

# **GENDER DIFFERENCES IN SEXUAL BEHAVIOURS AMONG STUDENTS AT THE UNIVERSITY OF ZAMBIA, LUSAKA**

**C.M. Ngoma, MSc.**

University of Zambia  
Department of Nursing Sciences

**Corresponding author:** catherinengoma@yahoo.com

**U.M. Himoonga, MSc.N**

Operating Theatre Nursing School  
University of Zambia Teaching Hospital

## **ABSTRACT**

The aim of this study was to assess gender disparities in HIV/AIDS knowledge and sexual behaviours among university students in Lusaka, Zambia. The study employed an exploratory comparative design to elicit information on HIV/AIDS and sexual behaviour from a sample of 236 undergraduate students aged 16-30, who completed self-administered questionnaires. Although most respondents had high knowledge levels some of them continued engaging in high-risk sexual behaviours. Of the males, 50.0% (n=59) and of the females 35.2% (n=41) reportedly did not use condoms during their last sexual encounters. Seventy percent (n=83) of the males and 33% (n=38) of the females sometimes used condoms. Of the male students 9.3% (n=11), and of the females 5.0% (n=6), had reportedly never used condoms. More than half (58.9%; n=69) of the females, and 27.3 % (n=24) of the males had two sexual partners and 16 (13.6%) females and 12 (10.2%) males had three sexual partners. There appeared to be a critical need to inform the university students about adverse consequences of sexual activities and about ways to protect themselves against these risks.

**KEYWORDS:** Acquired Immunodeficiency Syndrome (AIDS), gender differences, Human Immunodeficiency Virus (HIV), students' sexual behaviours, Zambia

## **INTRODUCTION**

HIV/AIDS is a serious global health problem with devastating effects in sub-Saharan Africa (SSA). According to UNAIDS (2004:6), the estimated prevalence of Human Immunodeficiency Virus (HIV) infections topped 52.5% million in 2003 and more than 22 million people have died from Acquired Immunodeficiency Syndrome (AIDS). Approximately 29 million people, including 10 million young people (aged 15-24) and three million children were living with HIV/AIDS in the SSA region in 2003. Young people account for more than half of all new infections in this region. UNAIDS (2004:6) reported that one out of every 11 adults in the SSA region is infected with HIV.

Zambia's population comprises 68.2% young people aged 10-24 years (CSO, 2003:8) and the infection rates are rising in this age group with young women being at greater risk of contracting HIV than men. The median age at first sexual debut is 18 years but this is lower in rural areas (CSO, 2003:236; Malungo, 2002:201). It has been observed that the proportion of HIV-positive cases rises with age from 5.0% among those aged 15-19 to 25.0% in the 30-34 age group before falling to 17.0% among those aged 45-49 (CSO, 2003:236).

Studies indicated that young people engage in risky sexual behaviours and that early sexual debuts expose them to HIV infections (CSO, 2003:245). Youths, especially females, engage in sexual activities for economic reasons (Willis, 2002:20; Magnani, 2001:201) and may engage in unprotected sex with older men. Surveys conducted in SSA showed that HIV/AIDS levels were high among youths whose sexual behaviours did not correlate with their HIV/AIDS knowledge levels (Population Reference Bureau, 2001:12).

## **RESEARCH METHODOLOGY**

### **Design**

The study was conducted at the University of Zambia in Lusaka. It used an exploratory comparative design.

### **Population and sample**

The target population comprised male and female undergraduate straight-entry students aged between 16-30. The respondents were selected using a stratified random sampling procedure. The first step was to identify the six male and three female hostels, and to exclude hostels that accommodated both males and females from the target population. Out of the six male hostels, three were randomly selected. Respondents were randomly selected from each hostel by using a table of random numbers until the desired sample size of 236 had been obtained.

### **Data collection procedure**

A total of 236 students were given questionnaires to complete in their own time. Data were collected over a period of four weeks during April and May 2006. All the questionnaires were completed and returned, except one (n=235).

### **Data collection instrument**

The questionnaire was divided into three parts. Part 1 elicited information on the respondents' demographic data. Part 2 sought information on HIV/AIDS knowledge of the respondents and part 3 obtained information about their sexual behaviours. The face and content validity of the instrument were established by experts in the field of HIV/AIDS and a pre-test of the research instrument was conducted before the main study was carried out. Ethical approval was granted by the Research Ethics Committee of the University of Zambia.

### Data analysis

The questionnaires' responses were categorised and coded before using the Epi Info computer program for analysis. Data analysis was done using descriptive statistics such as percentages and frequency distributions. Chi-square tests were used to test associations between independent and dependent variables.

