

<https://doi.org/10.59298/NIJBAS/2024/5.1.193711>

# Socio-Economic and Demographic Determinants of Safe Sex Practices among Young Adults: Insights from Kampala International University, Western Campus

Ruhweza Fatma

Faculty of Clinical Medicine and Dentistry Kampala International University, Uganda.

## ABSTRACT

This study aimed to assess young adults' knowledge and practices that affect safe sex behavior among university students in Uganda, with a particular focus on Kampala International University Western Campus. The study was conducted at the university's Western Campus, involving medical students aged 19-25. The sample size was 249. The study used Raosoft's online sample size calculator and simple random sampling techniques to obtain respondents. Data collection involved self-administered questionnaires consisting of 29 closed-ended questions. The study found a negative relationship between socio-economic and demographic factors and safe sex behaviors among young adults at Kampala International University. However, the relationship between socio-demographic factors and safe sex behaviors was not statistically significant. The findings revealed a positive and significant relationship between knowledge, practice and safe sex behaviors among young adults at Kampala International University Western Campus. Recommendations include providing comprehensive sex education to all young adults at Kampala International University to enable them to learn about sexuality and the risks associated with it. Comprehensive sex education should be holistic, incorporating age-appropriate and culturally appropriate information about reducing the risk of being sexually unsafe.

**Keywords:** Safe sex, young adult, university students, questionnaire, Uganda

## INTRODUCTION

Sexual activity is a very sensitive subject that has been defined with a lot of ambiguity in African communities [1]. In recent years, young adults have advanced in their experimentation with sex as a majority are more concerned with maintaining their virginity and avoiding pregnancies than preventing diseases (especially STIs), thus showing a need to revise community perceptions on the topic within the region [2]. Revising community perceptions is primarily the role of parents, but with the advent of civilization, it's obvious that parents have little time with their children and often their peers tend to play a crucial role in the mentorship process, which shows the need for parents to increase the level of interactions with their children as they grow to become young adults [3]. In a majority of developing countries on the African continent, young adults outnumber the elderly, and Uganda is no exception [4]. These young adults are highly sexually active, and to reduce the spread of some infectious diseases, the ABC system has been widely promoted, with limited progress [5,6]. This is because the majority of young adults tend to engage in unsafe sexual practices, and the incidence of sexual activity tends to increase with individual socioeconomic status and changes with the level of education [7]. Additionally, the role of religion in demonizing early sexual activity seems not to be effective nowadays, especially with the advent of social media, which has increased the level of interaction between young adults in the communities [8]. Sexual reproduction accelerates evolutionary adaptation in the human species as it increases the chances of producing offspring with a competitive advantage [9,10]. Individual judgments about sex vary among men and women, with a majority expressing ambiguity about the topic [1]. Among young adults (18-25), especially in affluent areas, it has been shown that early sexual activity has been associated with virginity. These young adults have shown that it's possible to engage in sex and still retain their virginity, perpetuating a misconception on virginity and sex in this population. It has also been observed that a lot of community pressure is placed on the female gender than on males, highlighting the enormous burden girls have to deal with regularly [2]. This underscores the importance of communication to ensure that

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

this population is offered the needed guidance to address the challenges they meet in their early adulthood. Discussions between parents and their children about sex and its risks are highly productive in improving their knowledge of the topic. This is important since it affects their sexual behavior once out of the company of their parents, and this is only possible where a high degree of openness exists between the students and their parents [3].

In Uganda, the population of young adults is significantly greater than that of the elders, probably as a result of the 1990s HIV/AIDS epidemic in the nation [4]. This was reversed by the national policy on HIV and AIDS prevention in the country through the promotion of Abstinence (A), Being faithful (B), and Using a Condom (C), commonly referred to as the ABC approach [5, 6]. Additionally, the risk of sexually transmitted diseases (STIs), pregnancy, and the loss of family support are major worries facing young adults who engage in sexual activity. This highlights the importance of promoting sex education, as parents are often trusted and can easily educate their children on the risks associated with risky sex practices [11].

Education on sex topics would likely lead to improved sexual practices and discourage young adults from engaging in early sex; however, no information on the concept is available from the region to date. Religion is a major factor contributing to reduced sexual activity among university students [8], however, the development of social media at this age has led to increased interactions between the opposite sex. The role of social media in sexual activity amongst young adults is not yet fully understood. Additionally, knowledge of appropriate sexual practices is low in rural communities, making it challenging for efficient family planning programs [7]. While studying a similar subject in Kenya, [12], noted that the practice of safe sex among the youth is still not at optimum levels because most sex education programs in schools focus purely on abstinence, with issues of condom use and contraceptives never mentioned. Several studies globally have shown that peer education programs in schools increase students' knowledge of sexual reproductive health and safe sex practices, like the use of contraception methods, showing significant improvement in their knowledge and attitude after their peers inform them [13]. However, very limited research has been considered beyond factors beyond peer education. Sex before marriage is largely practiced in all regions of the world [14]. The situation is not unique for young adults in Kampala International University Western Campus. What is not known beyond peer education is how knowledge and practices affect safe sex among young adults. This study, therefore, seeks to address the gap in the literature on assessing the young adults' knowledge and practices that affect safe sex behavior among university students of Uganda with a particular focus on Kampala International University Western Campus. The study was designed to assess students' knowledge and practices that affect safe sex behavior among university students in Uganda.

## METHODOLOGY

### Study Design

This study was a descriptive cross-sectional study that assessed the students' knowledge and safe sex practices and behaviour at Kampala International University Western Campus amongst medical students. The study was conducted between August and September 2017 at the Kampala International University Western Campus.

### Area of Study

Kampala International University Western Campus is located in the Ishaka-Bushenyi municipality of Bushenyi District in southwestern Uganda. It is situated on about 70 acres of land in Ishaka, along Mbarara-Kasese Road in western Uganda.

### Study Population

This involved students in the certificate, diploma, and bachelor's programmes at the university. The study population consisted of learners aged 19–25 from Kampala International University Western Campus. A total of about 4000 learners enrolled in Kampala International University Western Campus in the academic year 2016–2017.

### Sample Size

The sample size ( $N = 249$ ) was calculated using the Raosoft online sample size calculator using the following parameters: (i) assuming (conservatively) maximum variation in the sample concerning sexual activity, i.e.,  $p = 0.5$ ; (ii) a margin error of 10%; and (iii) a 95% level of confidence.

### Sampling Technique

Participants in the study were enrolled randomly across the three levels of education (certificate, diploma, and bachelor's programs). First, the researcher clustered the respondents in the study based on their courses and then randomly sampled the participants. At least a total of 249 students were sampled randomly using Raosoft's online sample size—calculator. The researcher also used simple random sampling techniques to obtain respondents for the study.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Table 1: Shows the Sampling technique**

Category	Population	Sample size	Sampling technique
Certificate	1200	83	Simple Random Sampling
Diploma	800	43	Simple Random Sampling
Degree	1800	123	Simple Random Sampling
Total	3800	249	

**Source: Developed for the study with information from Raosoft, 2007**

**Inclusion Criteria**

Students who consented to participate in the study and are currently enrolled at the university and enrolled in a medical course.

**Exclusion Criteria**

Participants who did not complete the questionnaire and those not in medical school.

**Data collection**

Participants were asked questions on socioeconomic and demographics, sexual activity, and risks, as shown in Appendix II. Primary data were collected and gathered from respondents through the delivered self-administered questionnaire consisting of 29 closed-ended questions (see Appendix 1). The questions took the form of, "When sexual partners trust each other well, they don't need to use condoms," "My sexual partner is HIV-negative until proven otherwise, and „Youth is safe to have sex with other youth because many young people are not vulnerable to unsafe sex practice. The clarity of the questions was tested by first conducting a pilot study. The pilot study was conducted on 10 learners aged 19–25, enrolled in one public secondary school in the sub-district that was not part of the main study. After administering the questionnaire, participatory discussions were held with the respondents, and questions that were difficult to understand were identified, clarified, and corrected in the final questionnaire. Respondents were requested to respond to questions by answering whether the statement given is „yes, or no in some questions. The questionnaire included questions on the factors affecting the sexual behaviours of respondents, their knowledge of safe sex practices, and the challenges of safe sex practices.

