ACCESS TO SEXUALITY EDUCATION AND SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR YOUNG PEOPLE IN HIGHER AND TERTIARY INSTITUTIONS OF LEARNING IN UGANDA

A RAPID SITUATIONAL ANALYSIS

Table of Contents

LIST OF ANONYMS

AIDS	:	Acquired Immunodeficiency Syndrome
ART	:	Anti-Retroviral Therapy
ARV	:	Anti-Retroviral
CGS	:	Cross Generational Sex
FGD	:	Focus Group Discussions
HCT	:	HIV Counseling and testing
HIL	:	Higher Institutions of Learning
HIV	:	Human Immunodeficiency Virus
HSBS	:	HIV Sero-Behavior Study
IUD	:	Intra Uterus Devise
IUIU	:	Islamic University in Uganda
KIU	:	Kampala International University
MoES	:	Ministry of Education and Sports
MOH	:	Ministry of Health
STD	:	Sexually Transmitted Diseases
STIs	:	Sexually Transmitted Infections
UAIS	:	Uganda AIDS Indicator Survey
UNESCO	:	United Nations Education, Scientific and Cultural Organization
VCT	:	Voluntary Counseling and Testing
YMCA	:	Young Men Christian Association

Executive Summary

Background

Uganda is among the countries with the highest rates of new HIV infections in Sub-Saharan Africa where young people aged 15-24 accounts for 60% of the 83,000 new infections. University Students are particularly vulnerable to HIV infections because of the physical, psychological, social and economic attributes of their age. Several studies have indicated that University Students aged 18-24 years face many sexual and reproductive health challenges, spiritual and emotional challenges, conflicting cultural norms and practices as well as modernization challenges. While MoES developed the National Sexuality Education Framework 2018 that provides an over-arching national direction for providing young people with sexuality education in the formal education setting. There are relatively few documented examples of scaled-up, sustainable sexuality education and SRH services and programmes within Universities and tertiary institutions in Uganda. Similarly, there is inadequate information on the level of access to compressive sexuality education and SRH services by University students in Uganda. In view of this and because of the impact of HIV and AIDS in University populations, UNESCO undertook a Rapid situation analysis on sexuality education and access to SRH services. The overall purpose was to generate evidence on key drivers and current interventions that are impacting young people's access to HIV/STI prevention information, sexuality education and sexual and reproductive health services within Institutions of higher learning.

Methodology

The Rapid Situational Analysis employed a cross-sectional design. Both qualitative and quantitative data was collected. The specific methods included; desk review, key informant interviews, Focus Group Discussions and observations. Data was collected using semi-structured self-administered questionnaires from 395 students spread across six (6) Universities and two (2) Tertiary institutions. Data was also collected from 20 Key Informants interviews, Eight (8) FGD and a validation workshop involving University officials, Guild representatives, MoH and MoES officials, UNESCO staff among others.

Key Findings
Sexual Activity and Condom Use

- The findings from the survey, as well as the information provided through the key informant interviews indicate that,
- Overall students in Universities and other Tertiary Institutions are sexually active (69%).
- The proportion of students who had ever had sex was higher among male students (51%).
- Majority (55%) did not use a condom at the first time of sexual intercourse.
- 32% first had sex at the age of 8 to 17years while 64% at the age of 18 to 24%.
- Male students are pressured more by their peers to have sex (52%)
- Female students (55%) did not feel psychologically and emotionally ready for sex at the first sexual encounter

Sexual Activity and Cross Generation Sex

- Of the sexually active students, 70% have had sexual intercourse with boyfriend/girlfriend, 22% Casual friends, 5% personal Doctors and 3% strangers

- 36% did not know the ages of the person with whom they last had sexual intercourse
- Female students (52%) were at a higher risk of engaging in sexual relationships with partners 10 years older than them.

Sexual activity and Substance Use
- Of the sexually active students 11% consumed Alcohol hour's preceding to sexual intercourse. it was more significant among males (58%)
- Only 3% either used or their sexual partners used some drugs like marijuana, opium, cannabis or heroin before the sexual intercourse.
- 16% have ever taken some aphrodisiacs (drugs that enhance sexual desire) and 16% was affirmative. Of these, majority were male student (67%)
- Use of local herbs to enhance sexual desire was prevalent among male students.

Sexual Intercourse with Multiple Partners and Transactional Sex
- Thirty Four percent (34%) had sex with multiple partners in the 12 months. The highest number of partners was 8 and 2 as the lowest.
- Sexual Intercourse with multiple partners was more prevalent among male students (58%) aged 17 to 24 years
- Twelve percent (12%) reported having paid or were paid to have sex in the last 12 months. This was more prevalent in female students (56%).

Exposure to Pornographic Material
- Majority of students (65%) in HIL especially boys, have ever seen or been exposed to pornographic materials.
- Such materials are majorly from movies pornographic movies (89%), nude photos (82), Social Media (71%), News Paper and magazines (67%) and Television shows (33%).

Relationship with current girlfriend or boy friend
- An overwhelming majority of students 83% have boy friend/ girl friend currently. Of which 71% are romantic relationship.
- Of those that have had sexual intercourse with their current boy/girl-friend, half (50%) do not used condoms
- More that three quarters (76%) have had 2 or more boy/girlfriend in their lives.
- 39% have ever had more than one romantic boy/girl friend but running them concurrently
- Female students (52%) are at a higher risk of having sexual intercourse with other people while in their current relations
- University Students are engaged more in temporary relationships (40% in romantic relationship for less than a year)

Access to condoms
- Access to condoms within Higher Institutions of learning was generally low, only 29% reported accessing condoms from University premises
- 50% have never received free condoms,
- 46% have gone out to obtain condoms, of which 39% purchased them,
- Nonetheless, about six in every ten students (64%) feel condoms are easily accessed when needed.

Pregnancy prevention methods
- Access to pregnancy prevention methods other than condoms was equally low within HIL (22%)
- Nonetheless 62% of students generally know places outside the HIL where they can obtain contraceptive methods apart from condoms.
- Pills (24%) and emergency contraceptives (17%) are the most common pregnancy prevention method currently used among female students in HIL.
- Pregnancy and induced abortion is generally low (8%) among students in HIL, as well as awareness of facilities for safe abortion is very low (80% of the female students do not know a place where safe abortions can be carried out).

Reproductive Health Problems
- Findings show that 28% have suffering from a sexually transmitted disease in the last 12 months.
- Prevalence of STI/Ds was significant in both females (51%)
- 42% have ever developed symptoms like Itching in private parts (40%), whitish discharge from private parts (35%), pain localized in the lower abdomen (40%) and problems related to menstruation (52%) in the last 12 months

Knowledge About HIV/AIDS and Its Transmission
- There is generally high-level awareness of University students about the existence of HIV and AIDS (98%).
- Students have high levels of general knowledge regarding the main ways through which HIV is transmitted; blood transfusion (95%), unprotected sexual intercourse (91%), sharing skin piercing instruments (89%) mother to child (88%)
- There is gap in regard to comprehensive knowledge about HIV transmission. It was reported that HIV is also likely to be transmitted through non-virginal sexual intercourse (61%), kissing (63%) and 39% perceive that one can contract HIV through shaking hands with an infected person.

Students' Perception about HIV and AIDS
- The results that 87% are aware that a healthy looking person can have a virus that cause AIDS, 80% are of the view that abstaining is a realistic way of avoiding HIV, 53% are aware that swollen genitals greatly increase the chances of getting HIV.
- Knowledge about the unlikely ways of getting HIV has remained the same since the 2010 HIV Sero-behavioural study conducted in six Universities in Uganda, 85% know that through sharing food, utensils or clothes one cannot get HIV, 82% cannot be bewitched to get HIV, 78% cannot get HIV bitten by a mosquito.
- Students' Perception about Drugs that Cure or Prolong HIV and AIDS
- Findings show that majority 75% have heard of a drug that cures HIV, 20% say they have heard of a drug that cures HIV and 5% are not sure
- Nine in ten students (91%) agree that Anti-Retroviral drugs are best suited to treat HIV and AIDS, 66% nutritional supplements, 57% in treating opportunistic infections, while 28% believe in herbal drugs.

Perception About Dealing With People With HIV and AIDS

- Findings from the study indicate that university students' generally have a positive attitude about living with people with HIV. 87% would still allow a lecturer who is infected with HIV to still teach them, 73% would buy food from an HIV positive vendor, 65% would stay with an HIV positive roommate.
- Seven in ten students (71%) would like it to remain a secret if a roommate is HIV positive.

HCT and Students' self-evaluation on the chances of getting infected with HIV
- Majority of students have tested for HIV and AIDs (83%)
- Majority (61%) conducted their HIV testing outside their IHL
- Of those that tested for HIV, 62% had free testing services
- Majority 77% would like to test again.
- Almost eight in ten students (78%) know a place where to test
- Only a slight majority (51%) reported that there is no chance at all for them getting infected with HIV, 3% are already infected with HIV, 29% are not sure about their chances of getting infected and 17% are some what likely to get infected with HIV.

Perception on Sexuality Education in Institutions of Higher Learning
- Survey results also indicate that although 27% of students believe sexuality education causes promiscuity among the youth, an overwhelming majority approve (92%) sexuality education as helpful towards preventing teenage pregnancy and 84% support its teaching in HIL.

Reproductive Health And HIV/AIDS Messages
- Reproductive Health and HIV/AIDS Messages have been widely discussed among peers (51%). Majority 66% have never consulted anyone on an issue concerning RH problem or question
- Six in ten (61%) attest that there are no sources in the HIL to hear or receive HIV and AIDS and RH education messages
- Major source of information are radios (70%), TV (68%) and (67%) Internet (Mainstream and social media).

Experiences of Physical and Sexual Abuse
- Experience of physical and sexual abuse is not rampant among students in institutions of higher learning, although a small percentage of students face it.
- Nine in ten (91%) have never been raped or suffered any form of sexual assault
- Eighty three percent (83%) have not suffered any form of physical abuse while in a romantic relationship,
- Nonetheless, 21% would not be able to resist forceful acts of sexual intercourse.

Living arrangements and economic characteristics
- Majority of the students are non-residents (60%), many shared a room (81%) and a 12% have roommates of the opposite sex.
- Slightly less than half (47%) spent a night away from their residence in the last one-month

Alcohol Consumption and Spending of Free Time

- Only 17% of the students surveyed expressed take alcohol. This was significant among Male students. This explains why students spend their leisure in time watching TV (Movies and Soaps), reading books, novels and magazines, sports as well as visiting friends.

SRH Programmes In Universities

Universities generally lack a comprehensive sexuality and reproductive health programme. They majorly offer condoms, HIV testing, counseling services, pregnancy testing, screening and treatment of STIs. Universities also occasionally offer sexuality and reproductive health education. This limits access to required information and services by students thus predisposing them to risk factors.

Conclusion and Recommendations:

These findings students in Universities and other Tertiary Institutions are sexually active yet majority are ill-prepared, having inadequate knowledge and life-skills to negotiate safe and consensual relationships and facing considerable barriers to accessing services and commodities needed to avoid unsafe sex. Universities generally lack a comprehensive sexuality and reproductive health programme which limits students access to HIV and SRH services (condoms, STI treatment, contraceptives) and this increases the risk associated with unsafe sex.

Students demonstrated limited knowledge in a number of parameters including where to access services, spread of HIV and related STIs among others and yet it was also evident that sources where to hear or receive HIV/AIDS and Reproductive Health education messages with the institutions are limited. Living arrangements and economic characteristics indicate that majority of the students are non-residents, many shared a room and a small percentage has roommates of the opposite sex. Consequently, Living/residence arrangements need to be regulated to minimize risks related to the arrangement in light of sexuality and sexual reproductive health.

Consequently, a number of recommendations have been suggested that include; broaden the scope of the current SRH programmes; proactively engage students and young people in the design and implementation of youth-friendly approaches in regard to their SRH needs; Increase awareness on HIV prevention, messaging and SRH services; promote integrated health camps and cultural galas and establish community outreaches targeting both students and community members on SRH issues; develop guiding framework on residential arrangements and policy that promote young people's access to SRH information and services; increase the quality and coverage of comprehensive sexuality education that are gender-transformative and life-skills based and use peer centered approaches to tailor training programs for students leaders and peer educator to equip them with skills and knowledge in regard to responding to SRH needs.

1. INTRODUCTION

Uganda is among the countries with the highest rates of new HIV infections in Sub-Saharan Africa where young people aged 15-24 accounts for 60% of the 83,000 new infections. University Students are particularly vulnerable to HIV infections because of the physical, psychological, social and economic attributes of their age. Several studies have indicated that University Students aged 18-24 years face many sexual and reproductive health challenges, spiritual and emotional challenges, conflicting cultural norms and practices as well as modernization challenges (MoES 2018). These are reflected in the general sexual health indicators for young people in the country that show negative trends with rising early-unintended pregnancies, unsafe abortions, increase in gender-based violence and sexual abuse and increase in HIV/STI prevalence from 1.2% to 1% among students aged 20-24 years (HSBS 2010, MoES 2018).

The HIV Sero-Behaviour study 2010 revealed that 29% of University students were not adequately aware on specific issues regarding HIV/AIDS, 78% of students have ever had sexual intercourse, cross-generational sex in universities was 8% among sexually active students and condom use at last sexual intercourse among sexually active students was only 51%.

There is also an increase in the consumption and abuse of alcohol, drugs and substances, peer pressure to obtain luxury items, such as expensive clothing, jewelry, fashionable hairstyles, accessories, and makeup, motivate young women to engage in transactional sex. These lifestyles of University students predisposes them to risky behavior that may lead them to unwanted pregnancy, dropout, acquisition of sexually transmitted infections including HIV and AIDS.

In addition, young people, especially girls are exposed to sexual and gender-based violence including rape and sexually harassment (MoES 2018). Similarly, young women's rights to a safe learning environment, free from sexual and other kinds of violence, and to comprehensive Sexuality Reproductive Health information and services, are currently limited in the university context (HSBS 2010). All this underscore the need to equip the young people with appropriate knowledge, attitudes, values and skills to help safeguard their lives while they grow, develop, and learn so as to achieve their goals in life accordingly.

Universities present a valuable space in which important resource to address the sexual and reproductive health and rights of young people exist, and can be harnessed to effect positive change among students and staff alike. The large population that university students represent also creates an enormous opportunity for innovative interventions around sexuality education. Where interventions have been carried out among university students in Uganda, rarely have these efforts been rigorously evaluated or documented. They have also often been geared toward a sole intervention (such as peer education), rather than toward a multi-faceted, comprehensive program.

1.2 Rational for the Rapid Situation Anaylsis

While MoES developed the National Sexuality Education Framework 2018 that provides an over-arching national direction for providing young people with sexuality education in the formal education setting. There are relatively few documented examples of scaled-up, sustainable sexuality education and SRH services and programmes within Universities and tertiary institutions in Uganda. Similarly, there is inadequate information on the level of access to compressive sexuality education and SRH services by University students in Uganda. This could indicate that University students are not receiving the information they need for their healthy development.

