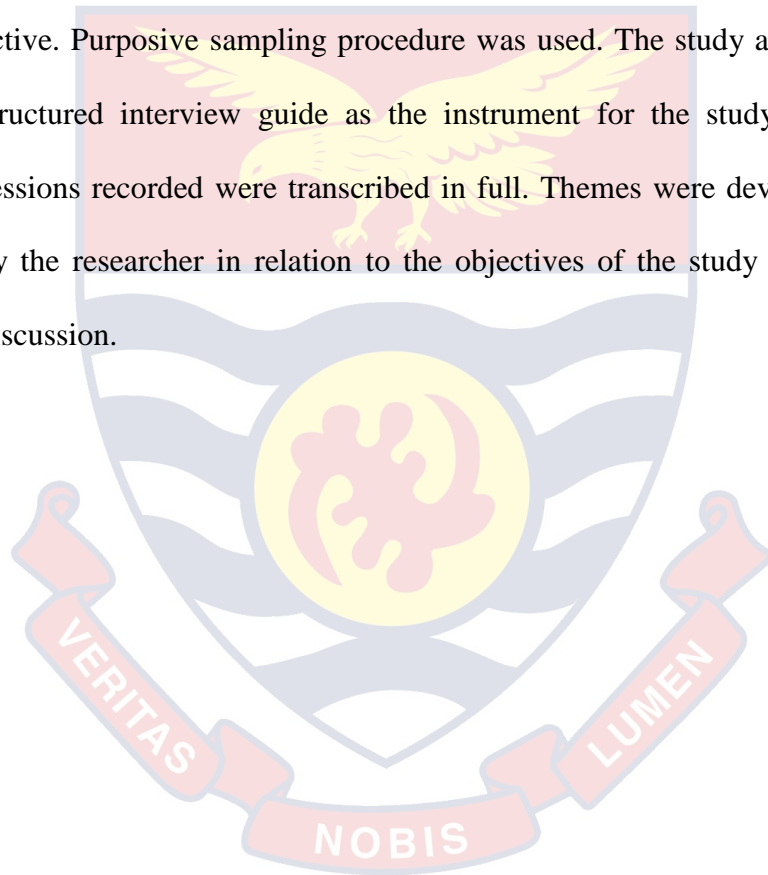
### **Ethical Issues**

There was strict ethical consideration in carrying out the research. The researcher sought for clearance from the University's Institutional Review Board (IRB). Consent from the prospective participants was sought. They were duly informed about the content and focus of the study. Again, consideration was given for anonymity, autonomy and confidentiality. In ensuring anonymity, the real names of participants were kept hidden and their ages were used in presenting the data. Autonomy involves ensuring that participation in the study was completely the choice of the individual and not under compulsion of any form. The researcher went to a great length to ensure that anyone who participated in the study did so by her own choice. Information that was obtained from the study was treated with the highest degree of confidentiality. Thus, no part of the data from participants was given

out without the consent of the participants. Aside the academic purpose for which the data was collected, no part of the data was produced in any form for public consumption without the authorization of the participants.

### Summary

This study adopted the cross-sectional exploratory research design. The study was conducted in the University of Cape Coast campus using female students within the age groups of 18 and 24 who had been sexually active. Purposive sampling procedure was used. The study adopted the semi-structured interview guide as the instrument for the study. The interview sessions recorded were transcribed in full. Themes were developed manually by the researcher in relation to the objectives of the study for analyses and discussion.





## CHAPTER FOUR

### RESULTS AND DISCUSSION

#### Introduction

The purpose of the study was to investigate the risky sexual behaviours of female students in the University of Cape Coast. This chapter presents the results and discussion of the analysis of the data collected. The analysis of the data was done thematically. Themes were developed manually by the researcher in relation to the objectives of the study for analyses and discussion. The results are presented according to the research questions of the study.

#### Demographic Characteristics of Participants

A total of twenty-eight (28) participants took part in the study, seven (7) students were selected from four (4) out of the five (5) colleges of the university. These included the College of Agriculture and Natural Sciences, College of Education Studies, College of Humanities and Legal Studies and the College of Health and Allied Sciences. The criteria for being a part of the study was that each participant should be at least 18 years of age and at most 24 years of age and had been sexually active for the period of three months prior to the collection of the data. The participants who were involved in the study had minimum ages of 20 years and maximum of 24 years.

In terms of the age distribution, most of the participants (14 participants) were 24-year olds, seven (7) participants were 23-year olds, and five (5) participants were 22-year olds while the remaining two (2) participants were 20- year olds. Regarding the level of study of the participants, fifteen (15) were in Level 400, eight (8) were in Level 300 while

the remaining five (5) participants were in Level 200. Finally, out of the twenty-eight (28) participants, twenty (20) of them reported that they were Christians while six (6) said they were Muslims. The remaining two (2) participants indicated that they did not belong to any religion even though they believed in the existence of God.

