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Knowledge Attitude and Practice Towards Premarital Sex and HIV/AIDS among Mizan-Tepi University Students, South West Ethiopia

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Abstract: Background: Pre-marital sex is any sexual activities with an opposite sex partners or a same sex before he/she has started a marriage life. The term is usually used to refer the inter course before the legal age of marriage. In the course of experimentation, adolescents often in counter high risk situation, as contracting STD /HIV/AIDS and often exposed to un intended pregnancy and illicit abortions. Objective: This study was conducted to assess knowledge, attitude and practice towards premarital sex and HIV/AIDS among students who are attending in MizanTepi University. Methods: A cross sectional study was conducted from April 08-September, 08, 2014- in MTU, Mizan campus regular students. Stratified sampling technique were used after making strata based on Collage and sex proportion. This study using systemic random sampling. Data were collected by three Public Health interns, using self-administrated questionnaires. Students from each Collage were being explained about the objective and confidentiality of the study while distributing and collecting the questionnaires. Results: A total of 372 participants, 254(68%) were males and 118(32%) were females. All of the students know what cause HIV/AIDS; majority of them knew major transmission routes. Sexual transmission mentioned as a major routes transmission in our study by 281(75.5%) of students but knowledge was translated into practice as 133(35.6%) approved premarital sex and practiced it. Conclusion and Recommendation: The study participants have good knowledge of HIV/AIDS related to its cause, routes of transmission and also about preventive mechanism by this knowledge was not practiced. The study participants were citing religion as reason for not having premarital sex and this should include in their day to day teachings. The HIV/AIDS agenda should an agenda for everyone and families should discuss with the adolescents and adults.

Keywords: Knowledge, Attitude, Practice, Premarital Sex, HIV/AIDS

1. Introduction

Pre-marital sex is any sexual activities with an opposite sex partners or a same sex before he/she has started a marriage life. It's characterized as being unanticipated, unpredictable, inconsistence with values and personality uncontrollable and becoming the common feature of adolescent (1).Most age groups that started pre-marital sex are adolescent and young people. There are 1.2 billion adolescents and 1.7 billon young people in the world today of which 85% of them live in developing countries making nearly 30% of their population. Mostly adolescent age is a time to experiment with sex. In the course of experimentation, adolescents often in counter high risk situation, as contracting STD /HIV/AIDS and often exposed to un intended pregnancy and illicit abortions. For some portion the youth, adolescent is characterized by recklessness risk seeking, sexual and drug experimentation and lower perception of vulnerability to adverse effect of above risk behaviors (2).Premarital sex and unprotected sexual practices are the major health and life threatening problem school youths making them vulnerable to STIs, HIV/AIDS, unwanted pregnancy, abortion and its complication and dropout of their education. Unsafe sex is a major threat to the health and survival of millions of adolescents each year one in 20 adolescents contracts on STIs including HIV. Every day over 700 young people aged 10-24 become infected with HIV/AIDS (3).Globally the number of people living with

HIV [PLWH] continues to grow as does the number of deaths from HIV/AIDS. According to UNAIDS repot a total of 33.2 million people were living with HIV in 2007. This figure includes the estimated 2.1 million adults and 420,000 children who were newly deaths as a result of HIV in 2007. There were21 million deaths as result of HIV/AIDS in the year 2007 (4).In Ethiopia the adult prevalence of HIV is estimated to be 2.4% in 2010. The prevalence among urban and rural population of during the same period is estimated it 7.7% and 0.9% respectively. The total number of PLWH in the same period estimated to be 1,216,908 [41%males and 59% females adult and 79,871[6.65 are children which are <15 years children. The number of new adult HIV infection for 2010 is estimated to be 137,494 adults and 141,093 new pediatric infections because of vertical transmission. The number of deaths due to AIDS for the same period is estimated to be 44,751 for adults and 9,284 among children<15 years. Reports show the incidence of HIV/AIDS among unmarried is mode of transmission, which is not translated into appreciable behavior modification. Pre-marriage unsafe sex is not only a high risk factor to HIV/AIDS but also STD/STI, unwanted pregnancy and subsequent dropout from school, illegal abortion and its complication, social and psychological transmit (5).To assess knowledge attitude and practice towards premarital sex and HIV/AIDS among Mizan-Tepi University, Mizan campus regular students, in Bench Maji zone south west Ethiopia, 2014.