### ETHICAL CONSIDERATIONS

Participation in the study was voluntary and the respondents were free to withdraw at any time without fear of penalties. Informed consent was obtained prior to conducting the study. Respondents were assured of anonymity and confidentiality in reporting the research results. No names were entered on questionnaires and no penalties would be incurred by refusing to participate in the study.

### RESEARCH RESULTS

The results are presented in tables and figures and findings are discussed according to sections of the questionnaire. All 235 respondents were undergraduate students registered with the University of Zambia, Lusaka.

Of the respondents, 49.8% (n=117) were females and 50.2% (n=118) were males. The respondents' ages ranged from 16 to 30 with 76.2% (n=179) aged between 21-25 years. The mean age of the respondents was 23 years. Most respondents (98.3%; n=231) were single and Christians (91.1%; n=214) belonging to different religious denominations, only 8.9% (n=21) were non Christians.

**Table 1:** Respondents' demographic characteristics (n=235)

Variable	Frequency	%	Variable	Frequency	%
<b>Age</b>			<b>Marital status</b>		
Up to 20	25	10.6	Single	231	98.3
21-25	179	76.2	Married	4	1.7
26-30	31	13.2	<b>Total</b>	<b>235</b>	<b>100</b>
<b>Total</b>	<b>235</b>	<b>100</b>			
<b>Gender</b>			<b>Religion</b>		
Male	118	50.2	Christians	214	91.1
Female	117	49.8	Non-Christians	21	8.9
<b>Total</b>	<b>235</b>	<b>100</b>	<b>Total</b>	<b>235</b>	<b>100</b>

The results in table 2 show that 75.2% (n=88) of the females' and 63.6 % (n=75) of the males' sexual debuts occurred between at the ages of 15-17.

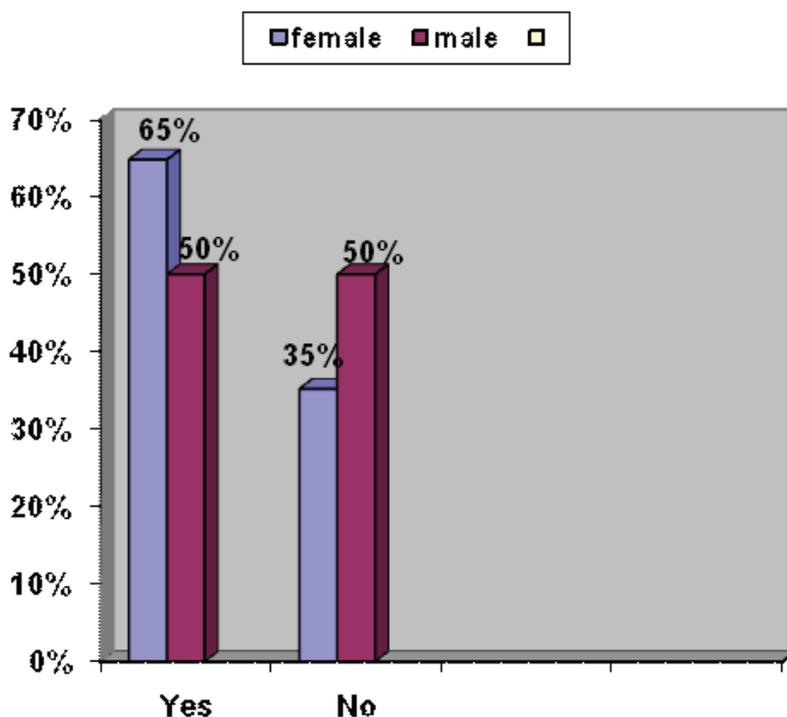
**Table 2:** Sexual debuts (n=235)

Age	Female	Female %	Male	Male %
15-17 years	88	75.2	75	63.6
18-20 years	27	23.1	35	29.7
21-24 years	2	1.7	8	6.8
Total	117		118	