The demographic characteristics of the participants formed a necessary part of the current study because these characteristics can influence the sexual lives of the participants. For instance, how old individuals are can influence their readiness to indulge in either safe or unsafe sex. Again, the level of education has a bearing on the sexual life of female students. This is because a Level 400 student is most likely not to be worried about pregnancy since she is about completing school compared to a Level 100 or 200 student. In Ghana, religion usually informs the lifestyle of most people, as such, religion was deemed a necessary demographic characteristic for the current study.

### **Knowledge of Female Students on Risky Sexual Behaviours**

The participants were asked during the interview, series of questions which were aimed at unearthing how knowledgeable they were and how they got their information about risky sexual behaviours.

Participants were first asked to indicate how they understood risky sexual behaviours. Several responses were given, out of which the following themes were generated:

Having unprotected sexual intercourse

Having multiple sexual partners

Unplanned or sex on impulse

Engaging in sexual activities that are dangerous and harmful to your health and wellbeing.

It is realised from the themes that the participants viewed risky sexual behaviours as sexual behaviours that involved unprotected sexual intercourse, multiple sexual partners, unplanned sex or having sex on impulse and engaging in sexual activities that are dangerous and harmful to health and wellbeing.

After this, the participants were asked to indicate some of the sexual activities that constituted risky sexual behaviours. In response to this, the participants revealed that risky sexual behaviours included:

Anal sex

Oral sex

Sex without protection (condom)

Multiple sexual partners.

The implication of all these is that participants had a relatively high level of knowledge about what risky sexual behaviours were. Their description of risky sexual behaviours and the activities that constitute risky sexual behaviours was detailed.

Participants were also asked about who is most at risk when people engage in unprotected sexual activity. All the participants except one indicated that the woman is the most at risk during unprotected sexual affairs. The only participant who held contrary view indicated that both the man and woman are at risk. In explaining why the woman is the one who is most at risk, all the participants opined that since women are those on the receiving end with wide

genital opening than men, they are the most likely to contract sexually transmitted infections.

The following narratives were the views of some of the participants:

*...I know it's the woman who is at risk because as a woman, our opening is far bigger than the man's own and is vulnerable to a lot of diseases (A 23 year old student)*

*....Uhhmm, I learnt we females we are always at the receiving end so we are more vulnerable to certain disease. Again, we mostly have vagina sex so it means I stand a greater chance of being infected (A 20 year old student)*

*...because as a woman I'm at the receiving end if the man has any infection and he ejaculates in me or even the pre ejaculation I stand the risk of being infected (A 24 year old student)*

Participants were then asked to indicate how they received the information they had about sexual behaviours. The common themes running through the response given by the participants were:

Friends and peers

Traditional media (radio and television)

Social media and Internet

School

Personal reading and experience.

Some of the quotes from the participants included the following:

*Hmmmmmmm you... I got a lot from my experience and from interaction with friends. Most of the time during conversations some friends share their experience. You know most of us act based on peer pressure (A 20 year old student)*

*...Ooh for sex, people have been talking about it. I heard it from friends, its everywhere. It's on TV, social media, virtually, they are there as you are growing up. You can easily find information about sex on the internet. There you can get whatever you want and hmm you will be amazed. (A 24 year old student)*

*...I learnt a lot about sexual behaviours through friends, the media and other information from school. School talks about sex but not that much. You only know more from the media these days (A 23 year old student)*

In answering the first research question, the study showed that the participants had knowledge about risky sexual behaviours. This finding was arrived at because the participants were able to explain what risky sexual behaviours are. They viewed risky sexual behaviours as sexual behaviours that involve unprotected sexual intercourse, multiple sexual partners, unplanned sex or having sex on impulse and engaging in sexual activities that are dangerous and harmful to health and wellbeing. In terms of the acts that were considered risky, the participants were knowledgeable about them. They

indicated that anal and oral sex, sex without protection as well as multiple sexual partners were risky.

Since the participants' description of risky sexual behaviours were accurate, they were considered to be highly knowledgeable about sexual behaviours. This finding did not come as a shock, since in tertiary institutions, it is anticipated that students would have acquired a higher level of knowledge about sexual behaviours. This is so because information about sex are provided to students mostly from the Basic School level. Again, since the participants were aged between 20 to 24 years and are sexually active, it was not surprising that they were knowledgeable about risky sexual behaviours. Sexual issues are being taught and discussed formally in the education setting and other platforms as well as informally among peers.