In view of this and because of the impact of HIV and AIDS in University populations, UNESCO undertook a situation rapid assessment on sexuality education and access to SRH services. This is intended to generate evidence on key drivers and current interventions that are impacting young people's access to HIV/STI prevention information, sexuality education and sexual and reproductive health services within institutions of higher learning.

The results of the assessment are intended to facilitate the design of targeted interventions to reduce the spread of HIV and STDs, increase level of sexuality education and access to SRH services in Universities and Tertiary institutions in Uganda.

1.3 Purpose

The purpose of the rapid situational analysis was to generate evidence on key drivers and current interventions that are impacting young people's access to HIV/STI prevention information, sexuality education and sexual and reproductive health services within Institutions of higher learning.

1.4 The Approach (Methodology and Tools)
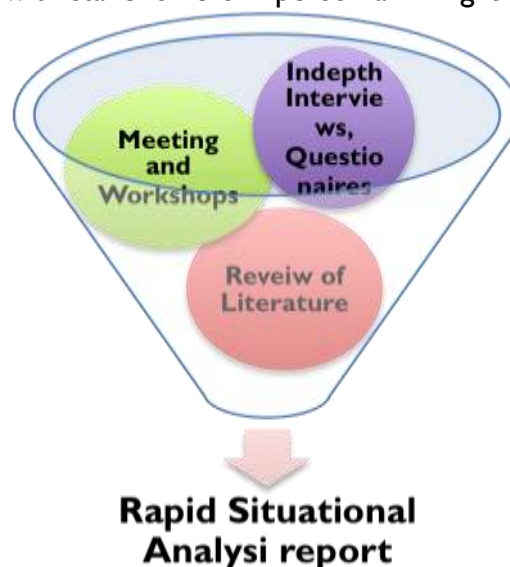
The approach adopted in undertaking the assignment involved a two-pronged approach that employed review of secondary sources of literature on the subject and interactions with stakeholders in person and in groups as indicated below;

1.4.1 Study Area

A purposive sampling technique was used to select six (6) Universities and two (2) Tertiary Institutions. The inclusion criteria considered the size of population in each university, regional balance (urban and rural location), and ownership (government, private or faith-based). Selected IHL included;

- Two public Universities (Makerere University and Gulu University)
- Religious founded Universities (IUIU Mbale, African Renewal University)
- Private but secular University (KIU and Nkumba University)
- Tertiary Institutions (Nsamize Training Institute of Social Development and YMCA)

The selection of the above mentioned Universities was premised on the need to conduct a comparative analysis on the current and future issues affecting young people's sexual and reproductive health and level of access to Sexuality Education and Sexual Reproductive Health services

1.4.2 Sample Size for the Quantitative Assessment

In selecting participants for the survey a stratified simple random technique was applied. A total of 430 respondents was selected from the IHL.

University Students	Sampling Procedure	Total Sample
Makerere University	Stratified Simple Random	100
Gulu University	Stratified Simple Random	50
African Renewal University	Stratified Simple Random	50
Islamic University in Uganda – Mbale campus	Stratified Simple Random	50
Kampala International University	Stratified Simple Random	50
Nkumba University	Stratified Simple Random	50
Nsamize Training Institute of Social Development	Stratified Simple Random	40
Young Men Christian Association (YMCA) – Kampala Branch	Stratified Simple Random	40

1.4.3 Sample Size for the Qualitative Assessment

A total of 18 key informants were selected using a purposive sampling procedure. In each Institution, a total of 3 Key Informants were interviewed. These include: the Deans of Students/warden, Medical Staff and counselors. In addition, a total of two FGDs were conducted in each Institution, one for female students and the other for male students.

1.4.4 Data Collection Methods

The Situational Rapid Assessment employed a cross-sectional design. Both qualitative and quantitative data was collected. The specific methods included; desk review, key informant interviews, Focus Group Discussions and observations.

Document Review

This was the first stage in the assignment. Relevant reports and background documentation on Sexuality and Reproductive Health were analyzed to determine

the context, establish the existing gaps, determine benchmarks and set ground for the situational rapid assessment. This informed the analysis of the data from the documentary review and key informant interviews as well as to providing information that supported the analysis of the current situation.

Structured Questionnaires
A survey using structured questionnaires tailored to the elements of the Rapid Situation Analysis was used to collect data. Care was taken in the design of the instrument to ensure that most of the elements of sexuality and reproductive health were captured.

Key Informant Interviews guide
Qualitative data was collected through Key Informant Interviews and Focus Group Discussions in each of the respective Institutions. The moderator captured on paper as well as on a recording device the FGD and Interviews. The notes were clearly transcribed and formulated in full sentences soon after the discussion to ensure that the moderators' memory can assist in documenting the discussion as accurately as possible. Subsequently, the captured discussion was systematized to bring out more clearly the main findings. The data went through several stages of processing; e.g. capturing during discussion, subsequent transcription, summarizing in report, and finally systematization in relation to all other interviews and FGD.

1.4.5 Data Analysis
The quantitative data was processed using SPSS statistical package version 20. This approach allowed analysis of data using frequencies, comparisons, and correlations.

While Qualitative data obtained from In-depth interviews, focus group discussions and the validation workshop was analyzed thematically on the basis of the written notes, complimented by information abstracted from the audio recordings when appropriate.

1.4.6 Ethical Consideration
The Team conformed to international standards in terms of research governance, quality assurance and research ethics. All respondents gave their explicit consent to participate in the situational rapid assessment. They were informed of the context of the study and the use that would be made of their data. The data was anonymized in such a way as to make sure neither the respondents nor other people referred to in the discussions cannot be identified. The transcripts contain no information allowing linking back the data to the responses of the respondents.

To further preserve the anonymity of the respondents, the list with the full demographic characteristics of the respondents is not integrated to the present report.

2. FINDINGS

2.0 Introduction

This section presents the findings of the Rapid Situational Analysis. The presentation of findings in this chapter is from the quantitative and qualitative findings of the survey.

2.1 Profile of Respondents surveyed

A total of 395 students completed the survey (representing a response rate of 92%) and 20 Key Informants spread across six (6) Universities and two (2) Tertiary institutions. Makerere University contributed 18% of the sample, Kampala International University, Gulu University, IUIU, YMCA each contributed 13% each, 11% of participants were from African Renewal University, and Nkumba University contributed and Nsamizi Institute of Social Development also contributed 10% of the total number of students surveyed.

The composition of the students surveyed is fairly distributed with 51% male and 49% of the participants being female. A slight majority 58% were between 21 to 24 years, 24% between 17 to 20 years and 16% were between 25 to 28 years. Only 3% have some form of disability. More than half of the respondents 64% were Christians, 14% born again and 12% Muslims. Further findings indicate that, 52% were on private sponsorship but with a scholarship, 35% on government sponsorship and 39% private without a scholarship. Of the students surveyed, 82% had biological parents as main guardian and 12% adopted parents as indicated in table 1 below.

Table 1: Profile of Respondents

Variable			n	Percentage
University		Nkumba University	**40**	10%
		Kampala International University	**50**	13%
		Makerere University	**70**	18%
		YMCA	**50**	13%
		Nsamizi Institute of Training	**40**	10%
		Gulu University	**50**	13%
		I.U.I.U	**50**	13%
		African Renewal	**45**	11%
	Total		**395**	**100%**
Gender		Male	198	51%
		Female	190	49%
		Missing	7	**100%**
	Total		395	
Age				
		17-20	93	24%
		21-24	227	58%
		25 -28	61	16%
		29 – 35	8	2%

		Missing	6	100%
	Total		395	
Form of Disability		Non	385	3%
		Yes	10	97%
	Total		395	100%
Religion		Anglican	138	37%
		Catholic	103	27%
		Muslim	47	12%
		Orthodox	6	2%
		Seventh-day Adventist	23	6%
		Born-again (Balokole)	53	14%
		None	7	2%
		Declined	18	
	Total			100%
Citizenship		Ugandan	390	99
		Foreign	5	1%
	Total		395	100%
Sponsorship		Government	35	9%
		Private, with a scholarship	195	52%
		Private, without a scholarship	146	39%
		Declined	19	
	Total		395	100%
Relationship with Main Guardian		Biological Parent	313	82%
		Adopted parent or Relative	45	12%
		Spouse (Husband/Wife)	4	1%
		Boy friend/girl friend/Fiance?	3	1%
		Casual Friend, not relative	5	1%
		Family Friend, not relative	11	3%
		Declined	14	
			395	100%

2.2 SEXUAL AND REPRODUCTIVE HEALTH AND HIV

2.2.1 Sexual Activity and Condom Use

Findings in Figure 1 below indicate that University students were sexually active. Respondents were asked to mention if they had ever had sexual intercourse in their lifetime. Overall, 69% of university students had ever had sexual intercourse and only 31% of the students were abstaining from sex. The proportion of students who had ever had sex was higher among male students (51%) compared to the female students (49%). These findings indicate a slight improvement since the 2010 HIV Sero-Behavioural Study 2010 in the proportion of students (78%) who have ever had sexual intercourse. Similar findings were revealed in the AIDS Indicator Survey 2011 that found that 47% young men and 60% young women had sex before age of 18 years.

Further analysis indicate that, the proportion of students who had ever had sexual intercourse was also significantly higher among 2nd and 3rd Year students compared to the 1st year students and higher among students that reside off-campus compared to those residing on campus. The proportion of students who reported ever having ever had sexual intercourse was highest in Kampala International University (16%), followed by Makerere University (16%), Gulu University (15%) and Nkumba University (14%) and lowest in African Renewal University (6%). Among the Tertiary Institutions, YMCA reported the highest number of students having ever had sex (13%).

Of those University students who have ever had sex, majority have had it within the last three months (67%), 18% in the last six months, 10% in the last one year, 3 % over a year and 2% could not remember. The AIDS Indicator Survey 2011 also indicated that among never married youth, 31% women and 32% men aged 15 – 24 years had premarital sex in previous 12 months. This could imply risky sexual behavior that could predispose young people to HIV and AIDs.

These findings indicate that a large proportion of university students are sexually active, and have had recent sexual contact. A significant proportion of students (32%) first had sex at the age of 8 to 17years, which creates a lot of concern since these are minors while 64% at the age of 18 to 24%. More Males (59%) initiated sex at early age compared to their female student counterparts (41%). A counselor from one of the Universities noted;

> "…..Because of my job, i talk to young people a lot. You know they are very sexually active; girls go out together every weekend, knock themselves out then have sex. Their two girls who once convinced themselves to have sex with one guy on the same bed one after the other". It is important for us to acknowledge the risky sexual behaviors of these young stars"

Condom use at first sex is an important indicator of the extent to which young people are in control of their sexual and reproductive life. Findings show that of the students that had ever had sex, majority 55% did not use a condom at the first time of sexual intercourse. Similar findings were reported in the HIV Sero-Behavioural Study 2010 were only 59% of students used a condom at their debut sexual

intercourse at the time of the study. Also the AIDS Indicator Survey 2011 shows that, among never-married youth who reported having sex in the past 12 months, only 42% of women and 46% of men age 15-24 used a condom at last sexual intercourse. These findings show that although there is some slight improvement, condom use at first sexual intercourse continues to be very low among University students, which could put them at risk of HIV and STDs, and unwanted pregnancies at the time of their sexual encounter.

Further findings show that condom use at first sexual intercourse is slightly higher among male students (57%) compared to their female counterparts. Kampala International University (19%), Makerere University (15%) and Gulu University (14%) had the highest number of students who did not used Condom at first sex while IUIU had the lowest (7%).

Similar to the findings of the HIV Sero-Behavioural study, 26% of the surveyed University students received pressure from peers the first time they had sex. Of which males were more pressured by their peers to have sex (52%) as compared to their female counterparts. This was consistent with the written comments raised by surveyed students as noted by one of the student;

> *"The first time I had sex, I just wanted to feel part of my colleagues, they would talk about their sexual encounters and I couldn't contribute to the discussions. Actually I was usually referred to as a coward until I decided to just do it, though I didn't want to"*

Further, 39% did not feel psychologically and emotionally ready for sex at the first sexual encounter. Of which, more female students were not psychologically and emotionally ready for sex (55%) compared to female students (45%). Similarly 25% were verbally, emotionally and physically pressured into having sex, while 14% were promised some material or monetary reward the first time they had sexual intercourse. Further analysis indicate that these were more significant in female students who had ever had sex at an early age 8 to 17 years followed by those of 18 the 24 years. These findings could indicate that younger people have less control of their sexual and reproductive life thus exposing them to high risks infection of HIV and STD and unwanted pregnancies.
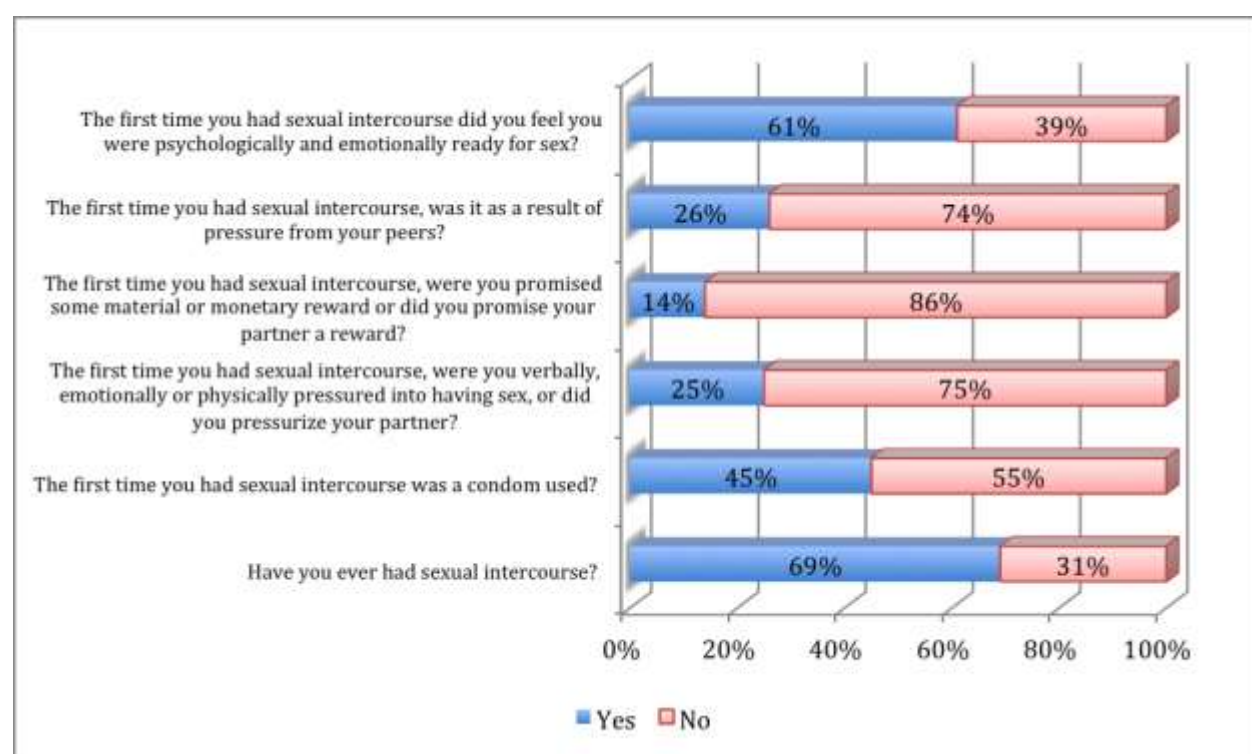
2.2.2 Sexual Activity and Cross Generation Sex

University students who had ever had sexual intercourse were asked the relationship with the person with whom they first had sex. Findings show that 70% boyfriend/girlfriend, 22% Casual friends, 5% personal Doctors and 3% strangers. Makerere University, Kampala International University and Nkumaba University all revealed high prevalence of sex with casual friends (25%, 17%, and 17% respectively) while, African Renewal University did not register any. In regard to Tertiary Institutions YMCA has more prevalence of sex with casual friends (10%) as compared to Nsamizi.