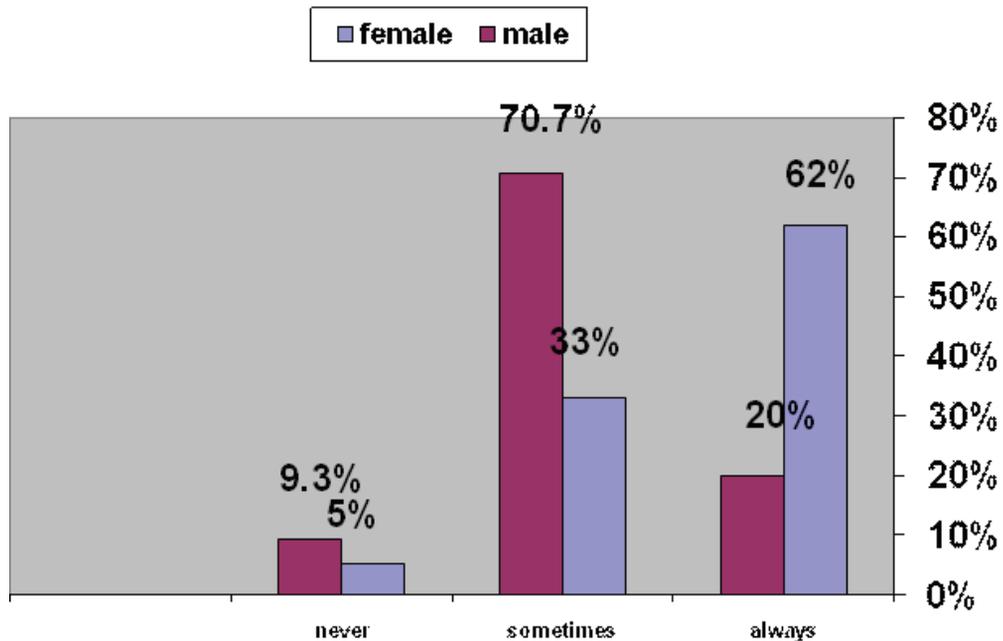
Table 3 indicates that 13.7% (n=16) of the female and 10.2% (n=12) of the male respondents reportedly had three sexual partners during the time of data collection, while 59.0% (n=69) of the females and 20.3% (n=24) of the males had two sexual partners. Thus 85 (72.7%) females and 36 (30.5%) males had more than one sex partner.

**Table 3:** Number of sexual partners (n=235)

Number of sexual partners	Female	Female %	Male	Male %
One	32	27.4	82	69.5
Two	69	59.0	24	20.3
Three	16	13.7	12	10.2
Total	117	100	118	100

**Figure 1:** Condom use during last sexual encounter (n=235)

As reflected in figure 1, of the female respondents 65.0% (n=76) and 50.0% (n=59) of the male respondents had reportedly used a condom during their last sexual intercourse; while 35.0% (n=41) females and 50% (n=59) males reportedly did not use condoms during their last sexual encounters.



**Figure 2:** Students' patterns of condom use (n=235)

More than half of the female respondents 62.0% (n=73) and 20.0% (n=24) of the male respondents used condoms every time they had had sex. Reportedly, 33% (n=38) of the females and 70.7% (n=83) of the males used condoms sometimes, while 5.0% (n=6) of the females and 9.3% (n=11) of the males had never used condoms, as shown in figure 2.

**Table 4:** Students' HIV/AIDS knowledge

Item	Females				Males			
	Yes	%	NO	%	Yes	%	NO	%
HIV is a virus that causes AIDS	115	98.3	2	1.7	117	99.2	1	0.8
The virus can be spread through sharing eating/ drinking utensils with someone who has HIV/AIDS	114	97.4	3	2.6	115	97.5	3	2.5
Having sex with multiple partners can increase a person's chances of being infected with HIV	117	100	0	0	118	100	0	0
About 16% of Zambia's adult persons are infected with HIV	96	82	21	18.0	100	84.7	18	15.3
A person can get HIV through a blood transfusion	117	100	0		118	100	0	0
HIV can be transmitted from mother to child through breast feeding	100	85.5	17	24.5	95	80.4	22	18.6
It is possible for a healthy-looking person to have HIV/AIDS	112	95.7	5	4.3	115	97.5	3	2.5
A person can reduce his/her chances of getting HIV by using a condom each time he/she has sex	114	97.4	3	2.6	100	84.7	18	15.3
Having sex with a virgin can cure AIDS	117	100	0	0	118	100	0	0
Sexual intercourse is the most common route of HIV transmission in Zambia	117	100	0	0	118	100	0	0
Symptoms of HIV infection include swollen lymph glands, chronic diarrhoea, night sweats, and recurrent vaginal yeast infections	86	73.5	31	26.5	80	67.8	38	32.2
Antiretroviral drugs (ARVs) can cure HIV/AIDS	115	98.3	2	1.7	100	84.7	18	15.3

Both female and male students were knowledgeable about some aspects of HIV/AIDS, but they also lacked critical knowledge. All students (100.0%; n=235) knew that a person could become HIV infected through a blood transfusion, sexual intercourse was the most common route of becoming infected with HIV, having sex with multiple partners would increase one's chances of becoming infected with HIV, and that the chances of becoming infected could be reduced by using condoms at every sexual encounter. However, all students (100.0%; n=235) thought that having sex with a virgin would cure AIDS and almost all (91.5%; n=215) thought ARVs can cure AIDS. These are two serious misconceptions that could expose students to potentially fatal risks by engaging in unsafe sexual practices because they believed that AIDS could be cured by ARVs and/or by having sex with a virgin. The Population Reference Bureau (2001:11) also noted similar results in studies conducted in Zimbabwe, Uganda and Mali. Similar observations were made in the studies conducted in Nigeria, Brazil, Thailand, Zimbabwe and Namibia (Traore et al., 2002:10).