In this regard, most young people are likely to be knowledgeable about sexual behaviours. The findings are in line with the study of Sachdeva et al. (2011) in India which found that most young people are aware of the sexual behaviours that were considered high risk. Specifically, Sachdeva et al. (2011) have shown that students have high level knowledge about the fact that unprotected sexual intercourse was a high-risk sexual behaviour. The findings of the current study are consistent with the study of Jeckoniah (2013) among Tanzanian university students which found that the students have high levels of knowledge concerning risky sexual behaviours. In addition, the findings of the current study confirm those of Sallar (2009), that young people in Ghana have a high level of knowledge on sexual behaviours, simply because the majority of the respondents in the study area knew that sexual abstinence, condom use, fidelity to partner, and reducing the number of sexual partners are

appropriate sexual behaviours important for preventing sexually transmitted infections.

Further, the current study has shown that female students acquire knowledge about risky sexual behaviours through peer interactions, from traditional media (radio and television), social media and internet, personal reading and experience as well as from schools. This finding supports the finding of Jeckoniah (2013) that television, newspapers and radio are the means through which knowledge about risky sexual behaviours was obtained. Again, the findings from the current study are in line with the study of Bohmer and Kirumira (2000) among Ugandan students which revealed that electronic media is the main source of information about sexual behaviours for young people. The cross-sectional study of Bui et al. (2001) on sexual behaviour knowledge among residents in Viet Nam also has shown that the most commonly reported sources of information on sexual behaviours are television and radio. The finding of Bui et al. is confirmed by the finding of the current study.

The findings are also in support of those of Agyemang et al. (2012). Agyemang et al. (2012) revealed that the electronic media (radio and television) was the predominant source of information about HIV and AIDS and risky sexual behaviours among the participants along with peer interaction. Agyemang et al. (2012) also found that information about risky sexual behaviours was not obtained from family members. They attributed this to the Ghanaian culture of families not discussing sexual issues with their children. With almost all the respondents in the current study not making reference to their parents and families as source of information about sexual

behaviours, it can be inferred that the Ghanaian culture of parents not discussing sexual issues with their children is still existing and is predominant.

### **Sexual Behaviours of Female Students in the University of Cape Coast**

In the attempt to find whether the current sexual behaviours of female students were risky, the participants were asked about their sexual behaviours and most specifically their last sexual encounter.

The participants were first asked to indicate the last sexual encounter they engaged in. Out of the twenty-eight (28) participants, more than half had engaged in only penile-vaginal intercourse while the rest had engaged in both oral and vaginal intercourse. The following narratives were the views of some of the participants:

*...I do engage in a lot of penis-vagina sex...I spend a lot of time with my boyfriend but that is all we do when we want to have sex (A 22 year-old student)*

*...not all the time, but sometimes I do engage in oral sex...yhh sometimes. You know sometimes you feel like doing something different. So we try new things (A 24 year-old student)*

*I am being frank here, being on your own gives you a lot of time and you try to explore things...I mean explore sexually because you have all the time for yourself and mostly you are with your boyfriend all the time. (A 24 year old student)*

In terms of protection during intercourse, about half of the participants indicated that they did not protect themselves while the rest said that they did protect themselves. For those who engaged in both oral and vaginal



intercourse simultaneously, protection was virtually absent. Few participants indicated that they had engaged in anal sex.

The following narratives are the views of some of the participants which support this finding:

*...I do have both oral and penis to vagina sex. I think it is normal...once you have a partner you will defiantly be 'screwing' each other. We do not use protection because sometimes it is random (A 24 year old student)*

*...Eerrm the last time I had sex, which is yesterday...we did both oral and penis to vagina and we used protection by the way. (A 23 year old student)*

*Well I will say that in the heat of the moment you do not even think about protection. Say, you from a party drunk with your boyfriend, and you go to his place or he comes to yours, how can you even think about it. I mean how? (A 24 year old)*

Further, the participants were asked to indicate whether they viewed their sexual behaviours as risky. In response to this, majority of the participants indicated that they viewed their sexual behaviours as risky. A few viewed their sexual behaviours as non-risky. For the participants who viewed their sexual behaviours as risky, their reasons were that they felt exposed to sexually transmitted infections since there were times that they engaged in sexual intercourse which were risky without protection. Some of the statements from the participants concerning this finding include:

*...well...my sexual behaviour is risky because we do cunnilingus and we do fellatio, thus like from the tongue to the vagina and giving blowjob so in the process if there are any infections I stand a chance of getting it (24 year old student)*

*...you know once you engage in unprotected sex you are at risk and having oral sex. So I see my sexual behaviour as very risky.*