University Students were further asked to mention the age of the person with whom they last had sexual intercourse. Findings revealed that 36% did not know the ages of the person with whom they last had sexual intercourse. Of those that knew the age of their most recent sexual partner, 22 years was the average age of the last sexual partner for male students and 30 years for their female counterparts. Of those students who did not know the age of their last sexual partner, 18% thought that their sexual partner was 10 years older or younger than themselves. This was more significant with female students, which could indicate a higher rate of cross generation sex. Cross-generational sex was defined as sex with a person who is 10 or more years older (HIV Sero-Behaviour Study 2010).

Findings further show that, prevalence of cross-generational sex among sexually active students was higher in Makerere University (33%) followed by Kampala international University (26%) and Nkumba University (20%) and lowest in IUIU. These findings are similar to those revealed in the HIV Sero-Behaviour Study 2010 that indicate that Kampala International University has the highest prevalence of cross-generational relationships among sexually active students (9%), followed by

Makerere (8.6%). Among Tertiary Institutions surveyed, YMCA had a higher prevalence with cross-generation sex compared to Nsamizi.

2.2.3 Sexual Activity and Substance Use

University students were asked about consumption of Alcohol hour's preceding to sexual intercourse. 11% was affirmative and 89% did not use any Alcohol (See Figure 2 below). Of those that used Alcohol, it was more significant among males (58%) as compared to their female counterparts. Findings further indicate that, only 3% either used or their sexual partners used some drugs like marijuana, opium, cannabis or heroin before the sexual intercourse.

University students were asked if they have ever taken some aphrodisiacs (drugs that enhance sexual desire) and 16% was affirmative. Of these, majority were male student (67%) and 33% females. Use of local herbs to enhance sexual desire was prevalent among male students.

Figure 2: Sexual Activity and Substance Use
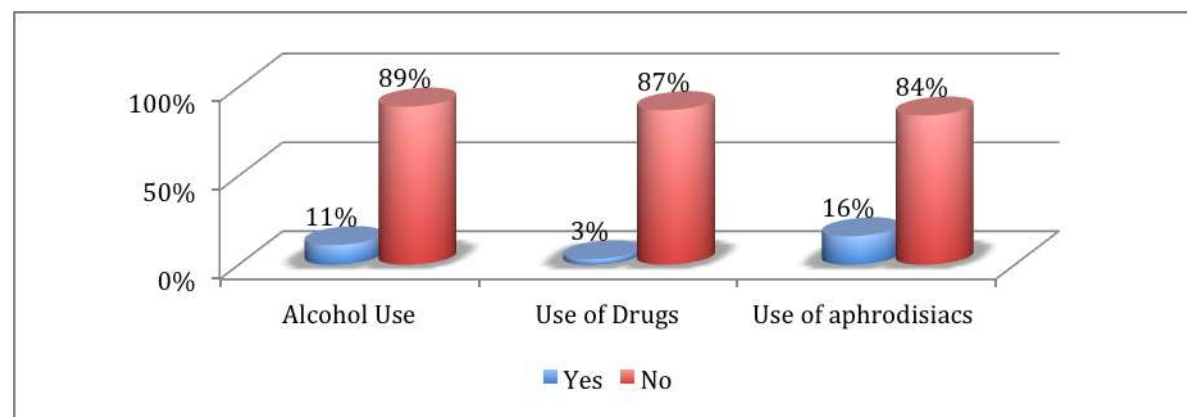
2.2.4 Sexual Intercourse with multiple partners

University Students were asked if they have had sexual intercourse with more than one person in the last 12 months. It was revealed that 34% had sex with multiple partners in the 12 months. The highest number of partners was 8 and 2 as the lowest. This figure is higher than that reported in the HIV Sero-Behavior study 2010, which indicated prevalence of sex with multiple partners at 24% among sexually active students. This could imply that sexual intercourse with multiple partners is rising among University students.

Sex with multiple partners was more significant among male students (58%) than their female counterparts. National Statistics similarly indicate that the proportion of men (19%) age 15-49 who had two or more sexual partners in the past 12 months is more than six times higher than the proportion of women (UAIS 2011).

Students aged 17- 24 years had more sexual intercourse with multiple partners, followed by students aged 25 – 28 years. This indicates that multiple relationships are more significant with younger people. In regard to residence, students living in hostels were having more multiple partners compared to those coming from home. Sex with multiple partners was more significantly in Makerere University (20%), Nkumba University (19%) and Kampala international University (17%).

Of the sexually active students, 12% reported having paid or were paid to have sex in the last 12 months. This was more prevalent in female students (56%). Nkumba University had the highest prevalence of sex for pay (29%) and IUIU with the lowest. Similarly 18% have had a 'one-off' sexual act (fling or adventure) with a casual partner within 48 hours of having met them. This was more prevalent among the male students aged 21 – 24 years. One of the students surveyed noted;

> *"For ladies, lack of money and the desire for materials things is the major cause of engaging in sexual intercourse. It is really very difficult to live in an expensive environment without money. So, in order to fit in, you involve in unhealthy relationships with people who are willing to provide for your demands"*

2.2.5 Exposure to Pornographic Material

Majority of students (65%) have ever seen or been exposed to pornographic material and lewd sexual graphics in their life. This is slightly lower than as compared to the findings of the HIV Sero-Behavior study 2010 that indicated that 72% of sexually active students had ever been exposed to pornographic materials.

Findings of from this survey also indicate that, the highest source of Pornographic material was pornographic movies (89%), nude photos (82), Social Media (71%), News Paper and magazines (67%) and Television shows (33%). Younger students aged 17 – 24 years of age are more likely to access pornographic materials than their older counterparts. Similarly access to pornographic materials was more significant among male students (64%) as compared to their female counterpart. Students in Makerere University (19%), Kampala International University (18%), Nkumaba University (13%) and Nsamizi (11%) accessed more of the pornographic materials than their counterparts in African Renewal University, IUIU and YMCA. One student noted;

> *"I like watching blue movies because i masturbate while watching them and feel good. I even feel sexually aroused by just seeing photos of nude beautiful women..."*

2.3 RELATIONSHIPS AND RELATIONSHIP NETWORKS

2.3.1 Relationship with current girlfriend or boy friend

The Survey also explored University students' sexual relationships. Figure 3 below indicates that of the surveyed students, an overwhelming majority of 83% have boy friend/ girl friend currently. Of which 71% have a romantic relationship with their boy friend/ girl friend. Similar to the findings of the HIV Sero-Behavior Study 2010, majority of sexually active students surveyed (52%) had sexual intercourse with a person they considered their boy-friend or girl-friend. More that three quarters (76%) have had 2 or more boy/girlfriend in their lives. Prevalence of sexual intercourse with current girl friend or boy friend was slightly higher among female student (52%). Comparison among Institutions did not reveal significant difference in regard to sexual intercourse with current boyfriend/girlfriend.

Further findings show that, of those that have had sexual intercourse with their current boy/girl-friend, half (50%) have not used condoms. This further indicates low levels of condom use among University students. One student noted;

> *"Some students are not aware of the results of having unprotected sex, some think that the use of condom does not enable them enjoy to the fullest while others think it is just a hit and run. Actually some girls think when her boyfriend uses a condom it means he does not trust her…..."*

Students were asked if they have ever had more than one romantic boy/girl friend but running them concurrently, 39% was affirmative. Male students (59%) were more likely to run multiple partners concurrently as compared to their female counterparts. Similarly 39% of the surveyed students reported having sexual intercourse with other people while in their current relations. These risk behaviors were higher among female students (55%) and also those that received inadequate funds from their parents or guardians. Students in Makerere University (24%), Kampala International University (19%), YMCA (15%) and Nkumba University (14%) are more likely to have sexual intercourse with other people while in their current relations.

Findings also show that 19% of the surveyed students have ever had a relationship with the main intention of obtaining material gains or money from their partner. Female students (54%) were more likely to have a relationship with the intention of obtaining material gains or money than their male counterpart. Similar to the findings of the HIV Sero-Behavior study 2010, prevalence of sex for material gains or money was highest in Nkumba University (23%%), Makerere University (21%%) and Kampala International University (16%) and lowest IUIU (3%). This could indicate higher sexual risk behaviors among student in Universities located in urban suburbs

Figure 3: Relationship with Boy/Girlfriend
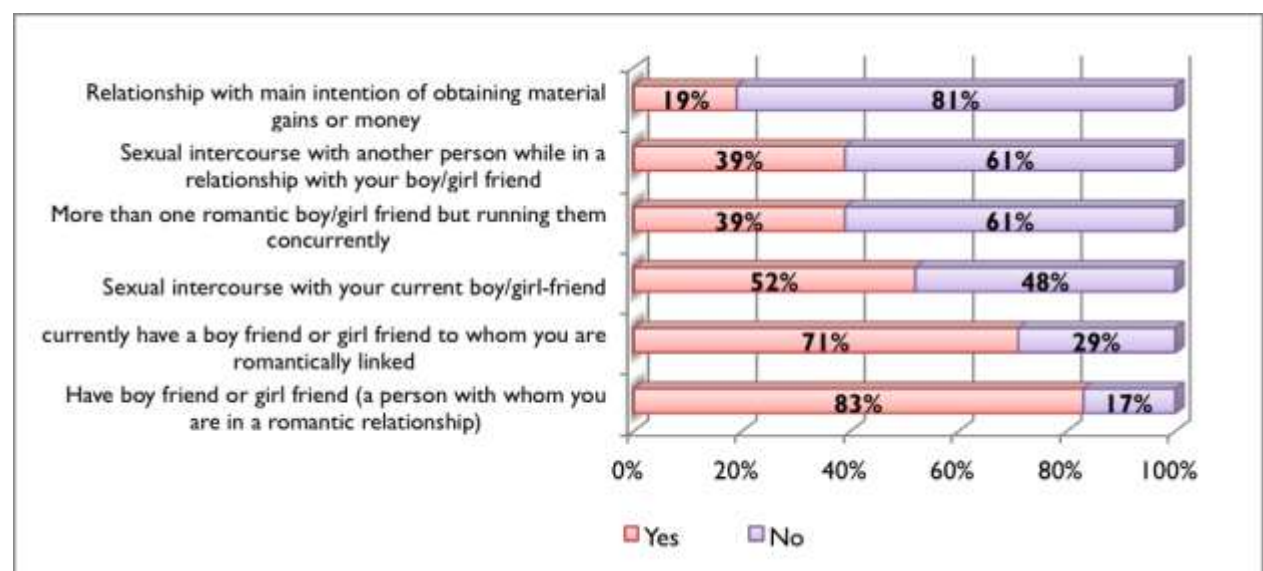

2.3.2 Length of Current Romantic Relationship

Findings in figure 5 below show that 40% of the surveyed students are in romantic relationship with their current boy friend or girl- friend for less than a year, 24% for at least a year, 14% for two years, 16% for three years and 6% for more than three year. Students in relationships for less than a year were highest among first and

second year students in the age bracket of 17 – 24 years. The length in current romantic relationship did not differ significantly across training institutions. This could indicate that University Students are engaged more in temporary relationships, which could mean having multiple relationships in a short period of time thus a highly risky behaviors that could predispose them to HIV and AIDS, STIs, unwanted pregnancies among others.

Figure 4: Length of Current Romantic Relationship
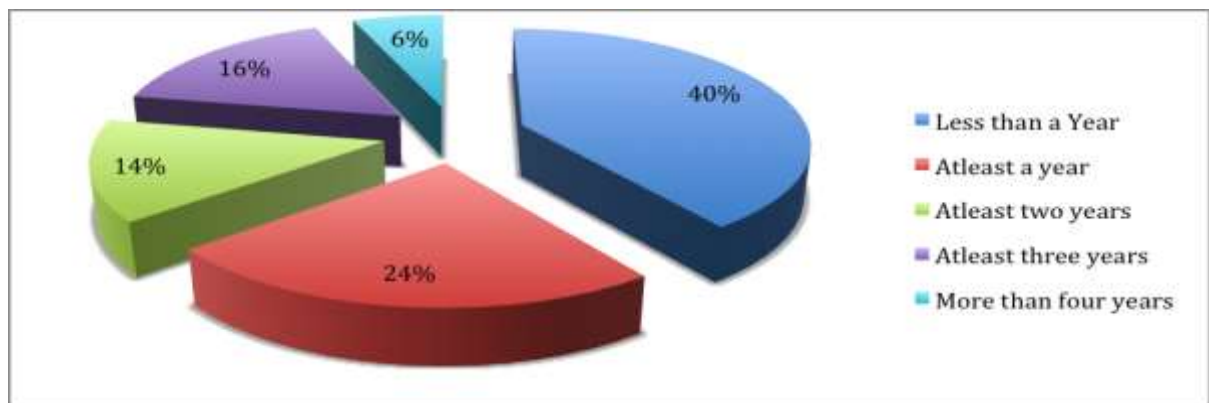

2.4 ACCESS TO CONDOMS

Findings in figure 5 below indicate that, 44% of the students who have ever had sexual intercourse have ever gone out to obtain condoms. This was higher among the males (69%) compared to the females (31%). This finding indicates a slight improvement from that reported in the HIV Sero-behavior study 2010. Findings also indicate that, half of students (50%) have ever received free condoms. Access to free condoms was highest in Marekere University (22%), KIU (22%), Gulu (13%) and lowest in IUIU. About six in every ten students (64%) feel condoms are easily accessed when needed. The proportion of students who felt that condoms were easily accessible was highest in Makerere University, Nkumba and KIU and lowest in IUIU and African Renewal University. Among Tertiary Institution, access to condoms was highest in YMCA.