**Ethical Consideration**

Written consent was requested from all participants, who were enrolled in the study as shown in Appendix II. All the collected data was treated with the highest sense of confidentiality. No names of any respondents have been featured anywhere in the study.

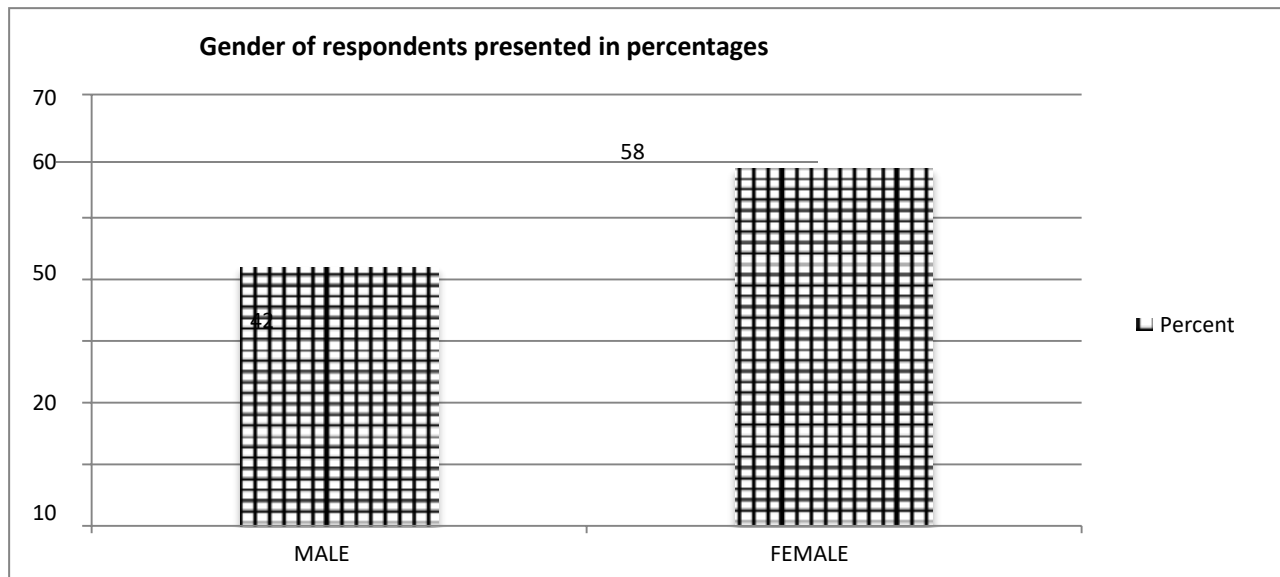
**Data Analysis**

Data were entered in MS Excel version 2013, coded, and transferred to SPSS version 15. A Fisher's test was conducted, and a  $p \leq 0.05$  was considered to be statistically significant. Descriptive statistics such as frequencies and percentage distributions will be used to show the distribution of the study population according to selected study variables. A bivariate analysis technique known as cross-tabulation was used to show the associations between the selected variables. Chi-square and Fisher exact statistics will be calculated to test whether associations will be significant.

**RESULTS**

**Socio-Economic and demographic factors affecting safe sex practices**

From the study, at least 42% of the respondents were male while 58% of the respondents were female. This is presented in the bar graph below.



**Figure 1: Shows the Gender of Respondents in Percentages**  
**Age of respondents**

As shown in the table below, the respondents fall in the age brackets between 19 and 38. Most of the respondents were between the age of 20 – 24 and this was represented by 44.4 percent and those in age group followed this between 25–29, which were represented by 35.6 percent.

**Table 2: Shows the Age of Respondents**

Age group	Frequency	Percent	Cumulated
Under20	4	1.6	1.6
20 -24	111	44.4	46
25 -29	89	35.6	80
30 -34	43	17.2	98.8
35-39	3	1.2	100

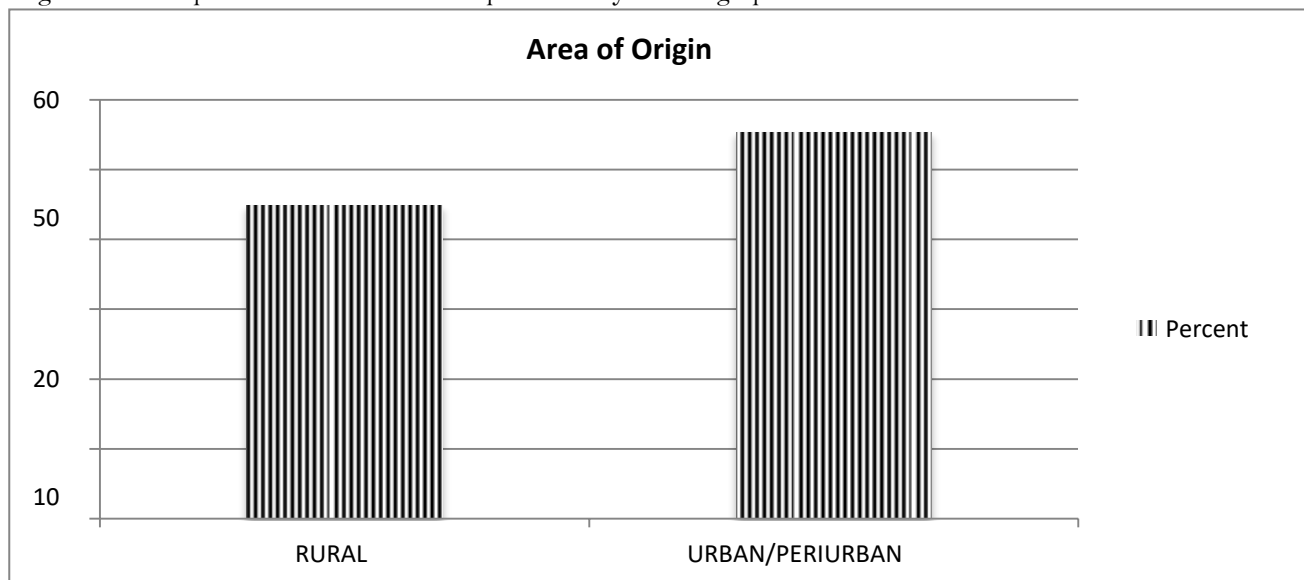
**Nationality of Respondents**

From this study, majority of the students who participated in the study were Ugandans as shown by the figure below, 74 percent of the respondents were Ugandans while 26 percent were other nationals other than Uganda. This is represented by the piechart below.

**Figure 2: Shows the Nationality of the Respondents**  
**Area of Origin of Respondents**



From the study, at least 44.8percent of the respondents were originating from rural areas while 55.2 percent were coming from urban/peri-urban areas. This is represented by the bar graph below.