*Once in a while you will have unprotected sex so I know I am at risk. (A 23 year old student)*

*For me, I feel everything I do sexually put me at risk since I do not know if my boyfriend is safe or not. Although we have gone for check-ups a few times however I cannot say for a fact that I'm the only person he has intercourse with. (A 22 year old student)*

For those who felt their sexual behaviours were not risky, their main reason was that they use protection (condoms) during their sexual encounters. Some of the quotes include:

*... my sexual behaviour is not risky because I think I protect myself all the time with condoms (male condoms) so I don't think whatever I do is risky (A 20 year old student)*

*No...my sexual behaviour is not risky because I don't have sex with multiple people and the last time I protected myself during sex (A 21 year old student)*

The implication of the views under the second research question is that the majority of the participants engage in risky sexual practices. The sexual practices were mostly penile-vaginal and oral intercourse usually without protection. Thus, while most of the participants perceived their sexual behaviours as risky, a few perceived their sexual behaviours as not being risky. The varied sexual acts of the participants included penile-vaginal intercourse as well as oral sexual intercourse. However, none of the participants engaged in anal sexual intercourse. For those who viewed their sexual behaviours as risky, their views were because there were times that they engage in sexual intercourse which were risky without protection. From the results it can be inferred that female students engaged in risky sexual behaviours which revolve around unprotected penile-vaginal and oral sexual intercourse. In some instances, participants engaged in sexual intercourse without using condom. This finding confirms the study of Tura et al. (2012) which found that there is high prevalence of risky sexual practices among Jimma University students. Tura et al. further intimated that some of those who had sex in the last 12 months in their study did so without condom.

The findings of the current study are consistent with the findings of Odu and Akanle (2008). Odu and Akanle found from their study of knowledge of HIV and AIDS and sexual behaviour among the youth in South West Nigeria that a greater percentage of youth are sexually active and are already engaged in high-risk sexual behaviour. They found a low level condom use among the youth. Further, the findings of the study are in line with the findings of Stulhofer et al. (2007) which showed that among young adults in Croatia only a small percentage of the participants reported consistent condom

use during sexual intercourse in the last 12 months of their study. The findings of Stulhofer and associates were however worse for oral sex since most of the participants did not use condoms during oral sex. The similarity among all these findings implies that among young people there are several incidents of risky sexual behaviour usually in the form of unprotected sexual intercourse.

### **Factors that Influence Risky Sexual Behaviours of Female Students in the University of Cape Coast**

The study sought to find out the factors that influence the risky sexual behaviours of the participants. In answering this research question, the participants were asked several other questions intended to reveal the factors responsible for the sexual behaviours of the participants.

The participants were asked to indicate the reasons behind their sexual behaviours. In response to this, some of the participants indicated that penel-vaginal intercourse was the only sexual intercourse they knew and that it was the natural form of intercourse while others opined that other forms of sexual intercourse like oral and anal sex are unhealthy and 'nasty'. The following narratives are the views of some of the participants which support this finding:

*...Vaginal sex is what I know and is the best so far. If I think about sex all I know is vaginal sex. I feel other forms are too scary because hmmm there could be side effect. (A 23 year old student)*

*...I engage in vaginal sex because it is natural so I don't see why you should use some other body parts that is meant for a certain purpose to engage in sexual activity. It will look very*

*disgusting it is like you want to hurt yourself and maybe may not even be pleasurable (A 20 year old student)*

*...I engage in vaginal intercourse because that's the only thing I know and the other forms like oral and anal look 'nasty' for me. I don't think I will ever try. I cannot be comfortable with that. (A 22 year old student)*

*...I think vaginal sex is the way we should have sex... and I think vaginal sex is healthier than the other forms of sex. I don't want to put myself through any health complications. I think about it first. (A 20 year old student)*

For the participants who engaged in oral sex, they indicated that oral and vaginal sex together felt good and pleasurable and that they were comfortable with it. Some of the quotes from the participants include:

*.....errmmm...oral and vaginal I feel like it feels good! I haven't explored other options and so far that's what I'm comfortable with. For me I feel it takes time to know other parts of the body that gives you satisfaction. But we are capable of doing anything when we are in the right mood. (A 24 year old student)*

*Oral and vaginal sex gives me more pleasure and I enjoy it...that is what my partner also likes. We have not considered other areas though. (A 23 year old student)*

The participants were asked to indicate why they engaged in sexual practices which they knew were clearly risky. The participants indicated varied reasons, mostly, revolving around the fact that most of their risky sexual practices were unplanned and as such they could not protect themselves while others indicated that they could not protect themselves when having sex in the 'heat of the moment'. Some of the views of the participants include:

*I know I might catch some infection but I just do it because in the heat of the moment all you think about is how cute the guy is. Some of the times, I knew there were condoms, but in the heat of the moment you take the condom off and then you continue unprotected. (A 24 year old student)*

*...most of the risky sex is not planned, it just happens and it usually happens randomly....and because I don't have multiple partners I think I feel it is okay I trust my partner and we have agreed not to have sex with other people while we are together. (A 23 year old student)*

Others indicated that they loved and trusted their partners and so they were not bothered about sexually transmitted infections. Some also pointed to the influence of alcohol and fun as making them engage in risky unprotected sexual affairs. Further, other participants cited reasons like their dislike for condoms and how sex is good for health. Some of the views of the participants are quoted below:

*I didn't use protection because I loved him and I thought I was going to spend the rest of my life with him so I didn't really*

*care... I followed my emotions. I thought I was in love (A 24 year old student)*

*... Sex is good and it releases you from stress so I didn't care much. After all is satisfaction you focus on so you do what will bring you satisfaction. Mostly my boyfriend is okay without condoms initially we were scared that I might get pregnant but when it didn't happen for a number of times now we keep doing the same thing and we both are cool. (A 22 year old student)*

*...I don't see the point in using protection because mostly it is not planned. Other times, under the influence of alcohol (A 23 year old student)*

*...well for me I don't like the condoms because I heard in the news that there are some chemicals in the condom that gives low sperm counts later in life so I don't like it...so me I want everything to be natural... I don't want any chemical in me (A 22 year old student)*

Finally, in response to the second research question, the participants were asked to indicate what their priorities were during sex; whether their sexual satisfaction or their health. The views from the participants showed that even though most of the participants had concern for their health, they chose sexual satisfaction ahead of their health anytime there was a strong unplanned urge to engage in sexual intercourse. Some of the following are quotes from the participants:

*...Even though my health is important because I have to be healthy before I engage in sex, it is a package, the pleasure and everything is part of the package. You must enjoy and think about the consequences later. (A 21 year old student)*

*... I would say that base on the information I have given you, my priority is more of sexual satisfaction...but on a normal day I would say I would put my health first. But I know I will never get infected, even though my sex life is risky. (A 23 year old student)*

*...well... then...I never thought about my health... it didn't really come to my mind. All I cared for was my sexual satisfaction. I think it because I am healthy so I really don't give it much thought. (A 22 year old student)*

From the responses above, the participants engaged in risky sexual behaviours mostly because the sexual encounters were unplanned, fun and gave them satisfaction. Others were influenced by alcohol as well as their love and trust for their partners. Thus, the main factors responsible for the sexual behaviours of the participants were knowledge and awareness, pleasure, health and influence of alcohol. The participants who engaged in only vaginal sex indicated that penal-vaginal intercourse was the only sexual intercourse they knew and that it was the natural form of intercourse while some others indicated that other forms of sexual intercourse like oral and anal sex appeared to be unhealthy and 'nasty'. For the participants who engaged in oral sex, they



indicated that oral and vaginal sex together felt good and pleasurable and that they were comfortable with them.

Generally, the participants engaged in risky sexual behaviours just because the sexual encounters were unplanned, fun, and gave them satisfaction. Others were influenced by alcohol, their love and trust for their partners as well as how good sex is for health. The participants again indicated that even though they had concern for their health they chose sexual satisfaction ahead of their health anytime there was a strong unplanned urge to engage in sexual intercourse. The findings of the current study support those of several studies which showed that alcohol usage was influential in the risky sexual behaviours among university students (Coleman & Cater, 2005; Dale, Watson, Adair, Moy, & Humphris, 2010; Gilchrist, Smith, Magee & Jones, 2012; Scott-Sheldon, Carey, & Carey, 2010). Similarly, the findings of the current study are consistent with the findings of Lynne (2002) which revealed that young people are more likely to engage in risky sexual practices after drinking alcohol.

Finally, the findings of the current study regarding the dislike for condom usage support the findings of Tura et al. (2012) which said that the reasons given by participants for having sexual intercourse without condom was mainly because participants trusted their partners and the non-comfortability of condom usage. This again confirmed the findings of Odu and Akanle (2008) that there was a low-level condom use among the youth and this was attributed to the belief that condom interferes with sexual pleasure and that partners disliked condom use. From the views of the respondents, the researcher gathered that male condoms were the main contraceptives or

protection methods that the participants knew more about and were using in some instances. This gave credence to the report by Awusabo-Asare et al. (2006) that among young people in Ghana, knowledge on specific methods of contraception apart from the male condom was not encouraging even though there was some level of knowledge on contraceptive usage. The implication of this is that there still remains some level of education to be given to young people especially female students on contraceptive usage.