2. Methods and Materials

2.1. Study Area and Period

The study was conducted in Mizan–Tepi University Mizan campus that is found in South West Ethiopia 565 kms away from Addis Ababa. Its climate condition is Weynadega and has a total number of 6174 regular students in both Mizan campus and Tepi campus. From this, 2031 are females and 4143 are male's students. Among the total 882 females and 1909 males are our study populations. The study was conducted from June 15- 30/12/2006 E.C in Mizan campus.

2.2. Study Design

A cross sectional study was conducted.

2.3. Study population

The source of population was all Mizan- Tepi University, Mizan campus regular students.

Sampled Mizan-Tepi University, Mizan campus regular students. Using four collages (Health Science, Business and Economics, Social Science and Humanity and Agricultural and Natural Resource students) those in study population. Students who were absent during data collection period and not voluntary to participate.

Students who were attending weekend and summer program

2.4. Sample Size

To determined the sample size the level of confidence taken was 95 %(with tabular value of 1.96) and 5% margin of error and proportion (P=50%) total number of students (N=2791)

$$\text{i.eni= } [(zo/z)^2 p\ (1\text{-}p]/d^2(14).$$

Where ni= minimum sample size

p= estimated of prevalence rate for knowledge, attitude and practice of students towards premarital sex and HIV/AIDS

zo/z= standard normal variable at 95% confidence level(95%=1.96 from table) $Ni=[(1.96)^2(0.5)(1\text{-}0.5)]/0.05)^2=384$

d= margin of sample error tolerated =0.05

Since the total population is < 10,000 the final sample size will by correlation formula i.e. to get the maximum sample size;

$$Nf= in/ (1+ni/N)$$

$$Nf= 384/ (1+384/2791)=338$$

Where ni=minimum sample size

Nf =maximum sample size

N= total population

- Non response rate was be assumed 10% refusal to participate on the study

$$\text{Non response rate=NfX10\%}$$

$$338X10\%=33.8\sim34$$

The final sample size including non-response rate was; 338+34=372

The sample size from each collage and sex drawn as follow;

=number of students in each collage X sample size (Nf)/total number of source of population.

- For Health Science collage=642X372/2791=86 respondents was selected.
- For Business and Economics collage=501X372/2791=67 respondents was selected.
- For Agricultural and Natural resource collage=605X372/2791=80 respondents was selected.
- For Social Science and Humanity collage=1041x372/2791=139 respondents was selected.

Sample size by sex:-

- Males = 1909X372/2791=254 respondents were elected
- Female = 882x372/2791=118 respondents were selected

Selection of students from each collage was done through systemic random sampling i.e. =Number of students/sample size

- For Health Science; 642/86=7.46 i.e. every 7 students were selected from the list of the students in Health collage.
- For Business and Economics; 501/67=7.4 i.e. every 7 students were be selected in Business and Economics

collage.

- For Agricultural and Natural Resource collage; 605/80=7.56 i.e. 8 students were selected from the list of the students in Agricultural and Natural Resource collage.
- For Social Science and Humanity collage; 1043/139=7.53 i.e. every 8 students were be selected from the list students in Social and Humanity collage.

2.5. Sampling Techniques and Procedure

Stratified sampling technique were used after making strata based on collage and sex, from each strata students according to the sample size were collected by systemic random sampling.

2.6. Instrument and Measurement

Pretested and structured self-administered questionnaire was used. Translation of instrument is made from English language to local Oromifa Language and back to English language by different experts who are familiar on the field of area and blind to the original version of the questionnaire (English version) in order to facilitate responses to underline questions and keep the original meaning of the instrument. The principal investigator conducted the data collection personally. A structured questionnaire developed was pre-tested ten days before launching the final data collection on 5% of the study population in Mizan –Tepi University Mizan campus and required changes was made. The reliability of the data collected was maintained to maximum possible. To ensure the reliability and validity of data the principal investigator put the maximum effort. In this regard experts on the subject matter were contacted and the questionnaire reviewed to obtain the desired variables. The data collected was kept in a lockable cabinet not accessible to anyone other than the principal investigator. In addition the respondents were not allowed to take home the questionnaires so that no references made so that their actual knowledge at the time of the study was analyzed (avoid bias).In addition, each participant was told and strictly followed by the principal investigator to respond to the questions by his/her own, without consulting anyone else, and that all the questions provided in the tool was answered.