**Figure 3: Shows the area of Origin of the Respondents**

**Sponsors of Respondents**

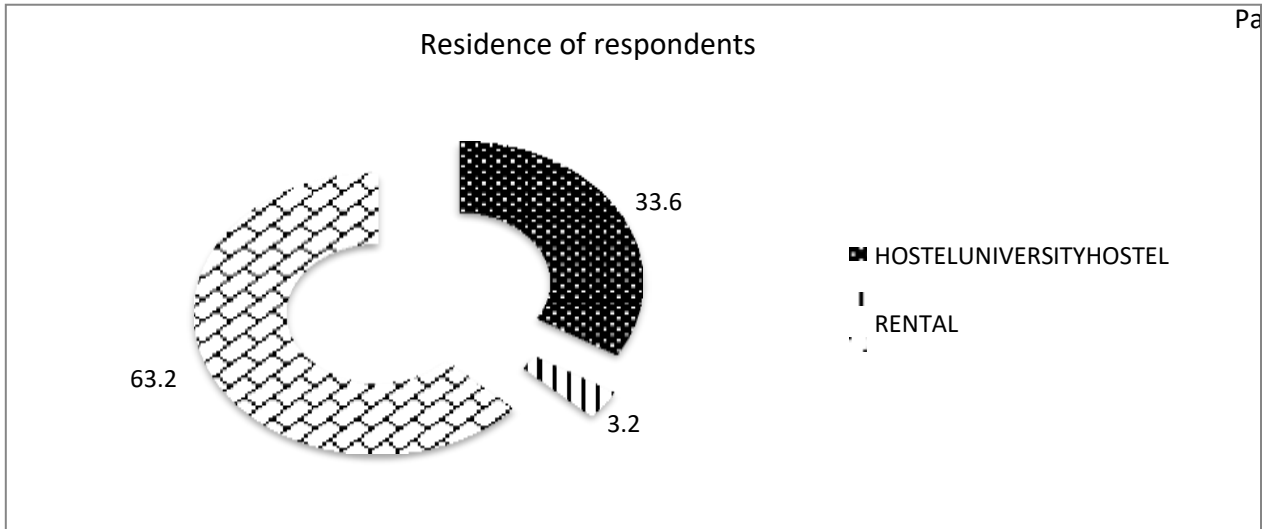
In this study, the categories of respondents for the medical students were parents, relatives/guidance, government or national institutions. In the study, at least 68 per cent of the respondents noted that parents were sponsoring them, 12 per cent were sponsored by relatives while 12.4 per cent and 7.6 per cent noted that they were being sponsored by a national institution. This is presented in the table below.

**Table 3: Shows the Sponsor of the Respondent**

	Frequency	Per cent	Valid Percent	Cumulative Percent
Valid Parents	170	68.0	68.0	68.0
Relatives/Guardians	30	12.0	12.0	80.0
Government	31	12.4	12.4	92.4
National Institution	19	7.6	7.6	100.0
Total	250	100.0	100.0	

### Residence of Respondents

When the respondents were asked where their places of residence were by the time of data collection, most of the respondents were renting their places of residence. This was represented by 63.2 per cent while 33.6 per cent were in private hostels and 3.2 per cent observed that their places of residence were in university hostels.



**Figure 4: Shows the Residence of respondents**

### Rent of Respondents

The amount of money being paid for residences ranged from 200,000 Uganda Shillings to 400,000 Uganda Shillings. The majority of respondents (87.6 per cent) noted that their rent was between 200,000 – 300,000 Uganda Shillings while 12.4 per cent of respondents were paying rent of between 300,000 – 400,000 Uganda Shillings. This is presented in the table below.

**Table 4: Shows Rent of Respondents**

	Frequency	Per cent	Valid Percent	Cumulative Percent
Valid 200,000-300,000	219	87.6	87.6	87.6
300,000-400000	31	12.4	12.4	100.0
Total	250	100.0	100.0	

### Number of Room Mates

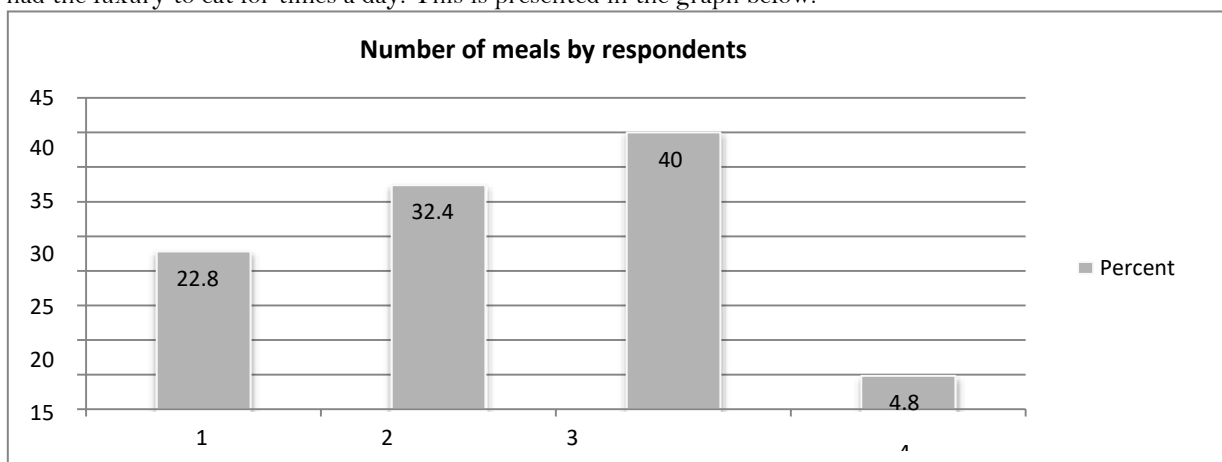
While considering the number of housemates for the respondents, most of them noted that they had only one roommate. From the study, 54.8 per cent of the respondents noted that they had only one roommate, 31.6 per cent noted that they had two roommates and 13.6 per cent had three other roommates. This is presented in the table below.

**Table 5: Shows the Number of Roommates**

	Frequency	Per cent	Valid Percent	Cumulative Percent
Valid 1	137	54.8	54.8	54.8
2	79	31.6	31.6	86.4
3	34	13.6	13.6	100.0
Total	250	100.0	100.0	

**Number of Meals by Respondents**

From the study, at least 40 per cent of the respondents noted that they eat at least three meals a day, 32.4 per cent observed that they eat twice a day, 22.8 per cent were only eating one time a day while 4.8 cent had the luxury to eat for times a day. This is presented in the graph below.