Students were asked about places were they can get condoms when they need them while at the university. Only 29% reported accessing condoms from University premises preferably the University clinic. Majority of the students (71%) reported purchasing condoms from places out side their universities that included supermarkets, pharmacies and drug shops, private clinics, and health centers. This was more significant among male students (71%). Purchase of condoms was highest in Kampala International University (19%), Gulu University (18%) and Makerere University (14%) and lowest in IUIU. This could point to a limited access to condoms within University premises, which could increase the level of unprotected sex among university students thus predisposing them to HIV/STI. A student noted

> "The University should provide condoms to each and every hall of resident visit us and teach us about sexual education. But every time I need a condom I have to buy it and some times I don't even have money"

> "There is need to give free condoms every weekend to students because students happen every weekend"

Figure 5: Access to Condoms
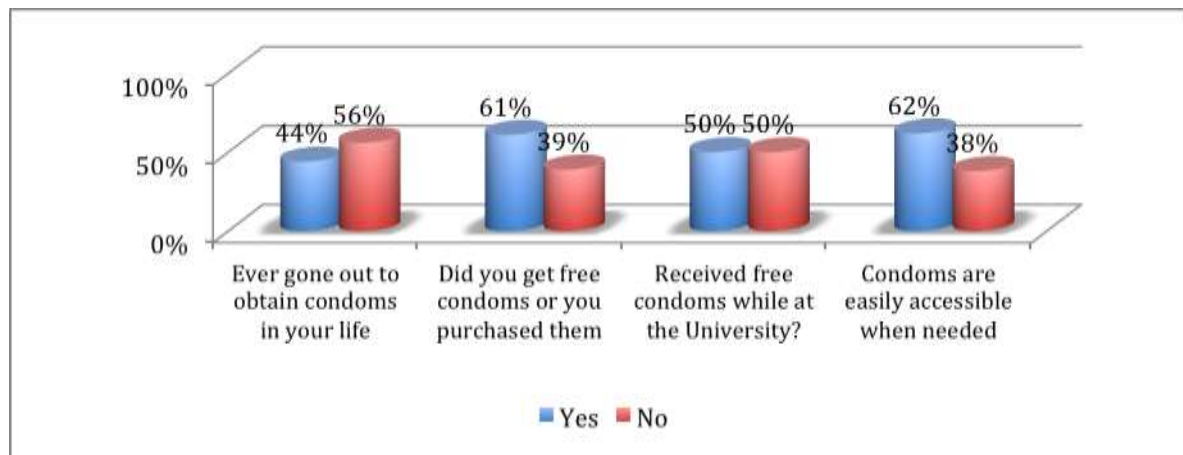
2.5 USE OF PREGNANCY PREVENTION METHODS

2.5.1 Pregnancy and Abortion

Surveyed students were asked whether they have ever been pregnant. Only 17% reported to have ever been pregnant. Of which 8% ever had an induced abortion. This is slightly higher than the estimated 7% occurrence of induced abortions of all female students in the HIV Sero-Behavior study 2010. Awareness of facilities for safe abortion was very low. As indicated in figure 6 below, only 20% of the female students indicated that they know a place where safe abortions can be carried out.

Knowledge of knowledge of places for safe abortion was highest among students in Kampala International University (21%) and Makerere University (18%) and lowest in IUIU (3%). Among Tertiary institutions, YMCA (12%) had the highest level of awareness on places for safe abortion (9%).

Figure 6: Pregnancy and Abortion
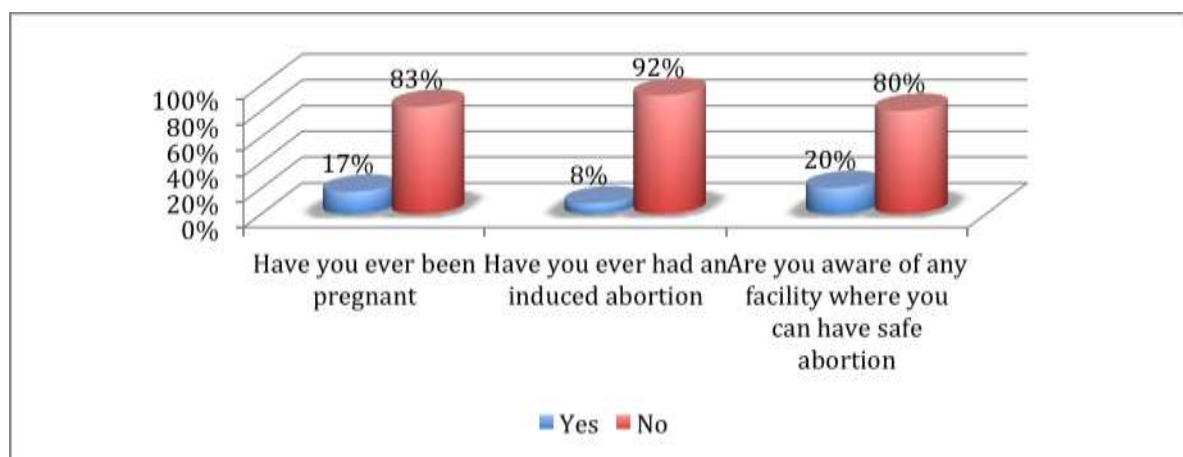
2.5.2 Pregnancy Prevention Methods

Access to pregnancy prevention methods other than condoms was equally low within HIL (22%). Surveyed students were asked about their knowledge on pregnancy prevention methods. Findings show that other than condoms, students

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have some level of awareness on other methods like, oral pills (70%), IUD (66%), injections (54%), emergency contraception (72%) and female condoms (65%). Asked about the most common pregnancy prevention method currently used by sexually active female students, findings show that that pills (24%) and emergency contraception (17%) were the most known and used methods of pregnancy prevention. This was highest in Makerere University and lowest in IUIU and Gulu University. It was however revealed that most of these were not available in the University medical facilities. One of the key informants noted;

> *"We only offer condoms and pills in the university clinic but still the uptake is very low. students don't come for contraceptives and this may be because they don't know that we offer the service…"*

Female students were asked if they know a place where to obtain contraceptive methods apart from condoms. Findings indicate that, majority 62%, were aware. Female student in Nkumba University (63%) had more knowledge on places where to obtain contraceptive methods other than condoms, followed by Makerere University (62%) and KIU (60%). Female students in IUIU had the lowest level of awareness on places to obtain contraceptive methods. Students mentioned a number of challenges they face in accessing contraceptive methods that included fear for stigma, openness of facility, lack of access within University premises, peer pressure among others.

2.6 REPRODUCTIVE HEALTH PROBLEMS

Students were asked whether they have ever suffered from any sexually transmitted Disease or a disease in the last 12 months. Findings show that 28% indicated suffering from a sexually transmitted disease in the last 12 months. Prevalence of STI/Ds was significant in both females (51%) and male students (49%). Further analysis indicates that 42% have ever developed symptoms like Itching in private parts (40%), whitish discharge from private parts (35%), pain localized in the lower abdomen (40%) and problems related to menstruation (52%) in the last 12 months as indicated in figure 7 below. This could indicate university students have sexual networks, which increases their risk of HIV infection.

The prevalence of STD related symptoms was highest in Makerere University (21%) and was lowest in African Renewal University (5%). Similar to the findings of the HIV Sero-Behavior study 2010, occurrence of STD related symptoms were also associated with the year of study. It was highest among students in 2nd and 3rd year of study (12%).
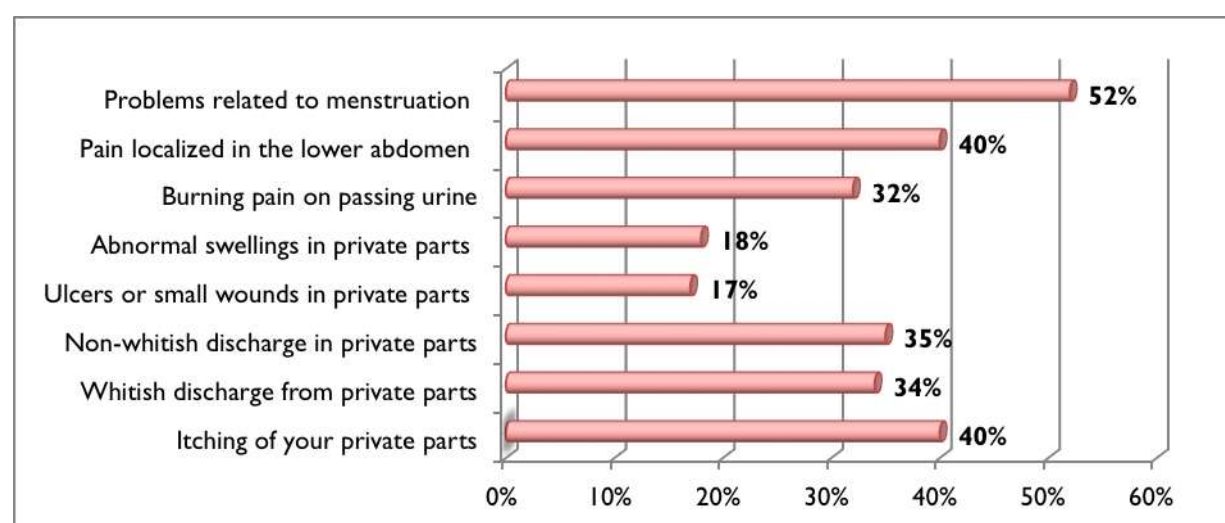
Asked if they did seek treatment or help, 40% reported not to have sought any medical treatment while 60% did. Of those that sought medical treatment, majority reported accessing treatment from facilities outside the University. Only 38% accessed treatment in University facilities. Further findings indicate that 31% have ever suffered other problems related to your reproductive system. Gulu University and Nsamizi had the highest number of students who did not seek medical treatment.

> *"I would like to share with you about the pain in my lower abdomen and also some problems i always have with my menstruation. The pain is usually a lot but I don't want to go treatment, because I fear they may tell me it is an STD"*

2.7 KNOWLEDGE ABOUT HIV/AIDS AND ITS TRANSMISSION

To measure the level of awareness of HIV and AIDS, students were asked about their perception about a range of HIV and AIDS issues and basic knowledge about HIV transmission and prevention. Findings show that general awareness about the existence of HIV and AIDs is at 98%. This could indicate that there is generally high-level awareness of university students about the existence of HIV and AIDS. This finding is consistent with the findings of the HIV Sero-behavioural study conducted in six Universities in Uganda in 2010, which could indicate that knowledge about the existence of HIV and AIDs has remained the same since 2010.

Understating the ways on how one can get HIV is one of the first steps in avoiding contracting the virus. It is therefore, important that university and tertiary education students are aware of such ways. Consequently students were asked about the transmission. Findings however show that while students have high levels of general knowledge regarding the main ways through which HIV is transmitted; blood transfusion (95%), unprotected sexual intercourse (91%), sharing skin piercing instruments (89%) mother to child (88%), there is gap in regard to comprehensive knowledge about HIV transmission. As indicated in figure 8 a significant proportion of students, reported that HIV is also likely to be transmitted through non-virginal

sexual intercourse (61%), kissing (63%) and 39% perceive that one can contract HIV through shaking hands with an infected person. This finding is congruent with those reported in UAIS 2011, were only 55% of women and 59% of men age 15- 49 know that HIV cannot be transmitted by mosquito bites. This further indicates that common misconceptions about HIV still persist in Uganda.

A student noted;

> "Some girls think that when you have unprotected sex and you take milk you can't be infected by HIV".

This indicates that university students are not sure of all the ways through which HIV is transmitted. In respect to different HLIs, there was no significant difference between students' perception on the different forms of transmitting HIV. Similarly, with regard to sex, no significant variations were recorded between male and female students.

Figure 8: HIV Transmission
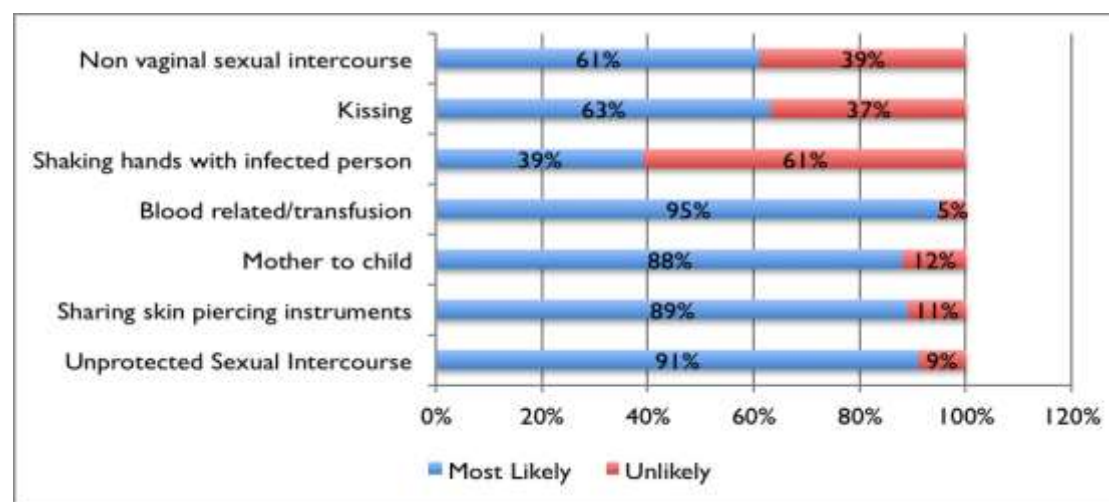
2.7.2 Students' Perception about HIV and AIDS

Students were further asked about their perception on HIV and AIDs. The results in figure 9 indicate that 87% of university students are aware that a healthy looking person can have a virus that cause AIDS. This is comparable to the findings of the Uganda AIDs Indicator survey 2011 were 88% of women and 90% of men know that a healthy-looking person can have HIV. Further results in fig. 9 also show that 80% are of the view that abstaining is a realistic way of avoiding HIV and 53% are aware that swollen genitals greatly increase the chances of getting HIV. Comparable to the findings of the Uganda AIDs Indicator survey 2011 were 88% of women and 90% of men know that a healthy-looking person can have HIV, indicating high levels of awareness. In their written comments, some students noted;

> "The mind of the youth should be renewed that sex is after marriage, abstain until marriage. This is the only way to prevent HIV".

> "It is important to always avoid having unprotected sex with the people whom you don't know their status and most importantly be faithful to your partner"

It is equally important to note that students are aware of the unlikely ways of getting HIV. For instance, 85% know that through sharing food, utensils or clothes one can

not get HIV, 82% can not be bewitched to get HIV, 78% bitten by a mosquito. Knowledge about the unlikely ways of getting HIV has remained the same since the 2010 HIV Sero-behavioural study conducted in six Universities in Uganda. Among institutions of learning Nsamizi had the highest number of students (24%) who believe one can acquire HIV by being bitten by a mosquito. These findings indicate that, while their high levels of awareness about HIV and AIDs, some students lack comprehensive knowledge on the same. This lack of comprehensive knowledge may be due to the fact that, the current sexuality and reproductive health programs within Universities and tertiary institutions are not providing SRH education.