2.7. Data Collection Procedure

A structured questionnaire developed was pre-tested ten days before launching the final data collection on 5% of the study population in Mizan-Tepi University and required changes was made. The reliability of the data collected was maintained to maximum possible. To ensure the reliability and validity of data the principal investigator put the maximum effort. In this regard experts on the subject matter were contacted and the questionnaire reviewed to obtain the desired variables. The data collected was kept in a lockable cabinet not accessible to anyone other than the principal investigator. In addition the respondents were not allowed to take home the questionnaires so that no references made so that their actual knowledge at the time of the study was analyzed (avoid bias). In addition, each participant was told and strictly followed by the principal investigator to respond to the questions by his/her own, without consulting anyone else, and that all the questions provided in the tool will be answered. Data was collected by three Public Health under graduate students, using self-administered questionnaires. Students from each collage were being explained about the objective and confidentiality of the study while distributing and collecting the questionnaire.

2.8. Study Variables

2.8.1. Dependent Variable

- Knowledge, Attitude and practice , risk of premarital sex

2.8.2. Independent Variable

- Age, Sex, Socioeconomic status, religion place of living, Ethnicity and Marital status

2.9. Data Processing, Analysis and Presentation

Collected data was cleaned, edited, recorded and checked for completeness and consistency and calculated using manual scientific hand calculator. Result is presented by using tables, graph and chart.

2.10. Operational Definition

1. Pre-marital sex (PMS) – any sexual intercourse practiced before marriage.
2. Unsafe sex - sex practiced with multiple sexual partner and/or without using condom.
3. Life time sexual partner (LTSP) –the number of sexual partners he/she had since his/her initiation of vaginal intercourse.
4. Knowledge – specific information gained by Mizan-Tepi University, Mizan campus regular students towards premarital sex and HIV/AIDS.
5. Practice- the continuing and repetitive effort of MTU, Mizan campus regular students towards premarital sex and HIV/AIDS.
6. Attitude-behavior of MTU, Mizan campus regular students towards premarital sex and HIV/AIDS.
7. Sexually active students-those students who are active on sexual practice.
8. Coituerche-the age at first sexual intercourse

2.11. Data Quality Control and Assurance

The principal investigators were supervised daily for the completeness and consistence of data collected by each data collectors. All materials used for data collection were arranged sequentially. The data was stored in safe and secure place.

2.12. Ethical Consideration

Formal letter was written from Mizan-Tepi University, Health Science Collage research program office to distribute

self-administered questionnaire and conduct the study. The study participants were informed about the objective of the study to obtain desire cooperation, in addition to their willingness the students were requested to give necessary information during data collection. Consent from students was obtained and confidentiality of information obtained was kept strictly and only volunteers were involved.

3. Results

3.1. Socio-Demographic Characteristics

Among 372(100%) respondents most of the students 184(49%) were lie in age group of 22-25 years. Almost more than one third 129(35%) of the study participants were 3rd years followed by 119(31.7%) 1st years, 76(20%) 4th years, 37(10%) 2nd years and 11(3.3%) were 5th years students. See table-1 34.3% of Nursing students among Health Science students, 25% of Management students among Business and Economics students, 14.7% of Animal science among Agricultural and Natural Resource students and 26% of Psychology students among Social and Humanity students have good awareness about premarital and HIV/AIDS.

Table 1. *Socio- demographic characteristics of students by sex, MTU, Mizan, Mizan campus Regular students, 2014.*