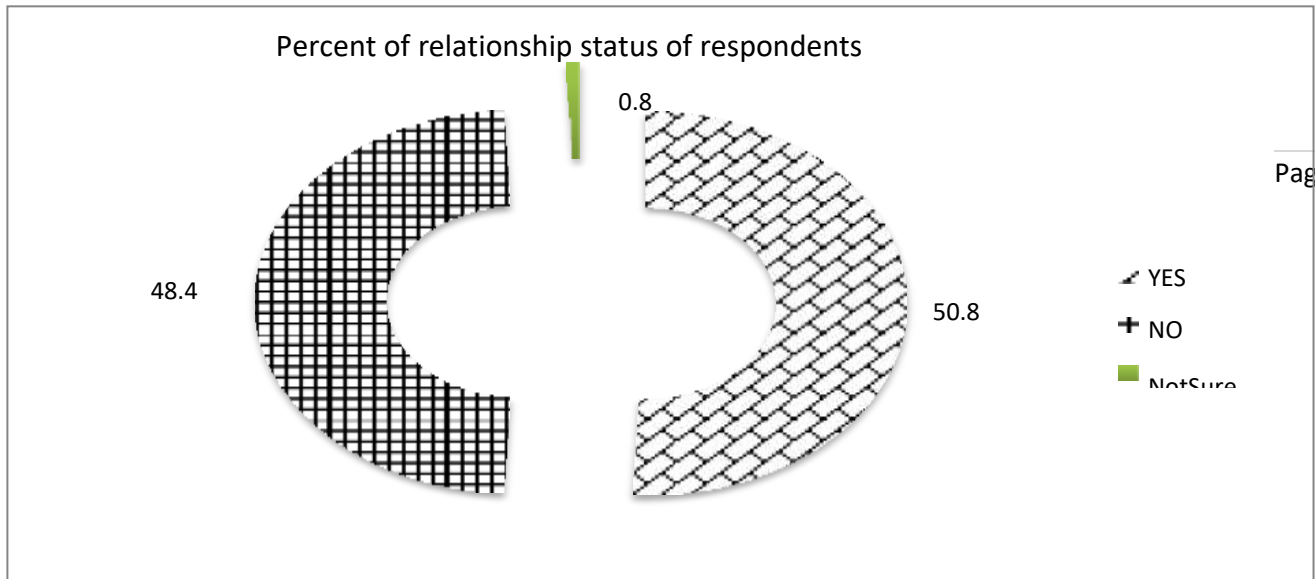


**Figure 5: Shows the Number of meals by Respondents**

Knowledge and practices of safe sex among young adults in KIU Western Campus

**Relationship Status of Respondents**

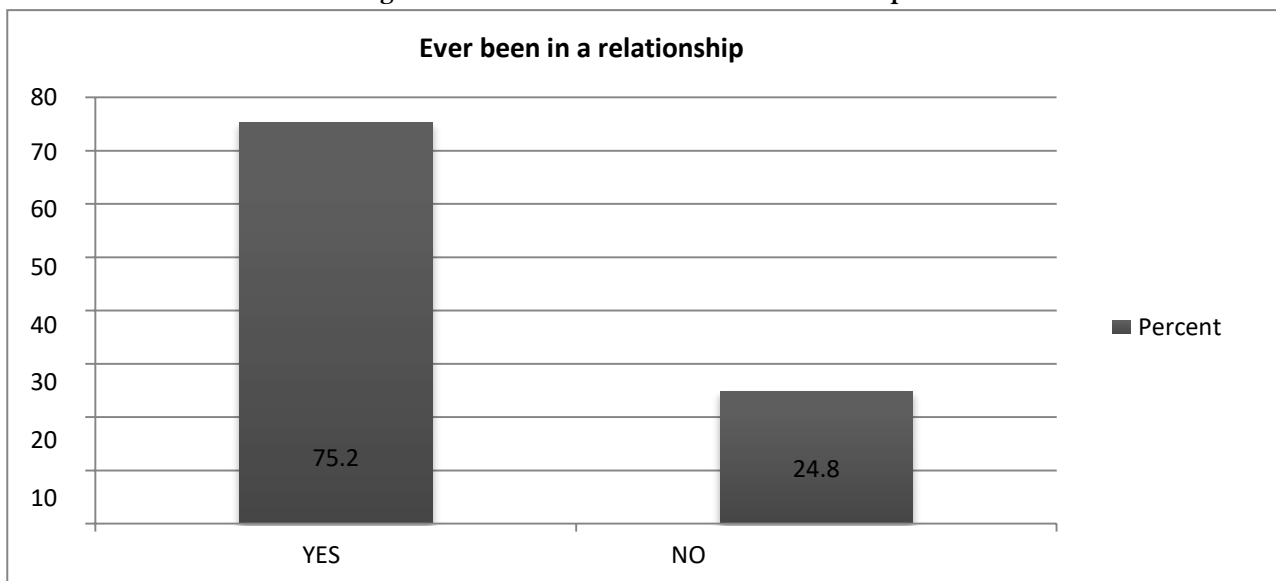
When asked whether or not they were in a relationship, 50.8 percent of the respondents noted that they were in a relationship while 48.4 percent of the respondents observed that they were not in a relationship. Only 0.8 percent were not sure of their relationship status. This is presented by a piechart below.



**Figure 6: Shows the Percent of relationship status of Respondents Ever Been in a Relationship**

While asked whether they have ever been in a relationship, at least 75.2 percent of the respondents agreed that they were ever in a relationship. On the other hand, 24.8 percent of the respondents noted that they haven't been in a relationship. This is shown graphically by the figure below.

**Figure 7: Shows the Ever been in a relationship**

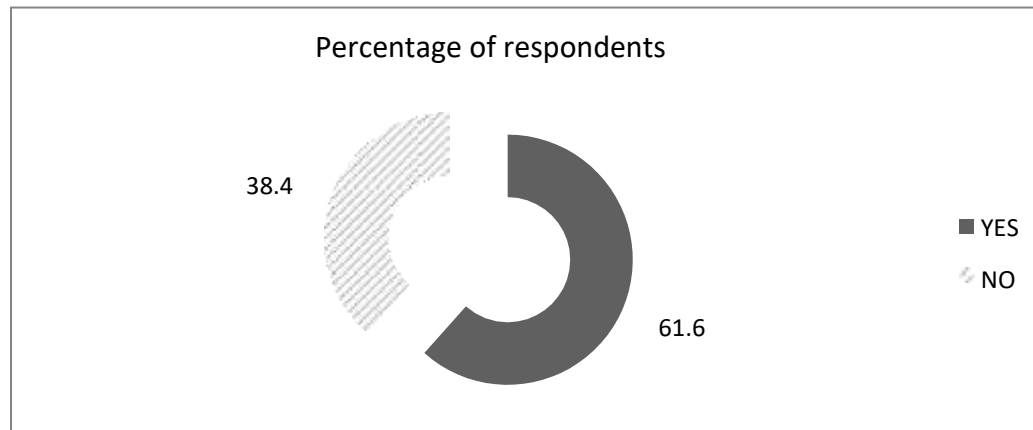


**Ever had Sex**

The respondents were asked whether or not they have ever had sex, 38.4 percent of the respondents observed that they have never had sex while 61.6 percent agreed that they have ever been engaged in sex. The table below shows the proportion of the respondents.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.





**Figure 8: Shows if the Respondent has ever had sex or Not  
Meaning of Safe Sex**

Then asked what they would consider as a safe sexual activity, the responses of the respondents were as follows. A total of 37.2 percent noted that it involves an intimate relationship with the opposite sex, 49.6 per cent thought that when one sleeps with the opposite sex, that would be considered a sexual activity and 13.2 per cent of the respondents, the act of kissing the opposite sex is considered a sexual activity. The table below shows the summary of the respondents.

**Table 6: Shows the meaning of safe sexual Activity**

	Frequency	Per cent	Valid Percent	Cumulative Percent
Valid Involves befriending opposite sex	93	37.2	37.2	37.2
Kissing opposite sex	33	13.2	13.2	50.4
Sleeping With the oppositesex	124	49.6	49.6	100.0
Total	250	100.0	100.0	

**Relationship Between being in a Relationship and Sexual Activities**

Relationship between being in a relationship and ever had sex, 96 respondents who noted that they have ever had sex are also in a relationship, 58 respondents who have ever had sex are not in a relationship while 35 respondents who have not had sex are in a relationship and 61 respondents who are not in a relationship have also not had sex. This is presented in a summary table below.

**Table 7: Shows if those in a Relationship ever had sex Cross tabulation**

	Ever Had Sex		Total
	YES	NO	
In Relationship	Yes	96	131
	No	58	119
Total		154	250

**Benefits of Sexual Activity**

The perceived benefits of sexual activity by the respondents are presented in the table below. According to the respondents, 23.6 per cent of them believed that there were health benefits related to sex, 13.2 per cent of the respondents thought that sexual activities help them to overcome loneliness, 26.4 per cent of the respondents saw that sex is a sign of companionship while 20.4 per cent observed that sex made them overcome stressful moments and events. Some 16.4 percent of the respondents noted that sex is procreation.

**Table 8: Shows the Benefits of Sexual Activity**

	Frequency	Per cent	Valid Percent	Cumulative Percent
Valid Health Benefits	59	23.6	23.6	23.6
Loneliness	33	13.2	13.2	36.8
Companionship	66	26.4	26.4	63.2
Loss of Stress	51	20.4	20.4	83.6
Procreation	41	16.4	16.4	100.0
Total	250	100.0	100.0	

**Cross tabulation between ever had sex and importance**

To establish the link between those who have ever had sex and the importance of sex according to them, a cross-tabulation was used. From the analysis, 22 respondents admitted that peer pressure pushed them to having sex while 74 of the respondents noted that they engaged in sex as an expression of their love. Also, 22 of the respondents who were ever engaged in sex noted that they did it to please their partners. The table below shows the summary of the relationship.