Figure 9: Perception about HIV and AIDs
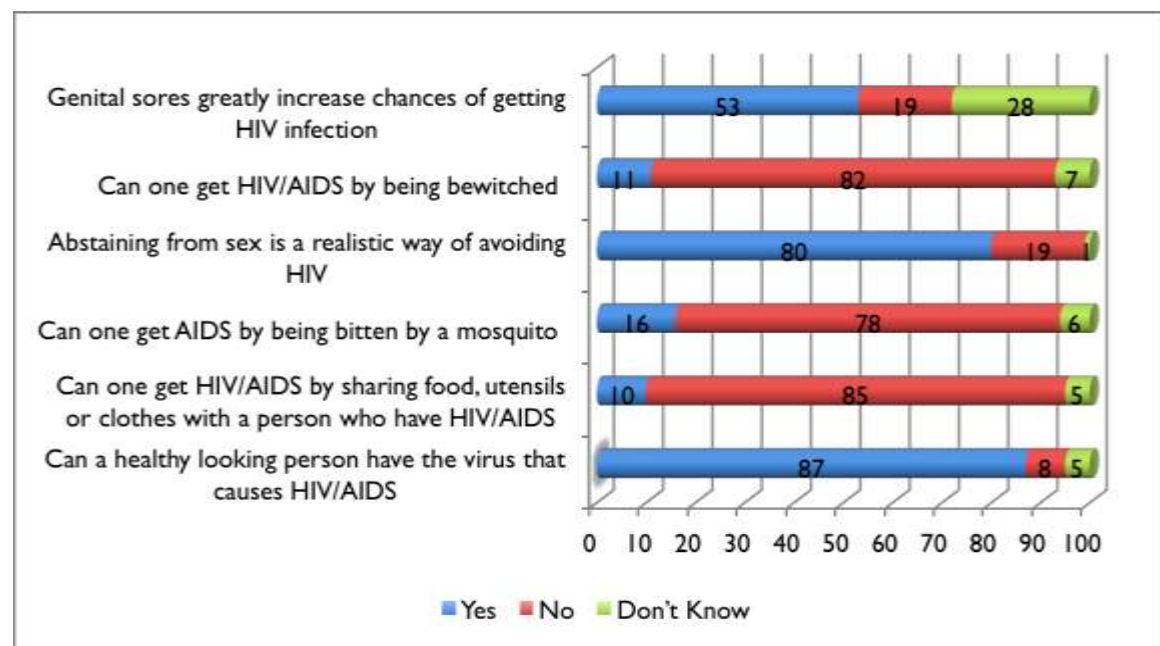
Overall, 80% of students believe that abstaining from sex is a realistic way of avoiding HIV. This indicates that there is a decline in regard to abstaining from sex as a realistic way of avoiding HIV since the 2010 HIV Sero-behavior study in six Universities. Makerere University and KIU had the highest number of students (21% each) reporting that abstaining from sex is a not realistic way of avoiding HIV. When compared between male and female students, there were no significant differences in all aspects except Non vaginal sexual intercourse were 60% of male students perceive that one can contract HIV as compared to their female counterparts. It is also important to note that 30% of students at YMCA believe that one can contract HIV by being bewitched.

2.7.3 Students' Perception about Drugs that Cure or Prolong HIV and AIDS

In order to assess the methods of HIV/AIDS treatment that are known by the majority of students in universities and other tertiary institutions, a number of constructs were measured. Students were asked if they have ever heard of a drug that cures HIV. Findings show that majority 75% have never heard of it, 20% say they have heard of a drug that cures HIV and 5% are not sure. Of those that have never heard a drug that cures HIV, Kampala International University (79%) and Makerere University (73%) had the highest proportions and Gulu was the lowest (55%). Further analysis did not indicate significant differences between male and female

students on the same. These findings are critical since they point to students' level of knowledge about treatment of HIV and AIDs.

Findings in figure 10 below also indicate that 91% of respondents agree that Anti-Retroviral drugs are best suited to treat HIV and AIDS, 66% believe in nutritional supplements, 57% in treating opportunistic infections, while 28% believe in herbal drugs. This indicates that, there has been little change since the 2010 HIV Sero-behavior study in the proportion of Students who agree that ARV are best suited to treat HIV and AIDs. Similarly, the proportion of students who believe that nutritional supplements and treating opportunistic infections as a way to treat HIV and AIDs has remained essentially unchanged.

The findings point to the fact that while University and tertiary education students are quite aware of the most effective ways of treating HIV and AIDS, there is a proportion of students (43% opportunistic infections, 34% nutritional supplements, 11% alternative therapies, 9% ARV and 7% traditional medicine) that lack comprehensive knowledge on treatment of HIV and AIDs and thus negative perceptions about HIV and AIDs. These findings are consistent with the concerns raised by some students in their written comments. They noted;

> *"According to me, ARVs are really of great harm than good because they enable the infected person to live and continue contaminating others who are negative. The best way would be since AIDS has no cure, we would give those with virus drugs to end their lives than transmitting it".*

> *"Me the day I learn that I have HIV, I think it will be the last day for me. I can't stand the fact that I will suffer for the rest of my life taking ARVs. It is just hell and I don't want to go through it".*

These findings point to the need for further sensitization and SRH education among students. When these constructs were compared in relation to sex, there was no significant difference between male and female students. Similarly, a comparison with different Universities indicates that 33% of students from Makerere University believe that treating opportunistic infections and using nutritional supplements can prolong HIV/AIDS, which was not the case in other universities and institutions of higher learning. This points to the fact that knowledge about HIV/AIDS is not equally received by all students in different HIL, thus deliberate efforts should be put in place to ensure that all students regardless of the institution receives the required information about HIV/AIDS.
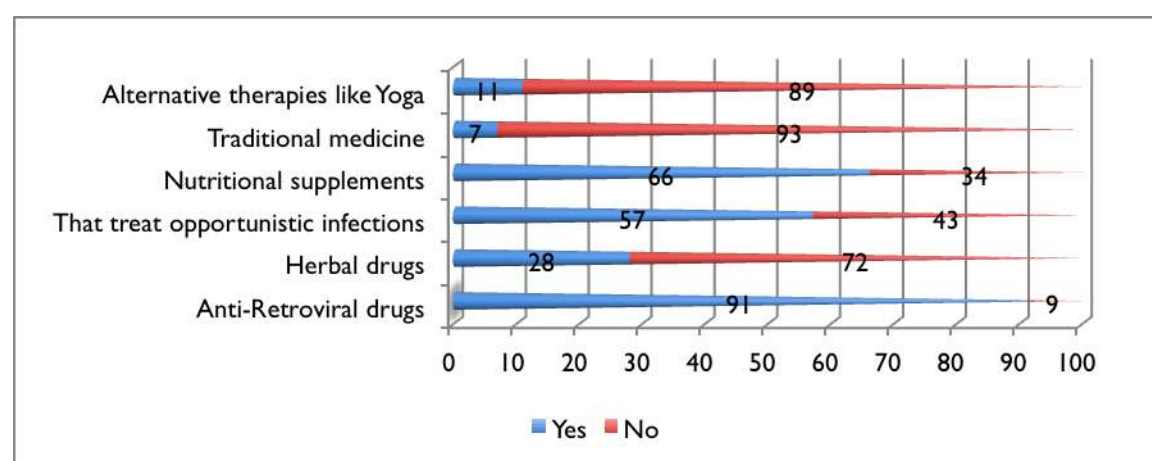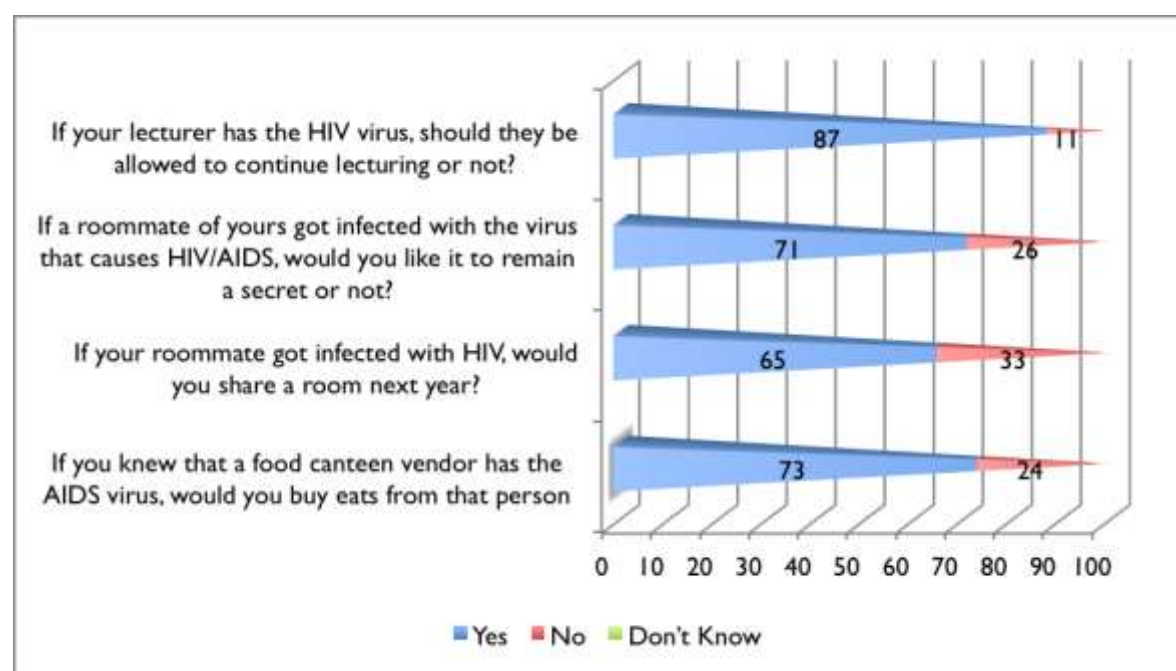
2.7.4 Perception About Dealing With People With HIV and AIDS

This section illustrates the findings on students' attitudes related to dealing with people infected with HIV and AIDS.

Figure 11: Perception about dealing with people with HIV and AIDs

Findings from the study indicate that university students' generally have a positive attitude about living with people with HIV. In that 87% would still allow a lecturer who is infected with HIV to still teach them, 73% would buy food from an HIV positive vendor, 65% would stay with an HIV positive roommate. These findings are in line with those reported in 2010 in the HIV Sero-behavior study in six Universities, which could indicate little, or improvement in regard to accepting attitudes towards people living with HIV.

With regard to disclosure, 71% of the surveyed students would like it to remain a secret if a roommate is HIV positive. This has far reaching consequences since it will deter the infected person from receiving the required medical and psychosocial

support thus worsening the situation. Therefore, university students need to be sensitized on the importance of disclosure. Some student noted;

"I wouldn't want anyone to know that my roommate has HIV, I think it is personal information and people just judge others, so me I would rather keep it a secret".

"It would be a mistake if others found out, I can not tell anyone. It has to remain a secret"

Findings from a comparative analysis of universities and tertiary institutions show that 18% of students from both Nsamizi and YMCA were not willing to share a room with a roommate who is infected with the virus that causes AIDS. When compared between male and female students, there was no significant difference in their perceptions about the constructs under investigation.

2.7.5 Students' self-evaluation on the chances of getting infected with HIV

In this section, students were asked how they evaluated themselves being at risk to acquiring HIV. The results are presented in figure.

**Figure 12: Chances of getting infected with HIV**
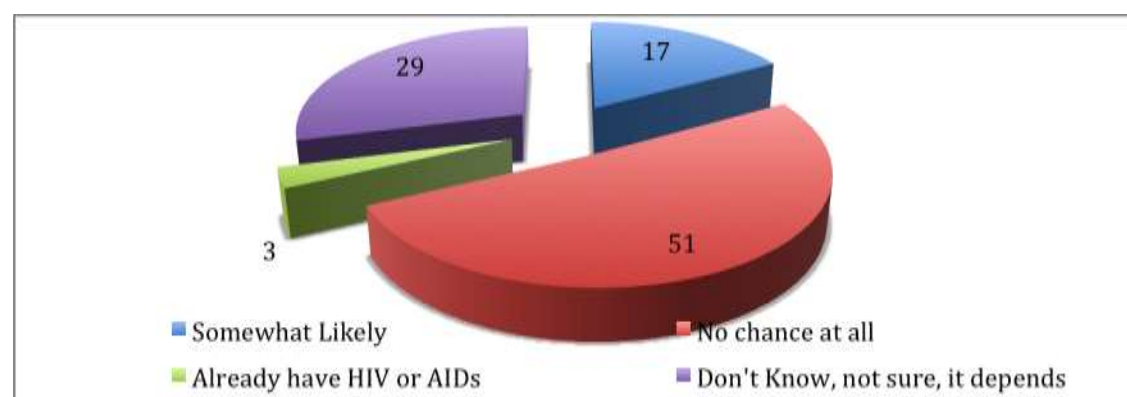
The figure 12 above indicated that only a slight majority (51%) reported that there is no chance at all for them getting infected with HIV. Findings indicate that 3% are already infected with HIV, 29% are not sure about their chances of getting infected and 17% are some what likely to get infected with HIV. Comparisons between male and females did not reveal significant difference in the response rate. These findings could indicate that a very big proportion of students (46%) could be at high risk of acquiring HIV. This therefore, implies that more deliberate efforts should be designed to target university students with HIV and AIDs messages in order to critically reduce the risk of HIV prevalence among students in Universities and Tertiary institutions of learning.

Overall, self-evaluation on the risk of acquiring HIV differed significantly across universities, with the highest prevalence being observed in Kampala International University (21%) and YMCA (19%). Students in African Renewal University (%) had the lowest risk of acquiring HIV.

2.8 HIV COUNSELING AND TESTING

Figure 13: HIV Counseling and Testing
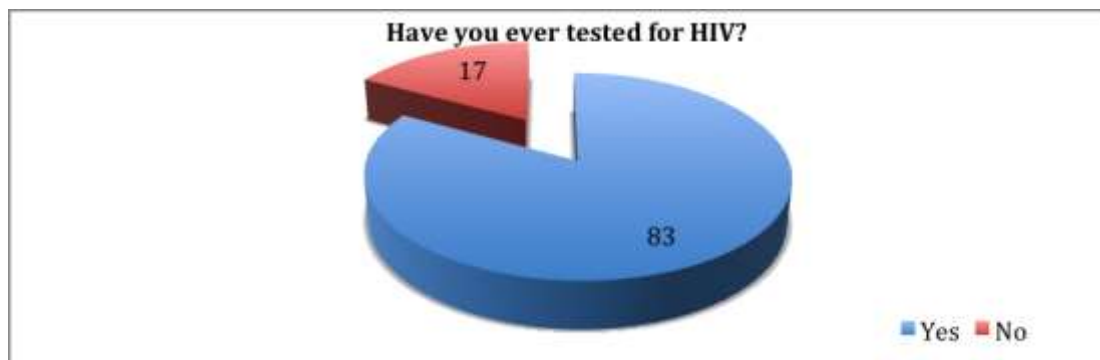
Overall, 83% of respondents had tested for HIV. This indicates that there has been improvement in regard to testing for HIV since the 2010 HIV Sero-Behavior Study. Similarly the UAIS 2011 revealed a dramatic increase in HIV testing in Uganda over the past seven years. Nationally, the proportion of women age 15-49 who have ever been tested for HIV and received their results increased more than five-fold and HIV testing among men age 15-49 increased from 11% in the 2004-05 UHSBS to 45% of men.

Further findings from this survey revealed no significant difference between male and female students, in regard to testing for HIV. However, variation in HIV testing significantly differed between universities, Makerere University having the highest at 76% percent and African Renewal University and IUIU with the lowest at 65% and 58% percent respectively. Respondents in the age group 17-20 have tested for HIV more than the rest of the age groups. This is because young ones are easily attracted in to testing for HIV than the older students. A comparison between males and females also indicate that males 67% have participated into testing for HIV than girls (61%).