Variable		Sex					
		male		female		total	
		No	%	No	%	No	%
Age in years	18-21	122	33%	42	12%	164	44%
	22-25	108	29%	76	20%	184	49%
	26-30	22	6%	0	0	22	6%
	30 above	2	0.5%	0	0	2	0.5%
	total	254	68%	118	32%	372	100%
religion	Orthodox	96	26%	43	12%	139	38%
	Muslim	59	16%	27	7%	86	23%
	Catholic	31	8%	9	2%	40	10%
	Protestants	68	18%	39	10.5%	107	28.5%
	Others	0	0	0	0	0	0
	total	254	68%	118	32%	372	100%
Ethnicity	Oromo	86	18%	27	7.3%	95	25.3%
	Amhara	55	15%	23	6.4%	78	21.4%
	Tigrie	32	8%	14	4%	46	12%
	Somalia	10	3%	2	0.5%	12	3.5%
	Gumiz	14	4%	3	0.8%	17	4.8%
	Agnuak	9	2%	0	0	9	2%
	Afar	4	1%	0	0	4	1%
	Others	62	17%		49	13%	111
	Total	254	68%		118	32%	372
Collage	Health Science	56	15%	30	8%	86	23%
	Business and Economic	43	12%	24	6.5%	67	18.5%
	Agriculture &. Natural .Resources	54	14%	26	7%	80	21%
	Social &Humanity	101	27%	38	10.5%	139	37.5%
	Total	254	68%	118	32%	372	100%
Bath	Health Science	56	15%	30	8%	86	23%
	1st	76	20%	43	11.7%	119	31.7%
	2nd	25	7%	12	3%	37	10%
	3rd	89	24%	40	11%	129	35%
	4th	54	14%	22	6%	76	20%
	5th	10	3%	1	0.3%	11	3.3%
	total	254	68%	118	32%	372	100%

Among study participants majority 333(89%), of them were single followed by married 39(10.9%). From study participants most of their family were illiterate 189(51.6%), followed by 1-8 101(27%), 9-12 44(11.5%) and more than 12 38(9.9%) respectively.

Table 2. *Routes of HIV transmission known by different collage of MTU, Mizan campus regular students /2014.*

variable			Major routes HIV transmission				
			sexual	Unsafe use of sharp object	Blood transfusion	Mother to child	total
Collage	Health science		65	8	9	4	86
	Business and Economics		52	6	4	5	67
	Social and Humanity		110	18	6	5	139
	Agriculture and N. Resources		54	15	5	6	80
	total	No	281	47	24	20	372
		%	75.5%	12.6%	6.45%	5.35%	100%

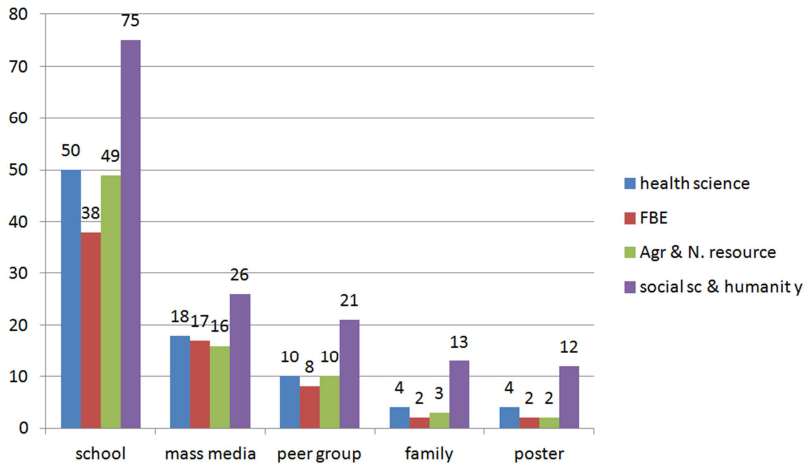

Fig. 1. *Source of information about HIV/AIDS by students of different collage MTU Mizan campus regular students /2014.*

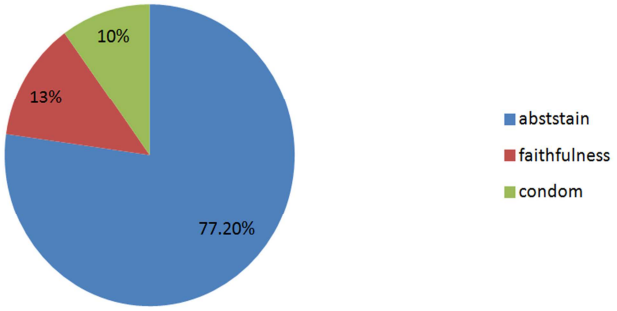

Fig. 2. *Know preferred method of protection against HIV/AIDS by sexual active students of MTU, Mizan campus regular students /2014.*

Among 372 participants majority of the students known that premarital sex lead to vulnerable to HIV/AIDS and STD 227(61%), unwanted pregnancy 85(22.8), unsafe abortion and its complications 41(11%) and dropout from education 19(5.2%). Therefore, the major health problems of premarital sex were vulnerable to HIV/AIDS and STI 227(61%).