**Table 9: Shows if the Respondents know the importance of sex Cross tabulation**

Ever Had Sex*Importance of Sex Cross tabulation							
Ever Had Sex	Importance of Sex						Total
	Response	Peer Pressure	Adventure	Please My Partner	Not Sure	Expression Of Love	
Yes	22	25	22	11	74	154	
No	11	6	16	39	24	96	
Total	33	31	38	50	98	250	

**Religious Affiliation**

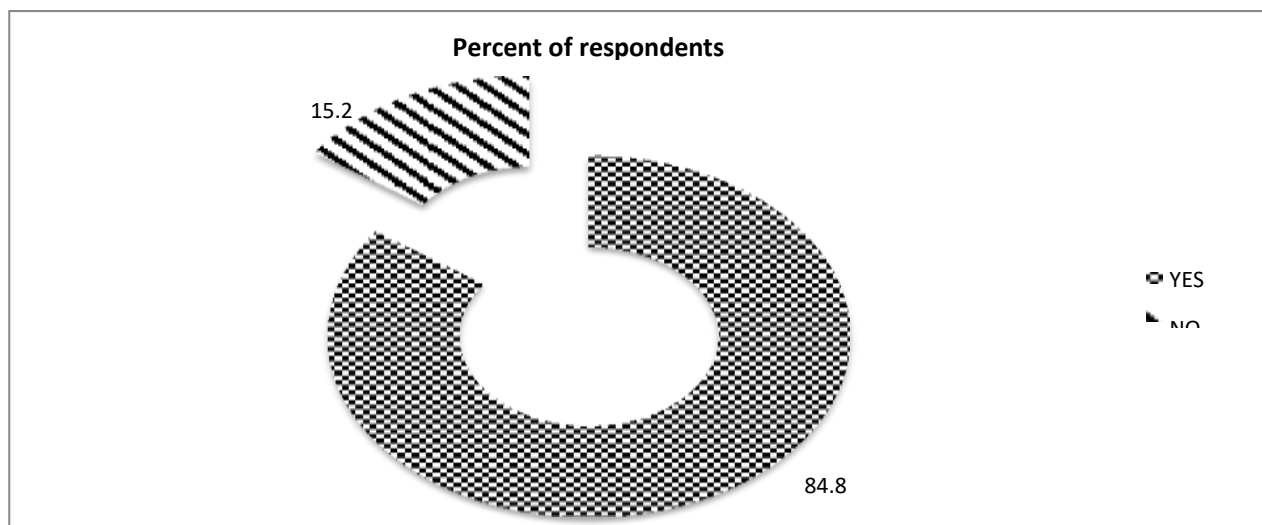
From the findings, the analysis shows that 80 per cent of the respondents were Christians while 15.2 per cent were Muslims. Some 4.8 per cent did not associate themselves with any religious affiliation. This is shown in the table below.

**Table 10: Shows the Religion of the Respondents**

		Frequency	Per cent	Valid Percent	Cumulative Percent
Valid	Christian	200	80.0	80.0	80.0
	Islam	38	15.2	15.2	95.2
	Others	12	4.8	4.8	100.0
	Total	250	100.0	100.0	

**Sex Enjoyment Status**

From the analysis table, it was observed that 84.8 per cent of the respondents note that they believe that sex is enjoyable while 15.2 percent did not agree that sex was enjoyable. This is further shown in the pie chart below.

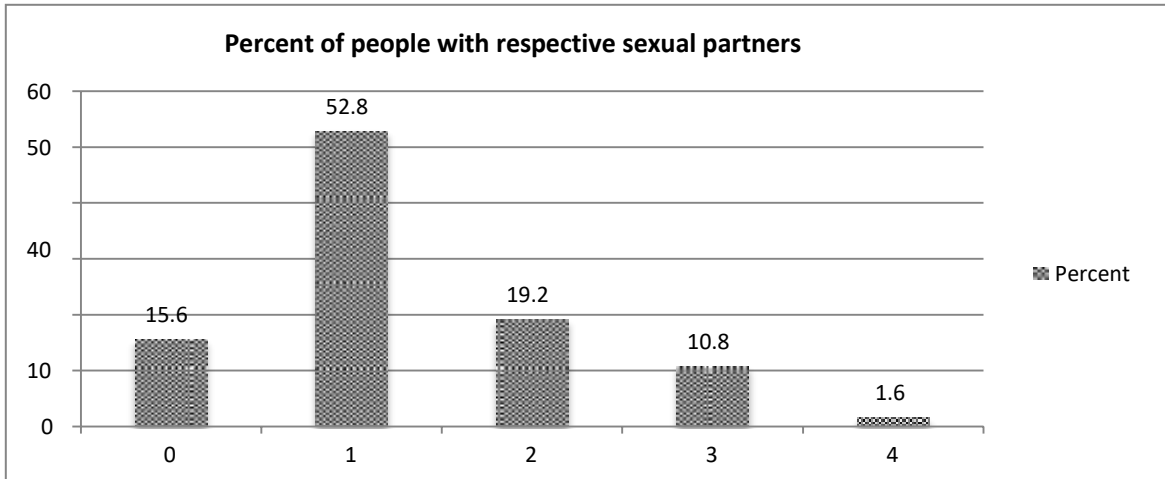


**Figure 9: Shows the Percent of Respondents**

**Safe Sex Behaviours among Young Adults at Kampala International University, Western Campus**

**Number of Sexual Partners**

From the analysis, it was observed that several respondents had more than one sexual partner. As shown in the graph below, 19.2 per cent of the respondents noted that they had at least two sexual partners while 10.8 percent had at least three sexual partners. Further, some 1.6 per cent of the respondents had up to 4 sexual partners. However, 15.6 per cent and 52.8 per cent of the respondents observed that they had no and only 1 sexual partner respectively. This is shown by the chart below.



**Figure 10: Shows the Percentage of people with respective sexual partners Use of Condom**

On the usage of condoms, the respondents of the study gave the following responses. A total of 45.6 per cent noted that they always use condoms during sex, some 20 percent observed that they sometimes use condoms and a total of 26.4 per cent noted that they never use condoms. This is shown in the summary table below.

**Table 11: Shows the Use of condom**

	Frequency	Per cent	Valid Percent	Cumulative Percent
Valid	Always	114	45.6	45.6
	Sometimes	70	28	73.6
	Never	66	26.4	100
	Total	250	100	100

**Links between the number of partners and condom use**

In the study, the researcher used cross-tabulation to find a link between condom use and number of sexual partners. From the analysis, people with fewer sexual partners seem to use condoms consistently. The ones with more sexual partners seem to never use condoms. For example, 60 respondents who had one sexual partner were always consistent in condom use compared to persons with 4 sexual partners.

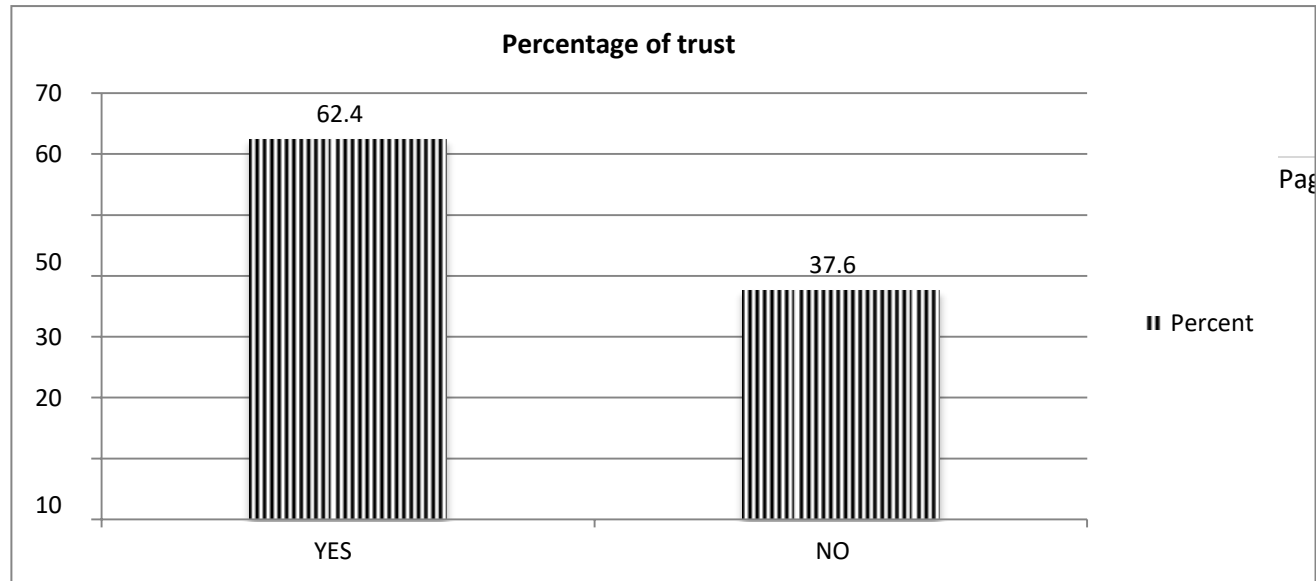
**Table 12: Shows the number of Partners that uses a Condom Crosstabulation**