It is also important to note that majority (61%) of the students conducted their HIV testing outside their institutions of higher learning. This could point to limited access to HIV counseling and testing services within Universities and Tertiary institutions of learning.

Findings also show that of those that tested for HIV, 62% had free testing services and 77% would like to test again. Asked if they know where they can get tested if they wanted to know their HIV status, 78% indicated that they know a place where to test. These findings however indicate that a significant number of students (22%) lack knowledge on places where HIV test can be carried out thus a critical gap that need to attention.

2.9 Perception on Sexuality Education in Institutions of Higher Learning
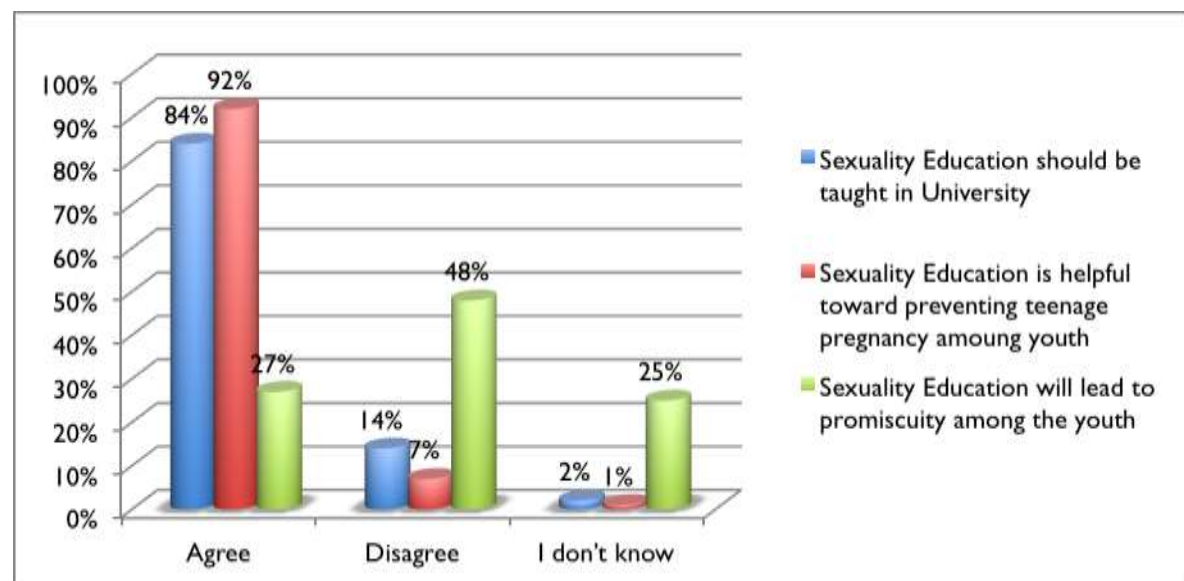
The survey results indicate that 92% of university students approve sexuality education as helpful towards preventing teenage pregnancy, 84% support the teaching of sexuality education in Universities and other tertiary institutions. Some respondents noted;

"Give some time to sexuality education because some people assume it is better to have AID than to be pregnant (especially girls) please make it a programme and give more information to the youth about the HIV virus"

I think Sexuality Education should be more implemented in the growing generation more so in Universities, Tertiary institutions, and Schools. The Government, community, school, Institution and University leaders should all be involved in this education to ensure that there is full participation and inter-sectoral collaborations".

"As health workers you should carryout seminars in different Institutions and Universities to educate students because not all are aware about sexuality education and reproductive health".

Further findings however indicate that, while majority support the teaching of sexuality education in HIL, 27% believe that sexuality education may lead to promiscuity among the youth. This proportion is significantly big to influence the attitude of the population. This could point to the need for sensitization on the benefits of sexuality education in institutions of higher learning so that the intended objective can be maximized. When compared among universities, students from Makerere University (25%) are more positive about sexuality education being taught in HIL as compared to African Renewal University (2%), IUIU (5%). This may suggest that religious inclinations influence perception about SRH education.

2.10 REPRODUCTIVE HEALTH AND HIV/AIDS MESSAGES

2.10.1 Consultation or Discussion about Sexual Reproductive Health Issues

Results from figure15 below indicate that although 51% of students have discussed sexual and reproductive health issues with their roommates, 66% have never personally consulted any one on an issue concerning Reproductive Health problem or question. Similarly, 61% attest that there are no sources in the Higher Learning Institutions to hear or receive HIV and AIDS and Reproductive Health education messages. No significant differences between male and female students and also HIL. This points to a critical gap in access to relevant information that could contribute to the prevalence of risk behaviors among students in Higher Learning Institutions.

Figure 15: Reproductive Health and HIV and AIDs Messages
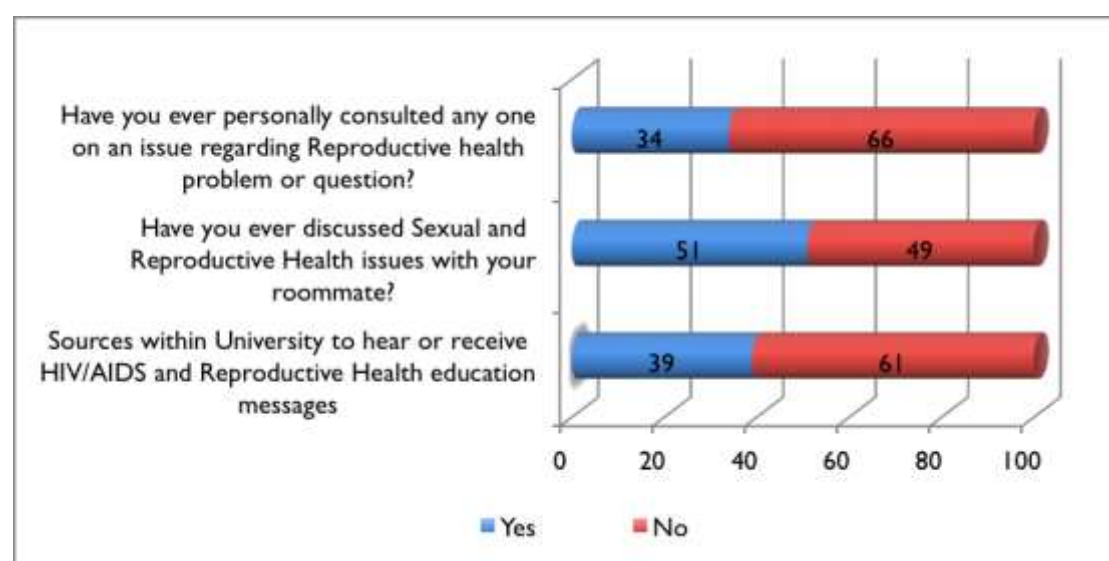
2.10.2 Sources of HIV and AIDs and SRH Messages

Majority of the students surveyed (70%) reported receiving HIV and AIDS and Reproductive Health education messages from radios, TV (68%), internet (mainstream and social media) 67%, newspapers (28%), Friends and peers (32%), parents and guardians (43%), religious leaders (20%), education programmes and seminars (19%) and others (10%). These findings show radios, TV and Internet especially social media most accessible to students and may be used as a viable means of communication in regard HIV and AIDS and SRH education.
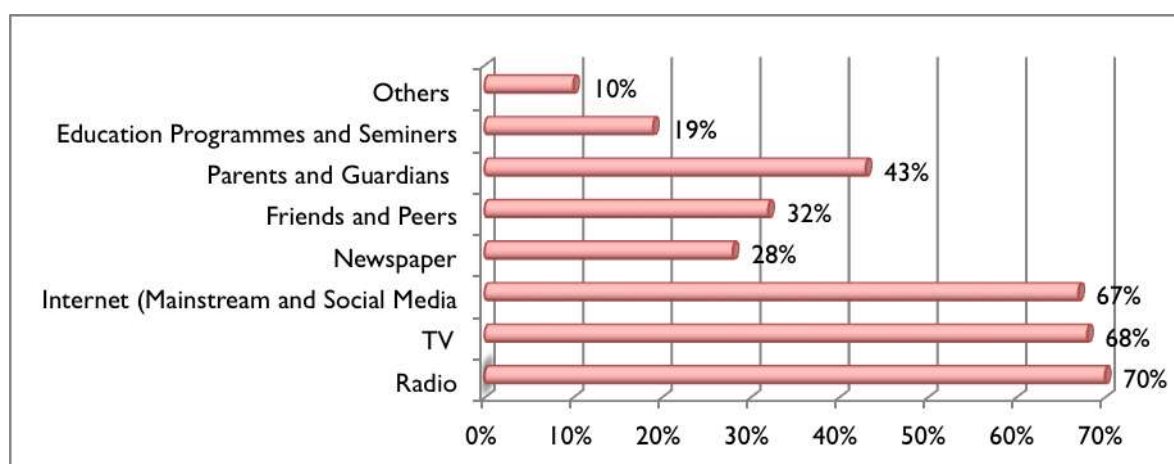
2.10.3 Membership to a Students Association

Asked if they are members of any students' association or network at their Higher Learning Institutions, only 34% reported being members in a students' association or network. This could point to low participation in organized activities which could partially explains why students find it difficult to access any information regarding SRH at universities.
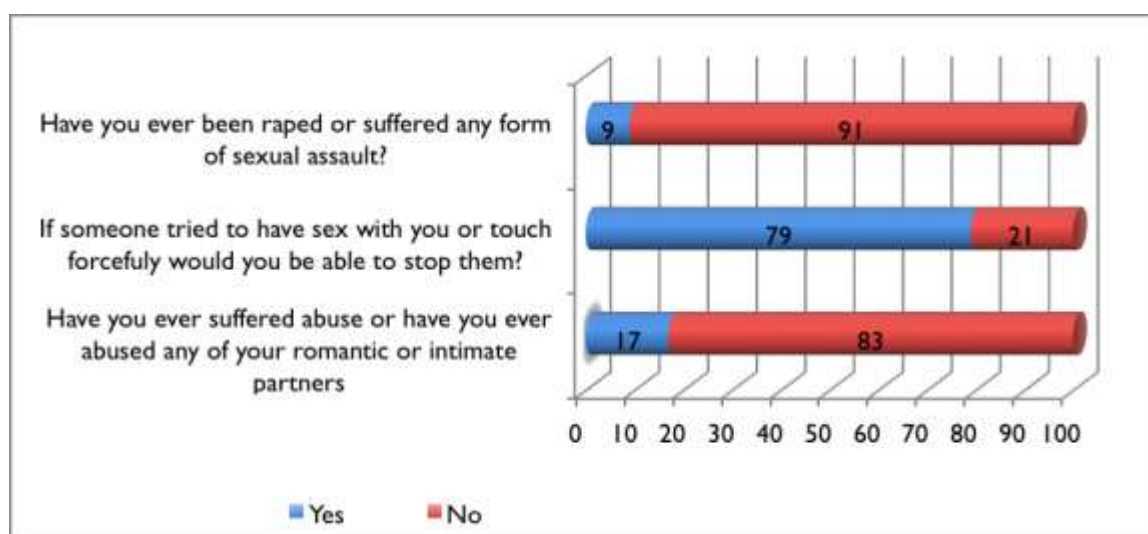
2.11 Experiences of Physical and Sexual Abuse

Figure 17: Physical and sexual abuse

Results show that although 91% of students from the surveyed HLIs had never been raped or suffered any form of sexual assault, and 83% had not suffered any form of physical abuse while in a romantic relationship, 21% would not be able to resist forceful acts of sexual intercourse. This was more significant among female students (53%). This could indicate that these students are highly vulnerable to sexual abuse, which could predispose them to HIV and STDs. Thus a need for increased access to compressive sexuality education and messages.

A cross tabulation between different university students and their sex in respect to experience of sexual and gender based violence reveal that females (52%) were

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more likely to experience gender based violence compared to the males counterparts (48%).

2.12 LIVING ARRANGEMENTS AND ECONOMIC CHARACTERISTICS

2.12.1 Status of Residence

The living arrangements of respondents were assessed with regard to whether they were residing in or outside the university campus. Results show that majority of the respondents were none residents (60%). A slight majority (53%) of the none-resident students were males.

Figure 18: Residence Status
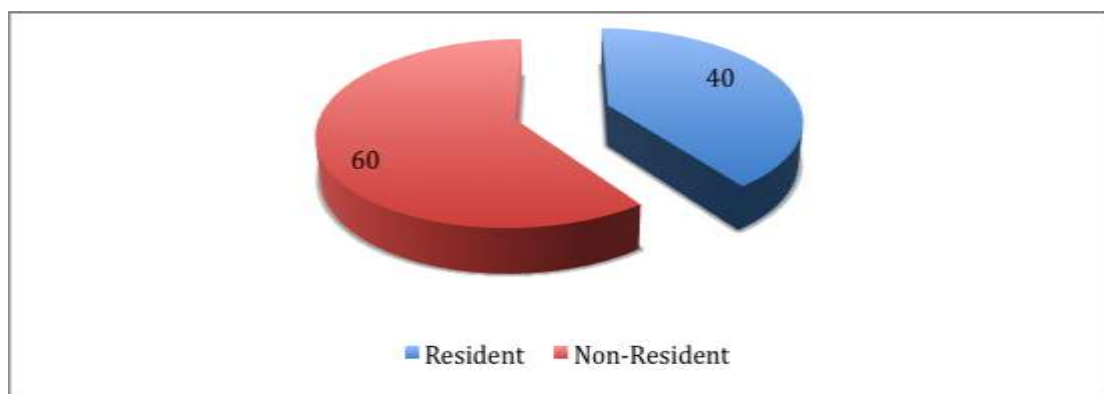
Findings also indicate that majority (81%) of the students sleep in rooms with a range of 2 to 5 roommates. This is explained by the fact that private accommodation is mainly found in hostels and single occupant rooms are always few and expensive. In regard to sex, girls from all the surveyed HLIs tend to stay more in university halls of resident or hostels registered with the university compared to boys.

2.12.2 Roommate of the Opposite Sex

It was also reported that 12% of the surveyed students share a room with a roommate of the opposite sex. The explanation to this was that in order for students to reduce on the cost of private accommodation, those in romantic relationships tend to cohabit. These are highly risk behaviors that could contribute to the prevalence of HIV and STDs among students in Higher Institutions of learning.

Of those that share accommodation, KIU and Makerere University had highest percentage (32% and 28% respectively) and IUIU did not have any student with a roommate of the opposite sex. This could be due to the fact that all IUIU female students that are not married reside within university premises.