In connecting the findings of the study to the theories reviewed, it can be inferred that the rational choice theory strongly applies to the study. The participants who did not engage in risky sexual behaviours intimated that those behaviours would not be beneficial to them. Thus, the rational choice theorists' view that individuals will choose particular sexual behaviours after they have assessed the costs and benefits of choosing the behaviour is supported. Again, the conceptual framework for the study depicted that sexual behaviours are mediated by some factors. The findings of the study support this claim since specific factors such as alcohol, knowledge and satisfaction were cited by the respondents as their reasons for engaging in some specific sexual acts.

Further, since the sociological backgrounds of the participants were not interrogated, it can be said that the sexual behaviours of the participants can be traced to some specific sociological factors. It must be noted, however, that factors such as alcohol usage and trust of partners have sociological roots (Anastasia, 2019; Frank, Moore, & Ames, 2000). Frank et al. claimed that people from some specific cultures and societies can have alcohol usage issues while Anastasia (2019) also pointed out that trust is connected to the social

background and life of individuals in a relationship. As a result, since these factors were influential in the sexual behaviours of the females, sociological inference can be made from the findings of the study.

Although the findings clearly showed that participants had knowledge about risky sexual behaviours, they still engaged in varied sexual behaviours that were considered risky. Such behaviours were attributed to factors ranging from pleasure, health, influence of alcohol and trust for partners. These findings can be linked to Mills' (1959) sociological imagination where females, although knowledgeable engaged in risky sexual behaviours. Mills' concept of sociological imagination helps us to better understand female students' sexual behaviours and experiences by linking it to the wider society in which they live.

### **Suggestions for Young People Regarding Sexual Behaviours**

The participants were asked at the end of the interview to indicate some advice for young people who are sexually active. The participants suggested the need to use protection (condom) during sex, going on regular check-ups for sexually transmitted infections, abstinence, being faithful in a relationship, and avoiding sexual intercourse with multiple partners. The participants indicated that when individuals who are sexually active are able to adopt lifestyles that are safe, they are more likely to be free from sexually infected infections. For those advocating the use of condoms, their reason is that if females do not insist on condom usage, males are comfortable with engaging in unprotected sexual intercourse and so are not much worried or concerned about the usage of condoms.

Some of the statements from the participants are:

*...well there are ways to protect one from getting STI'S and the main one is that you have to use condoms. It is the easiest to grab around and most times the man has it with him so.... (A 20 year old student)*

*Most men feel that once you are in a relationship with them you shouldn't use protection...but women should advocate that it is either they engage in sexual affairs with protection or they do not engage in sexual affairs without it. Again, women should go to church or wait till marriage (A 22 year old student)*

*...From my point of view I feel using condoms are the best and for people who don't like it should go for regular check-up. So that you are aware of your status all the time. (A 23 year old student)*

*Condoms usage, abstinence and faithfulness to one person and then going for regular check-ups every three months to be sure that you are free from infections (A 23 year old student)*

*...ladies should be principled particularly with condom usage and maintain that 'if is not on, it is not in'. I believe that is very simple if not we must not do it. It must guide us as a principle (A 24 year old student)*

*...by regular check-ups, use of protection and more education on sexuality, females can be protected more on sexually transmitted infections (A 24 year old student).*

### **Contribution to Knowledge**

The current study has contributed to the body of knowledge theoretically and empirically. Theoretically, the study made use of C. Wright Mills' sociological imagination to explain the rationale behind females' risky sexual behaviours in spite of the knowledge they have acquired. This sociological theory has not been applied in any of the studies conducted on risky sexual behaviours. Yet, the application of this theory to the findings of the current study gave a new dimension to the understanding of human behaviours. Empirically, the study also adds to the body of literature on factors that influence risky sexual behaviours. Earlier scholars in this field had attributed these behaviours to alcohol use, peer pressure, having multiple sex partners, exercising unprotected sexual intercourse, and selecting higher risk partners after drinking alcohol, freedom of living away from their parents (Coleman & Cater, 2005; Dale, Watson, Adair, Moy, & Humphris, 2010; Gilchrist, Smith, Magee & Jones, 2012; Scott-Sheldon, Carey, & Carey, 2010; Tura et al., 2012). However, in the current study, participants revealed that other important factors such as unplanned sexual intercourse, having sex for fun, love and trust for partners, sexual satisfaction, prioritizing sex over health and curiosity were responsible for risky sexual behaviours. The findings of the current study add significantly to the body of knowledge on sexual behaviours.