NO. SEXPARTNERS*USEACONDOM Crosstabulation				
	USEACONDOM			
	ALWAYS	SOMETIMES	NEVER	Total
0	16	0	23	39
1	60	38	34	132
2	23	21	4	48
3	15	11	1	27
4	0	0	4	4
Total	114	70	66	250

**Trust of Partners**

When asked whether or not the respondents trust their partners, some 62.4 percent observed that they trust their partners while the remaining 37.6 percent noted that they don't trust their partners. This is shown by the graph below.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



**Figure 11: Shows the Percentage of Trust among the Respondents**  
**Links Between Trust and Condom Use**

To find a link between trust of a sexual partner and use of condom, the researcher used across tabulation to analyze the relationship. In this study, it was found that 92 respondents noted that they trusted their partners yet they were consistently using condoms. Some 42 respondents also observed that they trusted their partners and there were occasionally using condoms. The table below shows the links between the two variables.

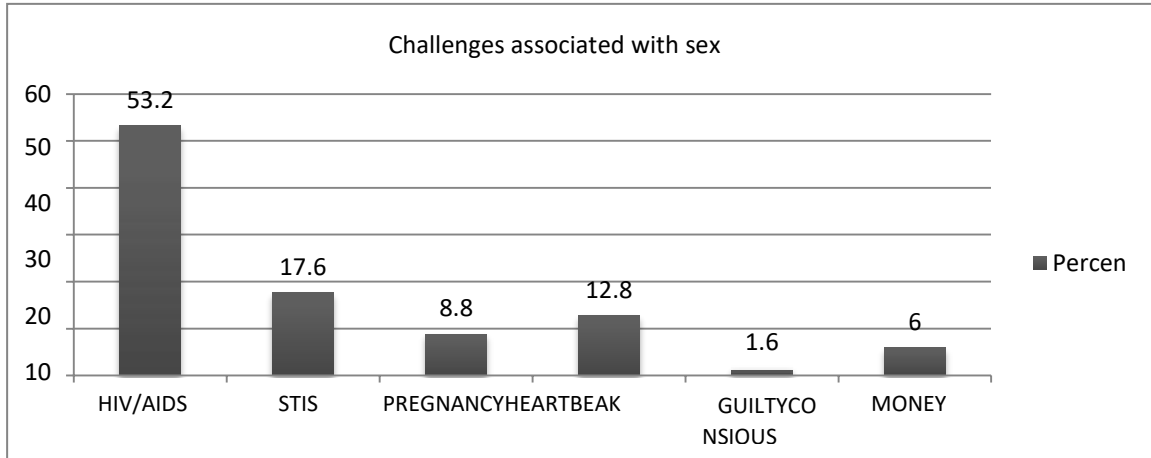
**Table 13: Trust Your Partner\*Use A Condom Crosstabulation**

		Trust Your Partner*Use A Condom Cross tabulation			
		Use A Condom			
Trust Your Partner		Always	Sometimes	Never	Total
	YES	92	42	21	153
	NO	22	28	45	94
	Total	114	70	66	250

As shown above, 21 of the respondents who noted that they trusted their partners were never using condoms at the time of data collection. On the other hand, 22 respondents who did not trust their partners were using condoms and 28 of the people who did not trust their partners so were occasionally using condoms. While 45 of the respondents who noted that they did not trust their partners were not using condoms. However, this number also included people who were not in a relationship and were not engaged in sexual activities.

**Challenges Associated with Sexual Activities**

From the analysis, 53.2 per cent of the respondents associated their biggest fear of sex with HIV/AIDS and 17.6 percent with STIs. This is shown in the figure below.

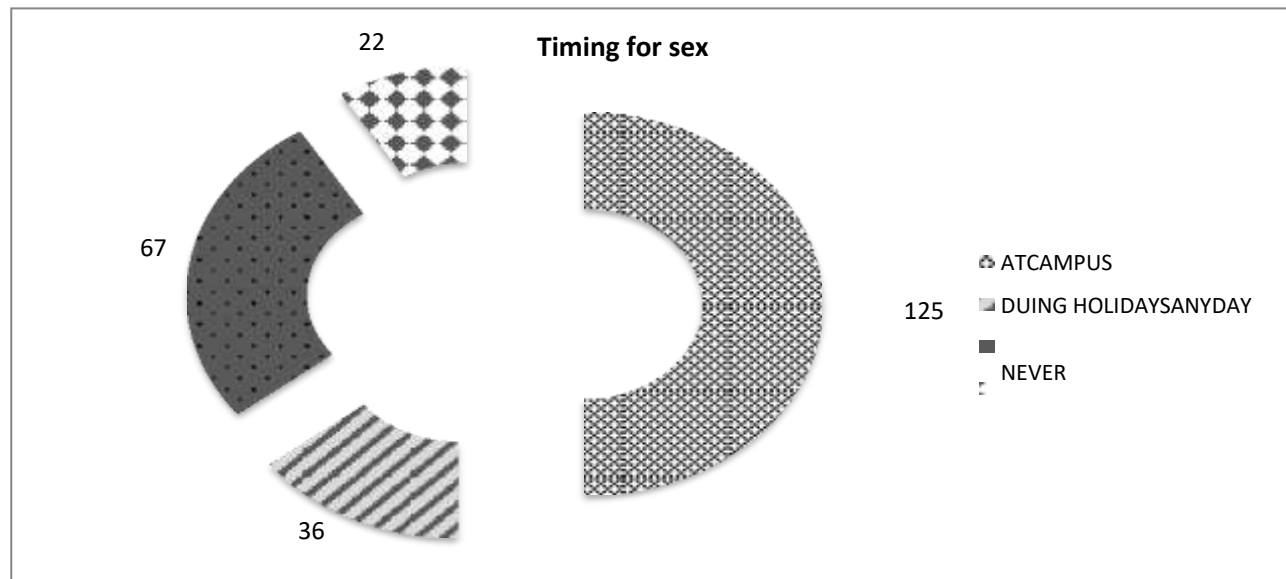


**Figure 12: Shows the Challenges with Sex**

From the figure above, it can be observed that 8.8 percent associated sexual activities challenges with pregnancy, 12.8 percent feared heartbreaks while 6 percent noted that where sex is involved, money is also involved.

**Timing of Sexual Activities**

When asked when the respondents' thought was the best timing to be engaged in sexual, 125 of them noted that the best timing for sex is when they are at the university, 67 of them observed that whether they are at home or at school, 36 of the respondents said the best timing is during holidays while 22 of the respondents noted that they don't think it is the right timing for having sex.



**Figure 13: Shows the Timing of Sex**

**Leisure Time with Partners**

When asked how the respondents spend time with their sexual partners, 39.2 percent noted that they always spend time with partners drinking together, 36.4 percent noted that they spend weekends out while 24.4 percent noted that they spend time with their partners indoors in private. The table below presents a summary of the responses given by the respondents based on the question of how they spend leisure time.