2.12.3 Alternative Places of Residence

Figure 19: Alternative places of Residence
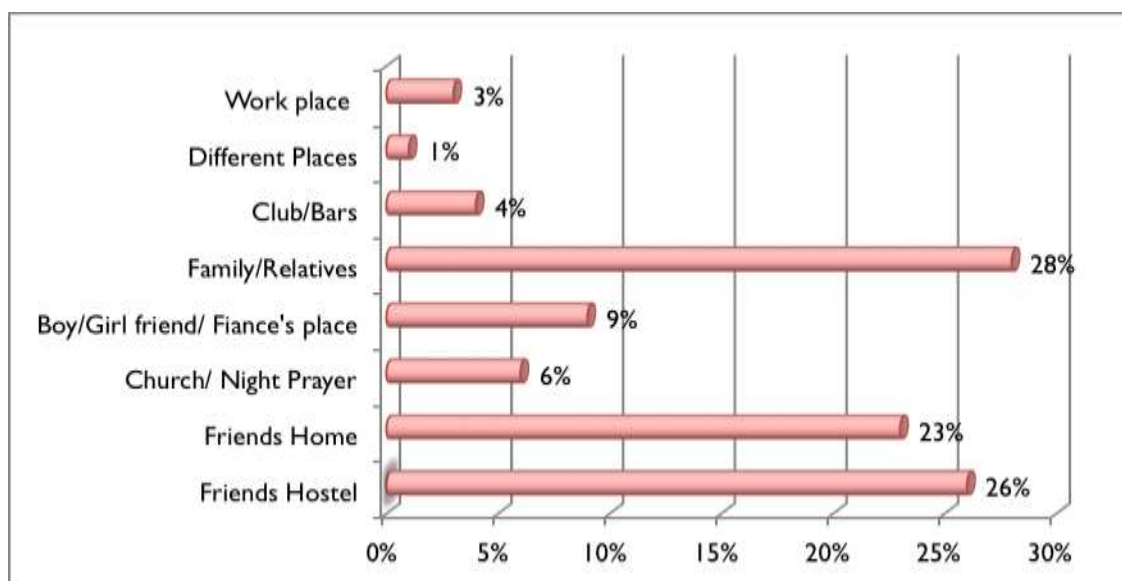
Results in figure 19 above show that 28% of the surveyed respondents indicated that family and relatives was the most alternative places of residence, 26% in friends hostels, 23% in friends homes, 9% in their boyfriend/girlfriend/fiancés places and 6% in church or night prayers. Similarly, 4% and 1% sleep in highly risky places like clubs or bars and different places as their alternative places. The frequency of going out clubs (discotech) was more significant in girls than boys in almost all HLIs although this was not the same with girls from IUIU. This could be because IUIU has a strict policy about girls moving out of the university.

Only 3% stay at work as an alternative place of residence. It is important to note that although majority of the students who sleep out consider an element of security (family/relative/friend's home and friends hostel), these findings could indicate highly risk behaviors that could predispose them to abuse and thus HIV and STDs. As a way of comparison, students in KIU, MUK and Nkumba are more likely to be exposed to highly risky behavior than their counterparts in IUIU. Among the Tertiary Institutions, YMCA has the highest number of students that are likely to be exposed to the risk behavior.

2.12.4 Number of times students spend a night away from their residence in the last one-month
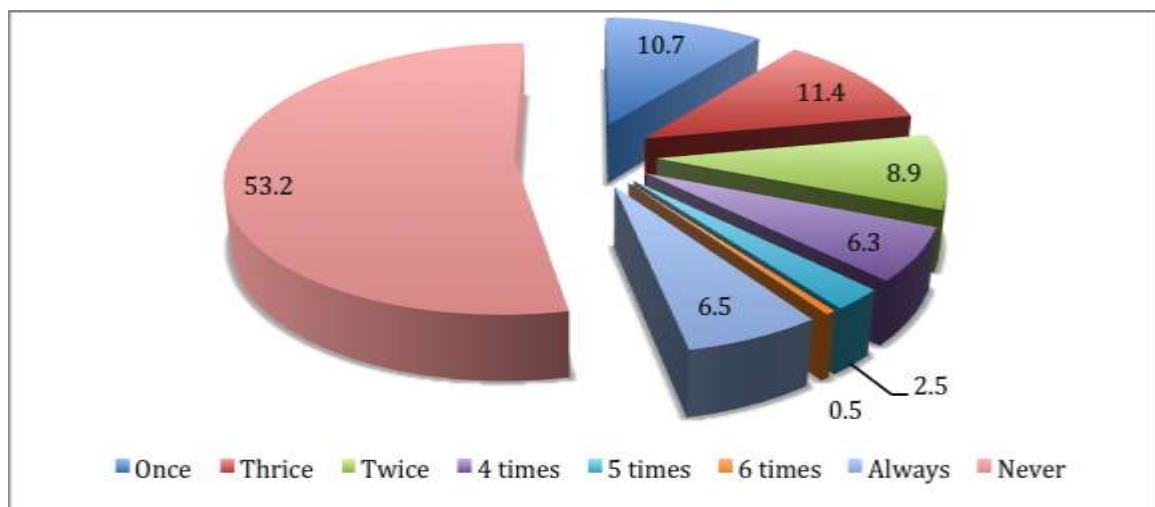
The survey reveled that although students in higher institutions of learning have unlimited freedom, a slight majority (53%) did not spend a night away from their residence in the last month. This indicates that slightly less than half (47%) spent a night away from their residence in the last one-month. This was more significant among female students in KIU, Makerere University and Nkumba indicating that they are more exposed to highly risk behaviors than their counterparts in other institutions of learning. The number of times students spend a night away from their residence in the last one-month varied from 1 to 6 times. It is important to note that 6.5% reported that they have usually spend nights out of their residence in the last one-month. This could also point to high-risk behaviors.

2.12.5 Alcohol Consumption

On the consumption of alcohol, only 17% of the students surveyed expressed take alcohol. A comparative analysis of alcohol intake and sex shows that majority of girls (57%) were taking alcohol compared to boys (43%). In respect with age, there was a significant difference between age groups for both males and females. A noticeable number of respondents in the age groups 21 – 24 take more alcohol compared to the other age groups. As regards universities, African Renewal and IUIU had significantly low rates of alcohol consumption 11% and 9% respectively while KIU had the highest. It is expected that this low rates are due to the strict religious based rules in these two universities compared to the rest of the universities under study. It is however, important to note that the frequency of consumption is generally low ranging between once to thrice a week and an average of 10 times a month among all the surveyed university students.

2.12.6 Spending of Free Time

When respondents were asked how they spend their leisure time, the findings revealed that there are numerous activities through which students spend their free time. As shown in figure 20 below, 29% spend their free time watching TV (Movies and Soaps), 21% read books, novels and magazines, 14% sports and 10% visit friends. Similarly 8% of the students spend their free time either hanging out in bars, clubs, and beaches or taking alcohol. Students from IUIU, African Renewal Universities, Gulu and Nsamizi spend more of their free time on campus compared to students from Makerere University, Nkumba University, KIU and YMCA. It is important to

note that all these engagements allow students to mix freely and thus can eventually lead them into sexually related activities.
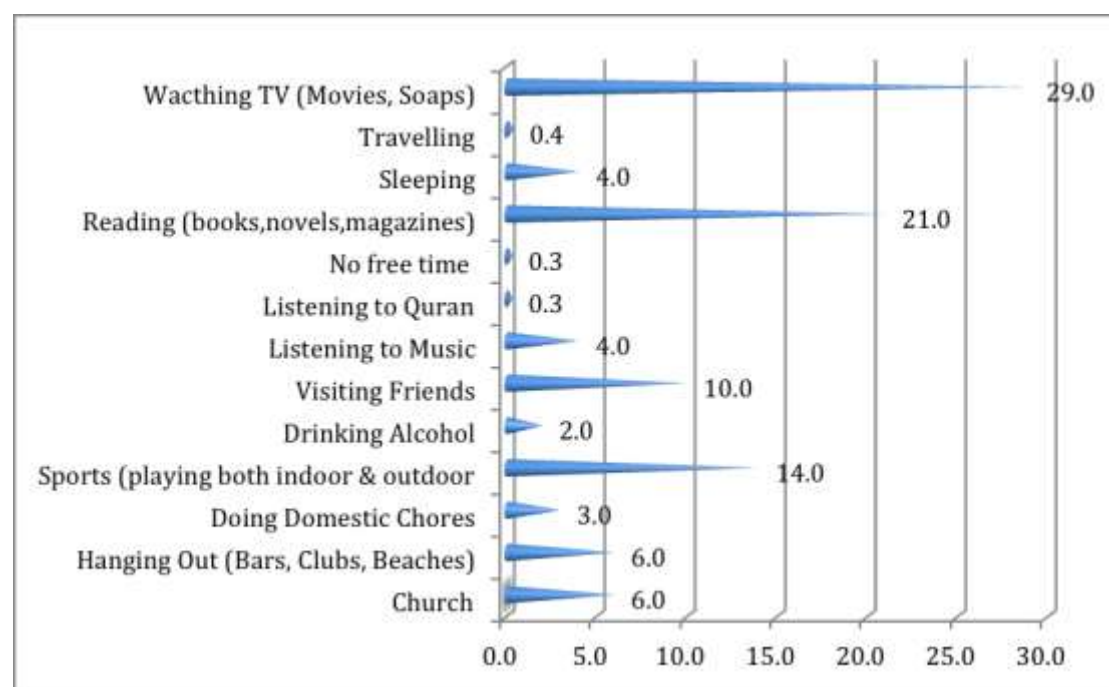
2.13 SEXUALITY AND REPRODUCTIVE HEALTH PROGRAMMES IN UNIVERSITIES

Findings show that Universities surveyed generally lack a comprehensive sexuality and reproductive health programme. They majorly offer condoms, HIV testing, counseling services, pregnancy testing, screening and treatment of STIs. Universities also offer sexuality and reproductive health education once in an academic year especially during orientation of new students. This limits access to required information and services by students thus predisposing them to risk factors. A respondent noted that;

> *"we don't have a comprehensive reproductive health program, but we have HIV testing and pregnancy testing and occasionally provide condoms. We however have a University Counselor who is mandated to offer counseling services though students don't often use the service"*

Another key informant added;
> *"We encourage students to come for counseling services, distribute condom to students for free and during orientation students are told how to behave and where to access condoms in the clinic"*

Another also added
> *We used to offer pills and many students could come for them, though they prefer emergency pills nonetheless we no longer offer them"*

Another added

"young people at the university are children by all standards of sex behavior. The freedom given to students accounts for their irresponsible behavior. This will go for a policy shift, put some interventions in place. Universities should put some programs, those programs should not be put there for the sake. Let there be compulsory programs on sex education. As adults, let there be condoms in all places, readily available say in toilets".

Service uptake

Asked about which sexuality and reproductive health services students seek more, key informants noted that uptake varies between male and female students. While male students take condoms, female students need information on their health situation. It was however noted that the rate of students seeking these services was generally low. Students prefer seeking services in facilities outside the University as noted by one respondents;

"The rate of students is not so much, they are independent who can get services else where, but those who come their concerns are mainly relationship based and reproductive health issues like STD complaints"

"Service uptake is very low because some students decide to refuse to come for the services even when they are available though a few volunteer to come mainly for condoms, and HIV testing".

"Guidance and counseling - students shy away from this, all Universities have health facilities - students have sexual addictions, social media addictions, students fear stigma. Kyambogo university had an open day, the students came to do HIV testing because they thought it was organized by someone else, had they known it was by the university itself, they would not have come because they fear".

Strength and Weaknesses

The strength and weakness of the sexuality and reproductive health programmes varied among Universities. Findings indicate that all Universities surveyed have clinics where basic sexuality and reproductive health services are offered. Albeit this, there are still major challenges in providing sexuality and reproductive health services. These are majorly as a result of inadequate mainstreaming of SRH education in the University and Tertiary institutions activities. The challenges include; limited SHR services offered, limited trained staff in SRH, limited space for privacy, stock out of drugs and supplies, Irregularities in offering the services, limited support, poor service uptake and un clear mechanisms for communicating SRH massages among others. Examples of verbatim comments from key informants presented below are used to further illustrate the weaknesses in the sexuality and reproductive health programmes.

"The services are not regular and students are not also sensitized about them. There's a problem of limited staff trained in reproductive health services and sexuality, and also the limited space for these services that can ensure a little of privacy to the students seeking these services".

"Our scope is limited to only a few services and even with those, there is inconsistence since some are offered once in a semester. Another challenge is that,

students fear others while in need of these services for example they don't pick condoms from the medical unit as long as there are people around and yet when placed in the toilets, one person can carry a whole box of condoms which may be placed in the toilets for everyone to pick"

"The fear of discussing sex and sexuality issues with the medical staff affects uptake, this may because it's a cultural practice not to discuss these issues in public"

"There is lack of consistency in providing the services, apart from condoms, other services we just call stakeholders to help up at the beginning, in the middle and end of semester. Yet these should be routine at anyone time to help any student in need. We also lack referral mechanisms, where students can easily be sent to get services in case the University clinic can't provide them".

"The services are generally weak since these services are not open to every student apart from the few married students who are free to access them"

A dean of students' shared;

"The students' welfare department is in charge of the students welfare. This department however faces so many challenges. The university concentrates on the academics and ignores the rest. This effects other students needs especially SRH education and services".

Partnerships
In regards to partnerships, key informants indicated that they work with a number of partners to provide sexuality and reproductive health services to students. These include Hospitals, Medical Facilities, NGOs, churches, Nakasero Blood bank, Aids Information Center among others. It is however important to note that, these services are not programmed by the Universities making them irregular and inconsistent. This creates gaps in service delivery thus affecting student's access to SRH services. A Key respondent noted;

"….We need to identify more stakeholders to discuss these interventions. Any intervention that does not include community is not effective. An example is that of Mbarara University, the university has only 10% of the students on campus, the rest are in the community. So programs should be designed to be able to locate the community".

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The findings presented in this report are derived from 395 students and 20 Key Informants spread across six (6) Universities and two (2) Tertiary institutions. The results of this assessment was intended to facilitate the design of targeted interventions to reduce the spread of HIV and STDs, increase level of sexuality education and access to SRH services in Universities and Tertiary institutions in Uganda.

Findings indicate that profile of respondents varied in sex, age, religion, sponsorship and ownerships of HIL. The findings therefore represent a cross-sectional behavior of students in HLIs. The results from the survey, as well as the information provided through the key informant interviews and validation workshop indicate that, a significant proportion of students in Universities and other Tertiary Institutions are sexually active. This could be due to many factors not limited to the excitement being at higher institution comes with. The available information indicates that most are ill-prepared for this transition, having inadequate knowledge and life-skills to negotiate safe and consensual relationships and facing considerable barriers to accessing services and commodities needed to avoid unsafe sex.

Access to HIV and Sexual Reproduction Health services (condoms, STI treatment, contraceptives) is was low and this increases the risk associated with unsafe sex. Limited knowledge was also demonstrated in a number of parameters including where to access services, spread of HIV and related STIs among others. It was also evident that sources where to hear or receive HIV/AIDS and Reproductive Health education messages with the institutions are limited. Engagement in risky behaviors and attitudes among university students is not debatable – these could be either due structural drivers like drug use, alcohol, peer pressure among others and a predisposing factor to high risks of HIV and STD/I and unwanted pregnancies.

Most universities and tertiary institutions do not have enough accommodation for all admitted students. Living arrangements and economic characteristics indicate that majority of the students are non-residents, many shared a room and a small percentage has roommates of the opposite sex. Consequently, Living/residence arrangements need to be regulated to minimize risks related to the arrangement in light of sexuality and sexual reproductive health.