## Summary

This chapter presented the results and discussion of the analysis of the data gathered in the study. A total of twenty-eight (28) participants were engaged in the study with seven (7) students selected from four (4) out of the five (5) colleges of the university. The study showed that the participants had knowledge of what risky sexual behaviours were. The participants' descriptions of risky sexual behaviours were accurate and as such, were considered to be highly knowledgeable about sexual behaviours. They acquired their knowledge about risky sexual behaviours through peer interactions, traditional media (radio and television), social media and internet, personal reading and experience as well as from school.

The study showed again that some of the participants engaged in protected sexual intercourse while others engaged in unprotected penile-vaginal and oral sexual intercourse. In terms of the level of risks of their sexual behaviours, most of the participants perceived their sexual behaviours as risky.

Finally, the study showed that the participants who engaged in only vaginal sex indicated that penile-vaginal intercourse was the only sexual intercourse they knew and that it was the natural form of intercourse while those who engaged in oral sex and vaginal sex simultaneously, indicated that oral and vaginal sex together felt good and pleasurable and that they were comfortable with them. Overall, the study showed that the participants engaged in risky sexual behaviours mostly because the sexual encounters were unplanned but fun and gave them satisfaction. The other reasons for engaging in risky sexual behaviours included the influence of alcohol, the love and trust

of their partners as well as how good sex is for health. The participants again indicated that even though they had concern for their health they chose sexual satisfaction ahead of their health anytime there was a strong unplanned urge to engage in sexual intercourse.



## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Introduction

This chapter presents the summary, conclusions and recommendations of the study. Suggestions for further research are also given in this chapter.

The purpose of the study was to investigate the risky sexual behaviours of female students in the University of Cape Coast. Specifically, the study sought to answer three research questions: What is the level of knowledge of female students on risky sexual behaviours?; What are the current risky sexual behaviours of female students in the University of Cape Coast?; and what are the factors that influence risky sexual behaviours of female students in the University of Cape Coast?

The literature review was presented under three main sections which included the review of related empirical studies, the conceptual framework and the theoretical framework. The review of the related empirical literature was done on the basis of the research questions for the study. Most of the studies reviewed showed that students have high level of knowledge on sexual behaviours. Risky sexual behaviours were also reported by several researchers such as Ibe and Ibe (2003). Among the factors responsible for risky sexual behaviours among students are freedom from family control, being young, substance use, peer pressure and existence of night club and video houses on university campuses (Tura et al., 2012). The sexual behaviours of young people were identified to be risky regardless of the high level of knowledge of risky sexual behaviours among students. The framework upon which this study was based was an adapted version of the HIV Awareness, Sexual



Behaviour and Perceived Vulnerability designed by Mugi (2012). Theories that were reviewed in relation to the study in this chapter included the Social Cognitive Theory and the Rational Choice Theory.

The study was conducted in the University of Cape Coast using female students within the ages of 20 and 24 who had been sexually active over a period of time. Purposive sampling procedure was used. The study adopted semi-structured interview guide as the instrument for the study. The interview sessions recorded were transcribed in full. Themes were developed manually by the researcher in relation with the objectives of the study for analyses and discussion.

### **Summary of Major Findings**

It was revealed from the study that the participants were knowledgeable about sexual behaviours. They acquired their knowledge about risky sexual behaviours through peer interactions, traditional media (radio and television), social media and internet, personal reading and experience as well as from school.

Again, it was revealed from the study that most of the participants perceived their sexual behaviours as risky. Some of the participants engaged in protected sexual intercourse while others engaged in unprotected penile-vaginal and oral sexual intercourse.

Finally, the study showed that the risky sexual behaviours of participants were attributed to unplanned nature of sexual intercourse, the fun in it and the satisfaction derived from sexual activities. Other factors that influenced the risky sexual behaviours of the participants included the

influence of alcohol, their love and trust for their partners, how good sex is, and prioritizing sexual satisfaction over health.

### Conclusions

From the findings of the study, it can be concluded generally that female students in the University of Cape Coast who participated in the study engaged in risky sexual behaviours despite their knowledge about risky sexual behaviours. The following conclusions are drawn from the study:

1. Female university students are knowledgeable about sexual behaviours. It is therefore the opinion of the researcher that female students in the university are not lacking in terms of knowledge regarding sexual behaviours. Again, the researcher concludes that peer interactions, traditional media (radio and television), social media and internet, personal reading and experience as well as school curriculum are the main modes of transmission of information about sexual behaviours.
2. Female students in the university engage in sexual acts that can be deemed as risky, particularly with regards to unprotected oral and vaginal sex. Even though, some students use protection (condom) during sexual affairs, others still engage in unprotected sexual encounters.
3. In spite of the knowledge of female students about sexual behaviours, many are still found engaging in risky sexual behaviours, and attributing this to reasons such as unplanned nature of sexual intercourse, having fun and the influence of alcohol, their love and

trust of their partners, how good sex is, and prioritizing sexual satisfaction over health.