Table 3. *Attitude towards premarital sex-by-sex MTU, Mizan campus regular students /2014.*

Attitude	sex					
	Male		Female		Total	
	No	%	No	%	No	%
Agree	70	18.8%	16	4.3%	86	23.1%
Disagree	140	37.4%	93	25%	233	62.4%
Neutral	44	14.8%	9	2.4%	53	14.2%
Total	254	68%	118	32%	372	100%

Table 4. *Attitudes towards premarital sex by religion and collage, MTU, Mizan campus regular students /2014.*

Variable		Attitude towards premarital sex							
		Agree		Disagree		Neutral		Total	
		No	%	No	%	No	%	No	%
Religion	Orthodox	60	16%	56	15%	23	6.5%	139	37.5%
	Protestants	79	21%	17	4.5%	11	3%	107	28.5%
	Muslim	20	5.4%	56	15%	10	3%	86	23.4%
	Catholic	21	5.6%	12	3.5%	7	2%	40	10.6%
	Total	180	48%	141	37.5%	51	14.5%	372	100%
Collage	Health Science	43	11.5%	33	8.9%	10	2.6%	86	23%
	Business and Economics	28	7.5%	27	7%	12	3.2%	67	17.6%
	Agricultural and Natural Resource	30	8%	33	8.9%	17	4.5%	80	21.4%
	Social and Humanity	37	10%	82	22%	20	5.4%	139	42.4%
	Total	138	37%	175	46.8%	59	15.7%	372	100&

Table 5. *Sexual practices of students by sex, age, collage, batch and religion MTU students, Mizan campus regular students /2014.*

variable		Sexual practice					
		Yes		No		Total	
		No	%	No	%	No	%
Sex	Male	112	30%	142	38%	254	68%
	Female	21	5.6%	97	26%	118	32%
	total	133	35.6%	239	64.4%	372	100%
Age	18-21	39	10.4%	125	33.6%	164	44%
	22-25	86	23.1%	98	254.9%	184	49%
	26-29	7	1.85%	15	4.8%	22	6.6%
	30 and above	1	0.2%	1	0.2%	2	0.45%
	Total	133	35.7%	239	44.3%	372	100%
Religion	Orthodox	52	14%	87	24%	139	38%
	Protestants	44	12%	63	16.5%	107	28.5%
	Muslim	26	7%	60	16%	86	23%
	Catholic	11	3%	29	7.5%	40	10.5%
	Total	133	35.6%	239	64.4%	372	100%
Collage	Health Science	34	9%	52	14%	86	23%
	Business and Economics	23	6.2%	44	12.3%	67	18.5%
	Agricultural and Nat. Resource	29	7.8%	51	13.2%	80	21%
	Social and Humanity	47	12.6%	92	24.9%	139	37.5%
	Total	133	35.6%	239	64.4%	372	100%
Batch	1st	43	11.5%	76	20.2%	119	31.7%
	2nd	12	3.2%	25	6.8%	37	10%
	3rd	52	14%	77	215	129	35%
	4th	21	5.6%	55	14.4%	76	20%
	5th	5	1.3%	6	2%	11	3.3%
	Total	133	35.6%	239	64.4%	372	100%

Most of the students 133(35.6%) had their first sexual intercourse between the age 22-25 years. The earliest coitus reported was at the age 15-16.5 years for female and 16-18 years for male.

Regarding number of lifelong sexual partner(s) among participants who were practice sex 220(59.2%) of students had a single partner, 124(33.3%) of students had two partners, 11(7.4%) of students had three and above and the remaining had no partner.

Commercial sex worker were sexual partners for 4 (3.7%), other categories and as sexual partners for the study students were government employees 16(14%), students 76(70.4%) and merchants 12(11.1%). 98(16.5%) students of the total study subjects had sexual intercourse in the last 3 months. Among reason given for not used condom the highest was partner trust that account 35(9.4%).

Table 6. *Reason given for premarital sex in their who agreed premarital sex by sex, MTU, Mizan campus students /2014.*

Reasons	Sex					
	male		female		Total	
	No	%	No	%	No	%
Physical attraction	133	35.7%	78	21%	211	56.7%
For pleasure	24	6.5%	6	1.7%	30	8%
peer influence	83	22%	23	6.3%	106	28.5%
As mean of income	0	0	11	3%	11	3%
Alcohol and substance abuse	14	3.8%	0	0	14	3.8%
Total	254	68%	118	32%	372	100%

4. Discussion

Globally the number of people living with HIV/AIDS continues to grow, as does the number of deaths from HIV/AIDS. According to UNAIDS report, a total number of 33.2 million people were living with HIV in 2010. This figure including the estimated 2.1 million adults and 42,000 children who were newly infected with HIV/AIDS in 2010, there were 2.1 million deaths because of HIV/AIDS in the year 2010. Sub-Saharan African sentiment to bear the burden of the global epidemic. A total 22.5 million (67.7%) of the people were living with HIV in 2010 in the Sub-Saharan Africa and adult prevalence of 5% is reported (4).