**Table 14: Shows the leisure time with partners**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Alcohol/Bar	98	39.2	39.2	39.2
Spent Weekend out	91	36.4	36.4	75.6
Visited Each Other And Are Indoors	61	24.4	24.4	100.0
Total	250	100.0	100.0	

**Demand for Sex First**

When asked who demands for sex first, 50 percent of respondents noted that they were demanding for sex first while 50 percent of the respondents also noted that they were not always the first to demand for sex. This is shown by the summary table below.

**Table 15: the first sexual Demands**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	125	50.0	50.0	50.0
No	125	50.0	50.0	100.0
Total	250	100.0	100.0	

**Social Media Access**

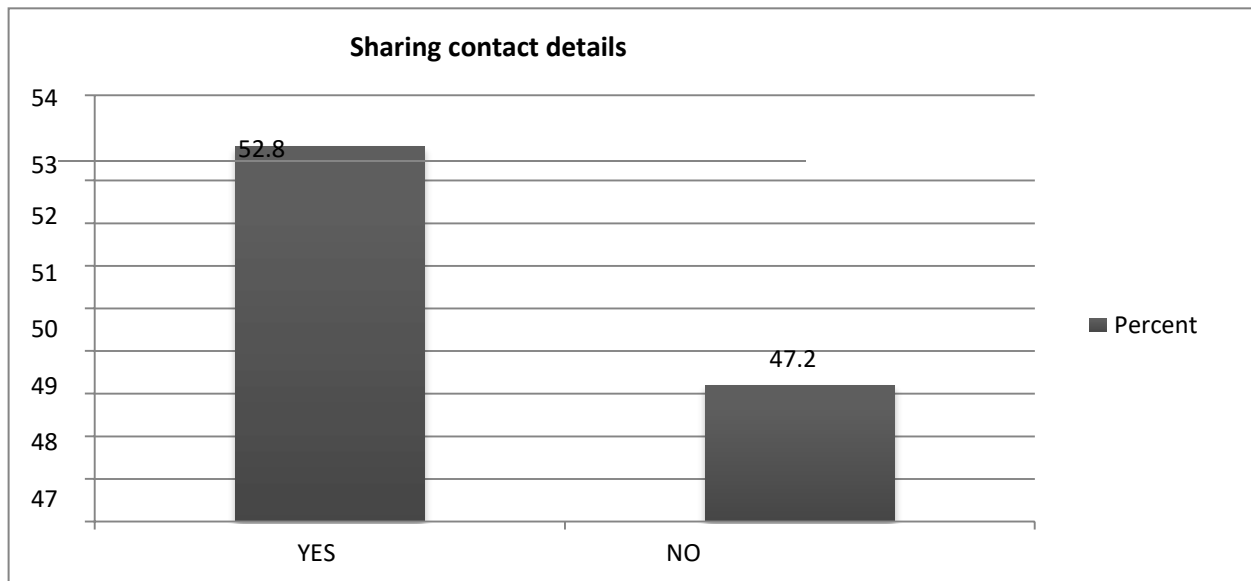
All the respondents in the study had some form of connection with social media either directly or through their partners. At least 56 percent of the respondents had access to social media directly. The remaining 44 per cent of the respondents were aware of their partners.

**Table 16: Shows the amount of social media Access**

	Frequency	Per cent	Valid Percent	Cumulative Percent
Valid MYSELF	140	56.0	56.0	56.0
MYPARTNER	110	44.0	44.0	100.0
Total	250	100.0	100.0	

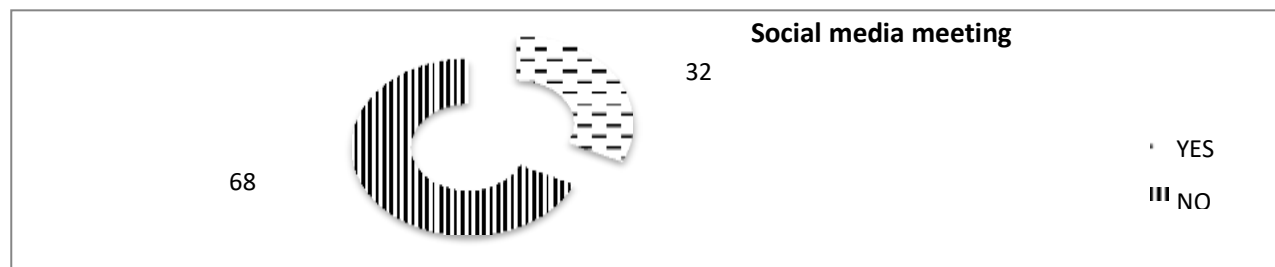
**Sharing of Contact Details**

In this study, a total of 52.8 percent highlighted that they had no problem sharing their contact details while 47.2 percent were very conservative in sharing contact details.



**Figure 14: Shows the Sharing Contact details Meeting Partner on Social Media**

When asked whether the respondents met their partner on social media or not, a total of 68percent observed that they did not meet their partners on social media while 32 percent observed that they met their partners on social media.



**Figure 15: Shows the Social media meeting Relationship between study variables as shown in the conceptual framework Analysis of Variance (ANOVA)**

The analysis of variance measures the significance of the distribution of responses among a group of respondents. A statistic, F, is calculated that measures the size of the effects by comparing a ratio of the differences between the means of the groups to the variability within groups. The larger the value of F, the more likely it is that there are real effects. The obtained F-ratio is compared to a model of F-ratios that would be found given that there were no effects. If the obtained F-ratio is unlikely given the model of no effects, the hypothesis of no effects is rejected and the hypothesis of real effects is accepted. If the model of no effects could explain the results, then the null hypothesis of no effects must be retained. The exact significance level is the probability of finding an F-ratio equal to or larger than the one found in the study, given that there were no effects. To understand the relationship between variables, the ANOVA table below was used.



**Table 17: Shows the Analysis of Variance (ANOVA)**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	115.328	1	115.328	10.992	.001 <sup>a</sup>
	Residual	2601.908	248	10.492		
	Total	2717.236	249			

- i. Predictors: constant, knowledge practice
- ii. Dependent Variable: Safe Sex Behaviours

From the ANOVA table, it was seen that there was a positive relationship between knowledge and practice and safe sex behaviour with a p-value of 0.001, which is less than 0.05. The F value is 10.992, which is large.

**Inferential Statistics**

A correlation analysis was used to find out if there was an association or relationship between knowledge and practices, socioeconomic factors, and safe sex behaviours. In this study, the Karl Pearson Correlation Matrix is used to look at the strength and direction of relationships between the variables. In this section, the results arising from Pearson's correlation test are discussed. Correlation is a technique for investigating the relationship between two quantitative, continuous variables in which Pearson's correlation coefficient (r) is a measure of the strength of the association between the two variables. Pearson's r can range from -1 to 1, where -1 indicates a perfect negative linear relationship between variables, an r of 0 indicates no linear relationship between variables, and an r of 1 indicates a perfect positive relationship between variables. To investigate the relationship among the constructs, a zero-order correlation table was generated. The Pearson correlation coefficient (r) was employed to establish the level and relationship between knowledge and practices, socioeconomic factors, and safe sex behaviours. The correlation matrix below shows this.

**Table 18: Shows the Correlations**

		Knowledge Practice	Safe Sex Behaviours	Socio-Economic
Knowledge Practice	Pearson Correlation	1	.206**	.141*
	Sig.(2-tailed)		.001	.026
	N	250	250	250
Safe Sex Behaviours	Pearson Correlation	.206**	1	-.063
	Sig.(2-tailed)	.001		.325
	N	250	250	250

The correlation is significant at the 0.01 level (2-tailed). The correlation is significant at the 0.05 level (2-tailed). From the correlation analysis, it could be seen that there was a relationship between knowledge and practice and safe sex behaviour. From this analysis, the relationship was found to be a positive one ( $p = 0.001, < 0.05; r = 0.206$ ) at a 95% confidence interval. From the analysis, it could also be seen that the relationship was also significant. On the other hand, through the correlation analysis, it was found that there was a relationship between socioeconomic factors and safe sex behaviours. However, this relationship was found to be a negative one ( $p = 0.325 > 0.05; r = -0.063$ ). From the analysis, it was found that this relationship is not significant.