Generally, the findings of the study supported most of the findings in the literature reviewed. During the discussion, references were made from the conceptual framework of the study as well as the theories reviewed in the study. Even though the researcher did not interrogate the sociological factors that could have influenced the risky sexual behaviours of the respondents, some of the factors identified by the participants had sociological underpinnings. Finally, the study has contributed to the body of knowledge on sexual behaviours because it has shown which factors influence the sexual behaviours of female sexually active university students. It also brought to light the fact that even though students know of the dangers of risky sexual behaviours, they still engaged in such behaviours regardless.

### **Recommendations**

From the findings of the study, the following recommendations are made:

1. The University Health Services Directorate should engage in advocacy about avoiding risky sexual behaviours on the university campus. This can be done in connection with the Ministry of Health as well as other health advocacy agencies. Again, education on sexual behaviours can target family settings to ensure that the Ghanaian culture of families not discussing sexual issues with their children is dealt with. This is because if the training on adopting appropriate sexual behaviours starts from the family, then it is highly possible that young people can adopt less risky sexual behaviours.

2. The Ghana AIDS Commission as well as other health promotion bodies should continue with the education and advocacy programmes on the usage of protection during all forms of sexual intercourse since it was found that the only protection that the female students used was the male condom. Again, consistent and regular use of protection by female students during sexual intercourse is advocated since it was found that the respondents did not always use protection during sexual intercourse.

3. Female students should be told by school authorities, health workers and other concerned agencies to choose their health over their sexual satisfaction even in instances where there is the urge to engage in unplanned sexual intercourse. This would ensure that even under the influence of alcohol and in the most fun times, female students choose healthy and less risky sexual behaviours.

### **Suggestions for Further Research**

It is suggested that further research should consider investigating the use of contraceptives by female students who are sexually active. Further research can adopt a mixed model approach to be able to reach large number of people and still get in-depth information from participants. This can help increase the extent to which the findings of the study can be generalised.

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**APPENDIX**  
**UNIVERSITY OF CAPE COAST**  
**COLLEGE OF HUMANITIES AND LEGAL STUDIES**  
**FACULTY OF SOCIAL SCIENCES**  
**DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY**  
**IN-DEPTH INTERVIEW GUIDE**

We would like to conduct a short interview with you since you have been sexually active in the past two years. We are interested in getting information about risky sexual behaviours among female students on campus. We hope the information you will provide will be useful to my topic. The study is being conducted by Allswell Garbrah Hooper and will provide useful information on current sexual practices and risky sexual behaviours. If you are interested in participating in the study I will ask for your consent. Would you like to participate? [If yes, read the informed consent form] Do you have any questions?

**OBJECTIVES OF THE STUDY**

1. Explore the level of knowledge of female students on risky sexual behaviours.
2. Find out the current risky sexual behaviours of female students.
3. Determine the factors that influence female students' risky sexual behaviours.
4. Assess the influence of sexual knowledge on risky sexual behaviours of female students.

## PART ONE

### DEMOGRAPHIC DATA

College:

Age:

Level:

Religion:

## PART TWO

Level of knowledge of female students on risky sexual behaviours.

1. How do you understand the concept risky sexual behaviours?
2. What are some of the activities that can be considered risky sexual behaviours?
3. Where do you get information on risky sexual behaviours?

## PART THREE

Current risky sexual behaviours of female students.

1. What kind of sexual activity did you last engage in? Probe: Multiple partners, vaginal, oral or anal, sex under the influence of drugs, unprotected sex, changing sexual partners frequently.
2. Did you use protection from the beginning of the act till the end? Why? What form of protection did you use?
  - a. If you answer yes to question 2 has your decision to use protection affected your relationship? How?
  - b. Describe how you would feel if your partner does not use protection?
  - c. Who is most at risk if you do not use protection?

#### PART FOUR

Factors that influence female students' risky sexual behaviours.

1. Why did you engage in a particular sexual activity? Multiple partners, vaginal, oral or anal, sex under the influence of drugs, unprotected sex, changing sexual partners frequently.
2. What are your reasons for choosing a particular form of protection? Condoms, birth control pills.
3. Does your choice affect your partner in anyway? How?

#### PART FIVE

Self-assessment of sexual behaviours

1. Do you consider your sexual activity as risky? Based on the information you have given me.
2. If yes why do you still engage in such activity?
3. What are your priorities? Your sexual satisfaction or your health?
4. If no why do you think you activity is not risky?

#### PART SIX

Suggested solutions to risky sexual behaviours