According to the 2000 Ethiopia demographic health survey among currently unmarried individuals, 29% have had sexual intercourse with more than one partners which showed that multiple sexual contact among unmarried person is common especially among aged 20 and above which is similar with our study 135(40.7%); had multiple sexual partners among age group 22-25 year(13).Having the above information as a background, this study has attempted to assess attitude towards premarital sex and reasons given against condom use and we tried to assess the knowledge about HIV/AIDS, its route of transmission and protective measures against HIV/AIDS in MTU, Mizan campus, regular students. There was a high degree of knowledge about HIV/AIDS, its mode of transmission among our study subjects in which all of the students heard

about HIV/AIDS and know the mode of transmission routes which is similar with the study done in Jimma University in 2002, (4,21%)(21). The most important source of information mentioned was school, which is in contrast to findings in high school students, Jimma University (21) and Addis Ababa University students(6). 35.6% approved premarital sex, which is almost similar with study done in Nekemte in 2008 which showed that 145(21.55%) adolescents reported premarital sexual intercourse (20).

Most of the students had single sexual partner that is similar to Assefa's report (16). This again showed that the knowledge of the students about the disease is far from practice and put them in a high-risk situation (20).Regarding to condom use 98(26%) of the sexual active students use it, which is higher than Engida's report (21). This could be due to their high level of education and easy availability of condom. Partner trust that accounts 35(9.4%) was the commonest reason given for not to use condom as was cited in Engida's report (21). Though faithfulness is an important way of protection, it has definitely a high risk before marriage. The majority of the students knew the ABC of protection against HIV/AIDS and the preferred method mentioned was Abstinence 287(77.2%)although it was not seen in practice as 133(35.6%) of them engaged in sexual activity which is similar to Ismail's research(11) done in University of Gondar. The age interval at which the first coitus in our study was 15-16.5 years for females and 16-18.5 years for males which was greater than Assefa's and Dessalegn's report(13.3-16 for females and 16-18 years for males) (16).Among the study participants 59.2% of the students were single that was less than Kidane report (61.4% were single) (14).

5. Strength and Weakness of the Study

The study is interesting in which authors explored Knowledge Attitude and Practice towards premarital sex and HIV/AIDS among Mizan-Tepi University students, south west Ethiopia, less explored in previous studies. However, the relatively small sample size and the single center study limit the generalizability of the study findings.

5.1. Strength of the Study

- The data was collected using a structured self-administered pre-tested questionnaire
- Adequate sample size was applied according to single population proportion formula
- Data collators were health professional

5.2. Weakness of the Study

- During this study there may be observational bias
- There were financial constraint while conducting the Study
- All respondents were interviewed but some of them observed during the study period

Some of the respondents were volunteer during data collection.

6. Conclusion

The study participants have good knowledge and attitude about premarital sex and HIV/AIDS, its cause, the routes of transmission and above the preventive mechanism, but this knowledge not practiced among the study participants. The contribution of family and poster as a source of information was seen to be less revealing the premarital sex and HIV/AIDS agenda among these groups. The study participants were citing religion as a reason for not having premarital sex and this should be included in their day-to-day teachings. Even if there were high incidence of single sexual partnerships which may put the study participants at a high risk to HIV/AIDS if no faithfulness between them.

Author's Contributions

ZM, have made substantial contributions to beginning and design, collection of data, analysis and interpretation of data and in drafting the manuscripts and correcting the comment given by the advisors.

EW involved in revising the research paper and the manuscript critically for important intellectual context and approval of the final version to be published and participated in its design and coordination. He participated in the approval and funding process, participated in the design of the study participated in its design and coordination.

EA, involved in revising the research paper and the manuscript critically for important intellectual context and approval of the final version to be published and participated in its design and coordination.

AAG had greater contribution in reviewing the manuscript English and topography. And helped to draft the manuscript.

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