**Regression Analysis of knowledge and practice, socioeconomic factors, and safe sex behaviour**

Multiple regression analysis was carried out to examine the effect of different (predictor/independent) variables, that is, knowledge and practice, socioeconomic factors on the dependent variable, and safe sex behaviour. The findings were presented below under the model summary, ANOVA, and coefficient tables.

**Table 19: Shows the model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.226 <sup>a</sup>	.051	.043	3.23109

**Predictors: Constant, Socioeconomic, Knowledge Practice**

As shown by the table above, in the model summary, it was established that the R-value was .226 while the R-square was .051. In this case, the R-square is the proportion of variation in the safe sex behaviour of young adults that is explained by the knowledge and practice of socioeconomic factors as independent variables. From the value, it can be said that 5.1 per cent of the variation in safe sex behaviour of young adults at Kampala International University Western Campus can be explained by these independent variables, namely knowledge and practice and socioeconomic factors of the young adults.

**Table 20: Shows the ANOVA**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	138.564	2	69.282	6.636	.002 <sup>a</sup>
	Residual	2578.672	247	10.440		
	Total	2717.236	249			

- i. Predictors: constant, socioeconomic, knowledge practice
- ii. Dependent Variable: Safe Sex Behaviours

The analysis of variance (ANOVA) table shows that the proportion of variance explained in the model summary table is statistically significant since the p-value is .002, which is way below the .05 level. It can therefore be concluded that the overall model is statistically significant or that the knowledge and practice of socioeconomic factors have a significant effect on the dependent variable (safe sex behaviour). In summary, the independent variables have a significant effect on the safe sex behaviour of young adults ( $F(6.636) = .002, p < .005$ ).

**Table 21: Shows the Coefficients**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	15.214	2.155		7.059	.000
	Knowledge Practice	.244	.070	.219	3.501	.001
	Socio-Economic	-.074	.049	-.093	-1.492	.137

- a. Dependent Variable: Safe Sex Behaviours

**DISCUSSION**

**Socioeconomic and Demographic Factors**

Findings from this study on socioeconomic and demographic factors revealed that there was a negative relationship between socioeconomic factors and the safe sex behaviours of young adults at Kampala International University. This means that the better-off young adults are less likely to portray safe sex behaviours at Kampala International University. However, it was found that the relationship between socioeconomic and demographic factors and safe sex behaviours was not statistically significant. This finding is supported by arguments brought forward by other scholars like [15], who found that there are differences between socio demographic variables of gender, age, and self-perceived economic status about safe sexual behaviour and the sexual attitude of young people. However, their findings on socio demographic factors—safe sex behaviours—had a significant relationship.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

### Knowledge and Practice versus Safe Sex Behaviours

The findings of this research reveal that there was a relationship between knowledge and practice and the safe sex behaviours of young adults at Kampala International University Western Campus. This study also concludes that the relationship between knowledge and practice and the safe sex behaviours of young adults is positive and significant. The study is in agreement with [15, 16], who both concluded that there was a positive and significant relationship between knowledge and practices and safe sex behaviours.

#### Recommendations

Sex education should be provided to all young adults at Kampala International University to enable learners to learn about sexuality and the risks associated with Comprehensive sex education at Kampala International University should be holistic to teach young people about sex and sexual health. It should be comprised of age-appropriate and culturally appropriate, medically accurate information about reducing the risk of being sexually unsafe.

#### REFERENCES

1. Peterson, Z.D., and Muehlenhard, C.L., (2007). What is sex, and why does it matter? A motivational approach to exploring individuals' definitions of sex. *J. Sex Res.* 44, 256–268. doi:10.1080/00224490701443932.
2. Medley-Rath, S.R., (2007). "Am I still a virgin?": What counts as sex in 20 years of being seventeen? *Sex. Cult.* 11, 24–38. doi:10.1007/s12119-007-9002-x.
3. Miller, K.S., Kotchick, B.A., Dorsey, S., Forehand, R., and Ham, A.Y., (1998). Family communication about sex: what are parents saying, and are their adolescents listening? *Fam. Plann. Perspect.* 30, 218–222, 235. doi:10.2307/2991607.
4. UBOS, (2014). National Population and Housing Census. Uganda Bur. Stat. 73 pp.
5. Agardh, A., Emmelin, M., Muriisa, R., and Ostergren, P. O., (2010). Social capital and sexual behaviour among Ugandan university students. *Glob. Health Action* 3, 77–90. doi:10.3402/gha.v3i0.5432
6. Sekirime, W.K., Tamale, J., Lule, J.C., and Wabwire-Mangen, F., (2001). Knowledge, attitude, and practice about sexually transmitted diseases among university students in Kampala. *Afr. Health Sci.* 1, 16–22.
7. Hulton, L., Cullen, R., and Khalokho, S.W., (2000). Perceptions of the Risks of Sexual Activity and Their Consequences among Ugandan Adolescents. *Stud. Fam. Plann.* doi:10.1111/j.1728-4465.2000.00035.X.
8. Agardh, A., Tumwine, G., and Östergren, P.O., (2011). The impact of socio-demographic and religious factors on sexual behaviour among Ugandan university students. *PLoS One* 6. doi:10.1371/journal.pone.0023670.
9. Maynard Smith, J., (1971). What use is sex? *J. Theor. Biol.* 30, 319–335. doi:10.1016/0022-5193(71)90058-0.
10. Schurko, A.M., Neiman, M., and Logsdon, J.M., (2009). Signs of sex: what we know and how we know it. *Trends Ecol. Evol.* doi: 10.1016/j.tree.2008.11.010.
11. Muyinda, H., Nakuya, J., Whitworth, J.A.G., and Pool, R. (2004). Community sex education among adolescents in rural Uganda: utilising indigenous institutions. *AIDS Care* 16, 69–79. doi:10.1080/09540120310001633985.
12. Murekio, M. A. (2013). Factors Influencing Safe Sex Practice Among Secondary School Youth: A Case of Mbooni East, Makueni County, Kenya. Unpublished Master's Thesis.
13. Sri, Yona., Elly, Nurachmah., Anggri, Noorana, Zahra., Cut, Sarida, Pompey. (2023). "Peer Educating: Health Education for Adolescent Girls to Prevent Adolescent Sexual Risk Behaviors." *Indonesian Journal of Community Engagement*, undefined doi: 10.22146/jpkm.63736
14. Yasinta, Dewi, Kristianti., Sulaiman, Metere., T., B., Widjayanti. (2022). "The Effect of Interactive Media by Peer Educators on Adolescent Reproductive Health Knowledge at High School." *Jurnal Inovasi Pendidikan MH. Thamrin*, undefined doi: 10.37012/jipmht. v6i2.1299
15. Martin, J. C., and Mak, J. Y. (2013). College students' sexual knowledge and attitudes. *Kentucky Association of Health, Physical Education, Recreation, and Dance*, 51.1:16–25.
16. Kanekar, A., and Sharma, M. (2010). Determinants of Safer Sex Behaviours Among College Students, Volume 3. Number 1. 2010.

CITE AS: Ruhweza Fatma (2024). Socio-Economic and Demographic Determinants of Safe Sex Practices among Young Adults: Insights from Kampala International University, Western Campus. *NEWPORT INTERNATIONAL JOURNAL OF BIOLOGICAL AND APPLIED SCIENCES*, 5(1): 19-37. <https://doi.org/10.59298/NIJBAS/2024/5.1.193711>