Universities generally lack a comprehensive sexuality and reproductive health programme. They majorly offer condoms, HIV testing, counseling services, pregnancy testing, screening and treatment of STIs. Universities also occasionally offer sexuality and reproductive health education. This limits access to required information and services by students thus predisposing them to risk factors.

3.2 Recommendations

From the findings of the rapid situational assessment, it is recommended that;

1) HIL need to broaden the scope of the current SRH programmes in order to increase access to comprehensive and integrated SRH education and services to all students, academic staff and non-academic staff within Higher Institutions of Learning.

2) HIL need to proactively engage students and young people in the design and implementation of youth-friendly approaches that meet students' choices in regard to their sexual and reproductive health needs

3) Increase awareness on HIV prevention, messaging and SRH services through Investing in multi-sectoral partnerships and engagement, awareness campaigns and Social and behavior change communication (SBCC). Investing in awareness raising helps change opinions, attitudes and risky behaviors in support of young people's access to SRH services

4) Through partnerships, HIL need to promote integrated health camps and cultural galas and establish community outreaches targeting both students and community members on SRH issues

5) Higher Institutions of learning need to come up with a guiding framework on residential arrangements and policy that promote young people's access to SRH information and services

6) There is also need to increase the quality and coverage of comprehensive sexuality education in existing institutions of learning that are gender-transformative and life-skills based, to reduce risk behaviors and improve health outcomes of young people/students in HIL.

7) There is need to use peer centered approaches to tailor training programs for students leaders and peer educator to equip them with skills and knowledge in regard to responding to SRH needs. Young people are influenced not only by their educators, but also by their peers and it is necessary that university students play an active role in promoting healthy sexual behaviour among fellow colleagues.

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Appendix 1

Rapid Situational Analysis on access to Sexuality Education and Sexual and Reproductive Health services for young people in Higher and Tertiary Institutions of Learning in Uganda

Welcome to this Rapid Situation Assessment! It should take approximately 1 hour to complete. The purpose of this Assessment is to generate evidence on key drivers and current interventions that are impacting young people's access to HIV/STI prevention information, sexuality education and sexual and reproductive health services within institutions of higher learning.

You should let us know what you really feel about it, no answer is wrong, and you have a right to decline to respond to any question you do not feel comfortable with. The results of the assessment are intended to facilitate the design of targeted interventions to reduce the spread of HIV and STDs, increase level of sexuality education and access to SRH services in Universities and Tertiary Institutions in Uganda.

Your participation in the assessment is voluntary and anonymous. All persons who have participated in organizing and conducting this interview will take all measures necessary to ensure the protection and prevent the misuse of personal answers. I therefore request for your consent.

Your responses are completely confidential.

Thank you in advance for your participation. We look forward to receiving your comments and suggestions! Let's discuss

SECTION 1: DEMOGRAPHICS CHARACTERISTICS

Respondent's University:	**Religion:**
Year of Study: ☐1　☐2　☐3　☐4 ☐5	**Current citizenship**:
Sex:　　☐Male　　　　　☐Female	**Course are you studying**:
Age: ☐17-20　☐21-24　☐25 -28 ☐29 – 35 above (Youth)	**Category of your sponsorship** ☐ Government　☐ Private, with a scholarship ☐ Private, without a scholarship
	Relationship to your main guardian ☐ Biological Parent　☐ Adopted parent or Relative ☐ Spouse (Husband/Wife) ☐ Boy friend/girl friend/Fiancé ☐ Casual Friend, not relative　☐ Family Friend, not relative ☐ Employer

SECTION 2: SEXUAL AND REPRODUCTIVE HEALTH AND HIV

SUB SECTION 1: SEXUAL BEHAVIOR AND PERCEPTIONS		
Now, we need to ask you some questions about your sexual activity, in order to gain a better understanding of some life issues. Some of the questions require information on very private issues. As indicated earlier, all information shall be analyzed anonymously and we shall not tag any of your responses to your name. Please be as honest and open as possible because we want a correct estimate of the occurrence of these behaviors.		
Have you ever had sexual intercourse?	Yes	No
When was the last time you had sexual intercourse?		
If yes, how old were you when you first had sexual intercourse?		
The first time you had sexual intercourse was a condom used?	Yes	No
The first time you had sexual intercourse, were you verbally, emotionally or physically pressured into having sex, or did you pressurize your partner?	Yes	No
The first time you had sexual intercourse, were you promised some material or monetary reward or did you promise your partner a reward?	Yes	No
The first time you had sexual intercourse, was it as a result of pressure from your peers?	Yes	No
The first time you had sexual intercourse did you feel you were psychologically and emotionally ready for sex?	Yes	No
What was your relationship with the person with whom you last had sex?		
Do you know the age of this man or woman?	Yes	No
If yes, how old is the man or woman with whom you last had sexual intercourse?		
If you don't know your partner's age, do you think he/she is at least 10 years older or younger than you?		
The last time you had sexual intercourse did you or your partner take some alcohol in the hours preceding the act?	Yes	No
The last time you had sexual intercourse did you or your partner take some drugs like marijuana, opium, cannabis or heroin before the act?	Yes	No
Have you ever taken some aphrodisiacs (drugs that enhance sexual desire)?	Yes	No
Have you had sexual intercourse with more than one person in the last 12 months?	Yes	No
If yes, how many different people have you had sex with in total in the last 12 months?		
In the last 12 months, have you paid anyone or been paid to have sex?		
Have you ever had a 'one-off' sexual act (fling or adventure) with a casual partner within 48 hours of having met them?		
Have you ever seen or been exposed to any pornographic material or one that contains lewd sexual graphics in your life?		
If yes, which type of materials have you been exposed to in the last 12 months		
SUB SECTION 2: RELATIONSHIPS AND RELATIONSHIP NETWORKS		
Have you ever had a boy friend or girl friend (a person with whom you are in a romantic relationship)?		
If yes, do you currently have a boy friend or girl friend to whom you are romantically linked?		

How long have you been in a romantic relationship with your current boy friend or girl- friend?		
Have you had sexual intercourse with your current boy/girl-friend?		
How many boy-friends/girl friends have you had a romantic relationship with in your life?		
Have you ever had more than one romantic boy/girl friend but running them concurrently?		
Have you had sexual intercourse with another person while you were in a relationship with a person you considered your boy/girl friend?		
Have you ever had a relationship in which your main intention was to obtain material gains or money from your partner?		

SUB SECTION 3: ACCESS TO CONDOMS

Which places can you get condoms when you need them while at the university		
Have you ever gone out to obtain condoms in your life?	Yes	No
Did you get free condoms or you purchased them?	Free	Purchase
Have you ever received free condoms while at the University?	Yes	No
Do you feel that condoms are easily accessible to you when you need them?		

SECTION 4: USE OF PREGNANCY PREVENTION METHODS (FOR FEMALE RESPONDENTS ONLY; MALE RESPONDENTS SHOULD SKIP TO THE NEXT SECTION)

Have you ever been pregnant?		
If so, how many times have you ever been pregnant?		
Have you ever had an induced abortion?	Yes	No
Are you aware of any facility where you can have safe abortion?		
Apart from the male condom, which of the following pregnancy prevention methods have you ever heard, ever used and are currently using?		
Female Sterilization		
Oral Pills		
IUD		
INJECTION (E.G. Depo Provera)		
Implants Like Norplant		
Diaphram Or Cervical Cap Or Spermicides		
Lactational Amenorrhea/Rhythm/Standard Days or Withdrawal		
Emergency Contraception:		
Female Condom		
Do you know of a place where you can obtain contraceptive methods apart from condoms?		
What kind of challenges do you encounter while accessing contraceptives?		

SECTION 4: REPRODUCTIVE HEALTH PROBLEMS

Have you suffered from a Sexually Transmitted Disease or a disease you think is an STD in the last 12 months?		
Have you ever developed any of the following symptoms in the last 12 months (Tick)	Itching of your private parts	
	Whitish discharge from private parts	
	Non-whitish discharge in private parts	

	Ulcers or small wounds in private parts	
	Abnormal swellings in private parts	
	Burning pain on passing urine	
	Pain localized in the lower abdomen	
	Problems related to menstruation	
	Never suffered from any	
If any of the above, did you seek treatment or help?		
If yes, from who?		
Have you ever suffered any other problems related to your reproductive system?		
If yes, where did you access treatment?		

SECTION 6: KNOWLEDGE ABOUT HIV AND ITS TRANSMISSION

Indicate the main ways through which HIV is transmitted (Tick all that apply)	Unprotected Sexual Intercourse	
	Sharing skin piercing instruments	
	Mother to child	
	Blood related/transfusion	
	Shaking hands with infected person	
	Kissing	
	Non vaginal sexual intercourse	
	Do not know any	

Many people think in different ways about HIV/AIDS. Please indicate whether you agree or disagree about these statements:

It is possible for a healthy looking person to have the virus that causes HIV/AIDS	Yes	No	Do not know
One can get HIV/AIDS by sharing food, utensils or clothes with a person who have HIV/AIDS	Yes	No	Do not know
One can get AIDS by being bitten by a mosquito	Yes	No	Do not know
Abstaining from sex is a realistic way of avoiding HIV	Yes	No	Do not know
One can get HIV/AIDS by being bewitched	Yes	No	Do not know
Genital sores greatly increase chances of getting HIV infection	Yes	No	Do not know
Which ways are most applicable to you in protecting yourself from getting HIV (Elaborate)			

Have you heard of any drugs that can cure HIV?	Yes	No	Do not know
Have you heard of any drugs that can prolong the life of a person with HIV/AIDS?	Yes	No	Do not know

If Yes, What drugs do you know? (Tick)	Anti-Retroviral drugs	
	Herbal drugs	
	That treat opportunistic infections	
	Nutritional supplements	
	Traditional medicine	
	Alternative therapies like Yoga	

How long should a person with HIV/AIDS, who has started on ARVs, take the ARVs?	
If a person has HIV/AIDS, does his/her sexual partner have the HIV always, almost always or sometimes?	
If a pregnant woman or mother has HIV, in which stages can the virus be transmitted to the child	
Are there drugs that can be given to a mother with HIV to reduce the chances of infecting the baby?	

SUBSECTION 7: ATTITUDES ON HIV/AIDS AND SEXUALITY EDUCATION

If you knew that a food canteen vendor at the University has the AIDS virus, would you buy eats from that person?	Yes	No	Do not know
If a roommate of yours got infected with the virus that causes AIDS, would you share with them a room next year?	Yes	No	Do not know
If a roommate of yours got infected with the virus that causes HIV/AIDS, would you like it to remain a secret or not?	Yes	No	Do not know
If your lecturer has the HIV virus, should they be allowed to continue lecturing or not?	Yes	No	Do not know

Based on your personal self-evaluation, what are the chances that you might get infected with HIV?	Very Likely	
	Somewhat likely	
	No chance at all	
	Already have HIV or AIDS	
	Don't know, not sure, it depends	

I believe sexuality education should be taught in Universities.	Agree	Disagree	Do not know
I think sexuality education is helpful towards preventing teenage pregnancy among the youth.	Agree	Disagree	Do not know
Sex education will just lead to promiscuity among the youth	Agree	Disagree	Do not know

SECTION 8: HIV COUNSELING AND TESTING

Have you ever tested for HIV?	Yes	No
If yes, when was the last time you tested for HIV?		

The last time you tested for HIV, did you test from within the university or outside the university?	Within University		Outside University	
The last time you tested for HIV, were you given a free test or you paid for it	Free		Paid	
How many times have tested for HIV/AIDS in your lifetime?				
Would you like to test for HIV now?				
Do you know where you can get tested if you wanted to know your HIV status (If Yes where)				

SECTION 3: REPRODUCTIVE HEALTH AND HIV/AIDS MESSAGES

How often do you hear or receive HIV/AIDS and Reproductive Health education messages?	Very Often	Often	Not at all
From what source have you heard or received the education messages? Elaborate			
Are there any sources within the University that hear or receive HIV/AIDS and Reproductive Health education messages? (If yes elaborate)			
Have you ever discussed Sexual and Reproductive Health issues with your roommate?			

Have you ever personally consulted any one on an issue regarding Reproductive health problem or question?	Yes	No	Do not remember	
If yes, which person (s) or entity (s) did you first consult?				
From which sources have you learnt most about HIV/AIDS?				
What is the most important message that you think you have learned from this source?				
Are you currently a member or have you been a member of any students' association or network at the university?				
If yes, indicate the types of association from which you have received an HIV/AIDS or Reproductive Health Education in the last one year				

SECTION 4: VIOLENCE

Have you ever suffered abuse or have you ever abused any your romantic or intimate partners involving physical contact like beating, slapping, pushing or punching?	Yes		No	
If someone tried to have sex with you or touch you sexually and you did not want them to, would you be able to stop them	Yes	No		Do not know
Have you ever been raped or suffered any form of sexual assault?	Yes		No	

SECTION 5: LIVING ARRANGEMENTS AND ECONOMIC CHARACTERISTICS

Are you a resident or non-resident at the university?	Resident		Non-resident
If non-resident where do you stay?			

How many roommates do you have?		
Do you have any roommate that is of the opposite sex as yours?	Yes	No
What is the estimated amount of money that you need for up-keep and daily living in one semester or term?		
How much of this money do you actually get from your guardian?		
How much of this money do you actually get from other people or entities that support you?		
Could you mention the people who support you		
Do you take alcohol?		
If yes, about how many times do you take alcohol in a month?		
Do you have any roommate that takes alcohol?		
How do you spend you free time? Elaborate		
About how many times do you go out for parties/club in one semester or term?		
About how many times did you spend a night away from your place of residence in the last one month?		
In cases where you do not sleep at your place of residence, indicate the alternative places where you have ever slept		

SECTION 6: ADDITIONAL INFORMATION

Are there any other important issues and concerns you would like to share with us regarding sexuality education and reproductive Health? If yes, elaborate

Thank you

Appendix 2

Key Informant Interview (KII) guide – Dean of Students, University Counselor, and University Medical Staff

1. What are the sexuality and reproductive health Programmes available in the university?

2. What is the current service uptake for the sexuality and reproductive health services you provide?

3. Which sexuality and reproductive health services do students seek more?

4. What are the strength of the sexuality and reproductive health Programmes you offer?

5. Could their be weaknesses in the sexuality and reproductive health Programmes you offer? Elaborate

6. What are the key challenges students face while accessing the sexuality and reproductive health services?

7. Who are the Key Partners you work with to provide sexuality and reproductive health services?

8. Could you Suggest how Sexuality and reproductive health Education should be provided in your university?

9. Which sexuality and reproductive health programmes/services would you want to be supported with?

10. Is there anything else regarding sexuality and reproductive health services you would want to share with us? If yes elaborate

Appendix 3

Key Informant Interview (KII) guide –Academic Registrar/Equivalent

1. How many undergraduate students did you enroll in the last 6 academic years?

2. What was their distribution in respect to sex?

3. What was the completion rate in each academic cohort?

4. Could you attribute sexuality education and reproductive health to the completion rate of the students? If yes, in what ways?

5. In your opinion do you think there is a relationship between drop out and lack of sexuality education and reproductive health, kindly elaborate.

6. What would be the best way to integrate sexuality education and reproductive health in the university setting?