Another misconception was that HIV could be transmitted by sharing eating and drinking utensils with someone who has HIV/AIDS (females: 97.4%; n=114 and males 97.5%; n=115). This misconception could aggravate social stigma by avoiding socialising with HIV-positive persons.

Of the females, 18.0% (n=21) and of the males 15.3% (n=18) did not know the prevalence of HI/AIDS in Zambia; 24.5% (n=17) females and 18.6% (n=22) males did not know that HIV/AIDS could be transmitted from mother to child through breast feeding; of the males 32.2% (n=38) and 26.5% (n=31) of the females did not know the common signs and symptoms of HIV infection. Students should be knowledgeable about all aspects of HIV/AIDS in order to make informed decisions about their sexual practices.

## CONCLUSIONS

Most students' sexual debuts occurred at 15-17 years of age, suggesting that age of sexual initiation did not decline over the past decade. This finding is slightly younger the sexual debut age of 18 in Zambia, as documented in two reports (CSO, 2003: 245; Malungo, 2002: 201). The majority of the respondents were Christians and single. Of the females 81.0% (n=95) and 78.0% (n=92) of the males were sexually active. Reportedly 13.7% (n=16) of the females and 10.2% (n=12) of the males had had three sexual partners, and 59.0% (n=69) of the females and 20.3 % (n=24) of the males had had two sexual partners at the time of the data collection.

The findings revealed that female respondents had more sexual partners compared to their male counterparts. This could possibly be attributed to the high poverty levels prevailing in Zambia. These findings are similar to those of Slonim-Nevo et al. (2001:487) as well as by Kapungwe (2003:36), indicating that sexually-active youths engaged in risky sexual behaviours.

With regard to condom use during their last sexual encounters, 65.0% (n=76) of the females and 50.0% (n=59) of the males had reportedly used condoms whereas 35.0% (n=41) of the female and 50.0% (n=59) of the male respondents had not done so. Only 62.0% (n=73) of the females and 20.0% (n=24) of the males indicated that they always used condoms whenever they had sex. However, 33% (n=38) of the females and 70.9% (n=83) of the males reported inconsistent condom use, while 5.0% (n=6) of the females and 9.3% (n=11) of the males had never used condoms. This study revealed more consistent use of condoms by the females than males, contrary to a Nigerian study (Fadiora, 2002:22) which found that males were more likely to use condoms than females.

Most students did not know that the virus could not be spread through sharing eating and drinking utensils with someone who has HIV/AIDS. All respondents thought that having sex with a virgin would cure HIV/AIDS and almost all students thought that ARVs could cure HIV/AIDS.

## **RECOMMENDATIONS**

Considering the fact that students continued to engage in risky sexual behaviours much remains to be done in order to encourage behaviour changes if unplanned pregnancies and sexually transmitted infections, including HIV/AIDS, are to be minimised among these students.

Urgent attention should be given to informing students that having sex with a virgin does not cure AIDS nor do ARVs cure AIDS. Students must know that there is no cure for AIDS. As long as the misconception persists that AIDS could be cured, students remain unlikely to practise safe sex.

Although most respondents reportedly had used condoms during their last sexual encounters, some of them had not done so. The study has also revealed consistent condom use, more so among females than among males. There is a need for the Lusaka district health management team to introduce a youth-friendly corner at the University of Zambia clinic where youths could access condoms and be counselled about reproductive health issues, including HIV/AIDS. In addition, peer counsellors should be trained to provide counselling and distribute condoms. This might enhance the students' ability to assess their risks of HIV infection and increase their use of condoms.

## **LIMITATIONS OF THE STUDY**

All information was obtained from students' self-reports and might be subject to recall bias or social desirability because of the sensitivity of the subject. Underreporting of sensitive behaviours might have occurred. Therefore, the self-reported data might not reflect true behaviours. Since the study was conducted among university students, it

may not be representative of the population at large nor of Zambia's youths who are not registered university students. Therefore the research results cannot be generalised without conducting similar studies in other population groups in Zambia.

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