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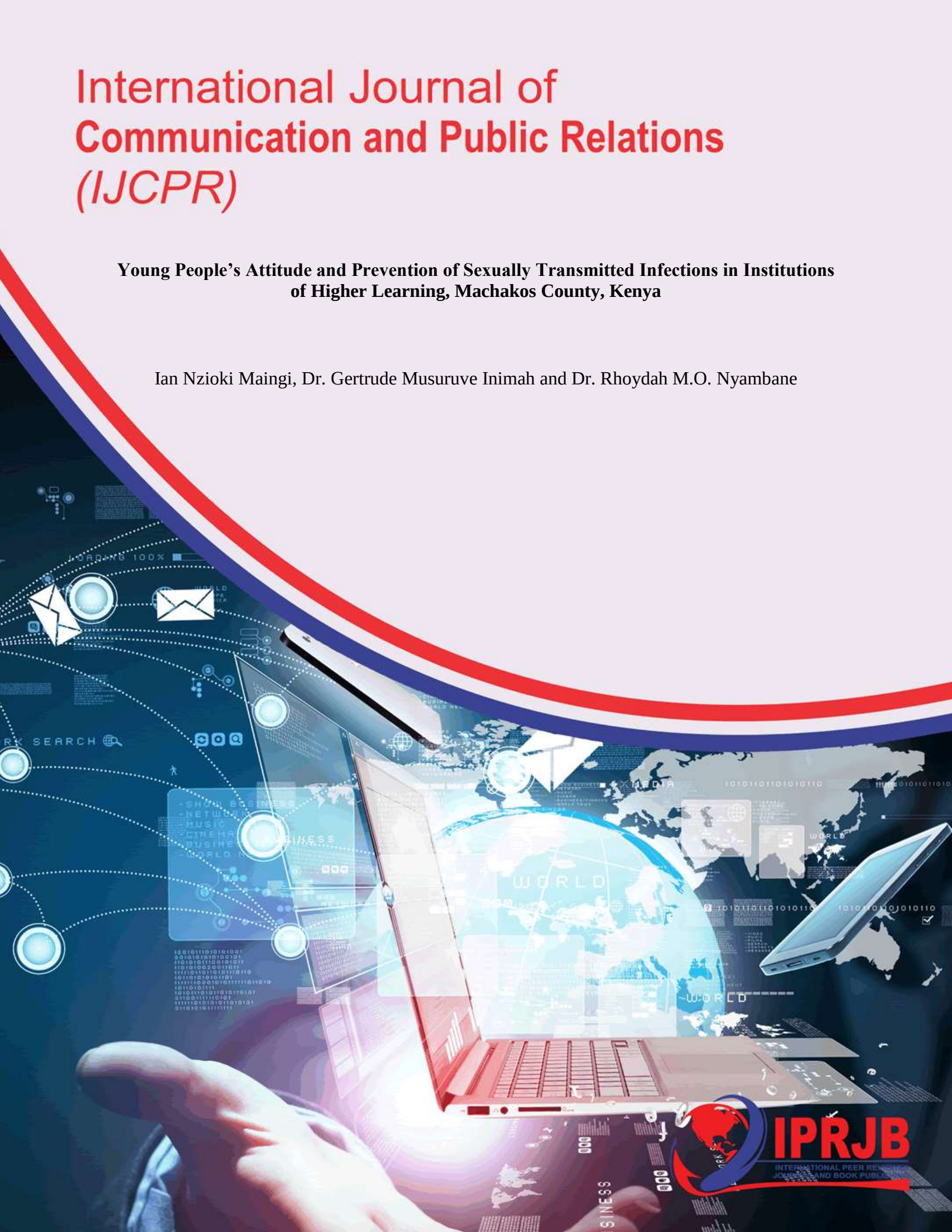

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Abstract

Purpose: The consequences of infection with Sexually Transmitted Diseases are a threat to populations worldwide, and especially to the youth. Young people constitute a huge part of the populace in most nations, as well as most active members of the workforce in economies. Thus, combating STIs is important for the health and development of countries. This study therefore sought to establish the influence of young people's attitude towards prevention of STIs in Machakos County, Kenya.

Methodology: The mixed methods approach was utilized to collect data from undergraduate students in three institutions of higher learning in Machakos County and from key informants, opinion leaders who interact with the young people.

Findings: The study established that young people's attitude had a great influence on prevention of STIs among the youth.

Unique Contribution to Theory, Practice and Policy: The study recommended that key stakeholders should help the youth to develop positive attitudes that can yield positive outcomes in prevention of STIs among young people.

Keywords: *Young People's Attitude, Prevention of STIs, Sexually Transmitted Infections*

INTRODUCTION

Sexually Transmitted Diseases (STDs) have negatively impacted nations worldwide over the years as a result of morbidity across their populations in the workforce, many who are young. For instance, as far back as 1916, the British Royal Commission on Venereal Disease released a report showing high mortality caused by syphilis, with statistics identifying infection among 10% of working-class males in London (Royden, 1917). More recently in the 1990s, Thailand recognized that apart from increase in mortality, a large number of their young productive workforce would get sick, draining the nation's finances and damaging tourist trade, if Human Immunodeficiency Virus (HIV) was allowed to spread (Ainsworth & Over, 1997). Furthermore, compared to other regions of the world, countries in Sub-Saharan Africa are ranked higher in yearly incidence of STIs (Gerbase & Mertens, 1998). Therefore, nations world over recognize the importance of mitigating the spread of STIs among their populace, especially the youth, who are key drivers of economies.

Semogwerere et al. (2021) have found that young people are most at risk for contracting STIs. Their study which sought to establish factors associated with transmission of STIs was based in Kenya, Nigeria, Uganda and Tanzania. The study highlighted that young people engage in unprotected sex, exposing them to STIs. This is also evidenced by high cases of teenage pregnancies. It is disconcerting that the youth seem to be unaware of the grave consequences of untreated STIs, which include diseases affecting the nervous system, reduced immunity, liver failure, reproductive disorders and cancer (Chesson, Mayaud and Aral, 2017; Regional Committee for Africa, 2017)). Statistics show that based on new reported STI infections, young people seem to be largely unaware of the dangers of unprotected sex (Devex Partnerships, 2022).

Therefore, enhancing prevention of STI among the youth is important. Efforts have been made to achieve this through interventions like educating populations about STIs and methods of prevention like vaccines and provision of affordable and effective treatment (Devex Partnerships, 2022). However, such interventions have been curtailed by factors like stigma associated with STIs, which makes people hesitant to seek help for prevention and treatment, thus infections ae passed on to unsuspecting sexual partners (Mandal, 2019). In addition, other factors that have slowed effectiveness of such interventions include low community participation, low education level and economic status (Shewarega, et al., 2022) and (Chesang, et al., 2017).

For efforts geared toward STI prevention to be effective, the attitude of the youth towards the recommended prevention is imperative. This impacts how they respond to the recommended prevention methods. Internal or external responses to an individual's behavior determine the likelihood of continuing or discontinuing a behavior, depending on whether the responses are positive or negative, as per the social cognitive theory (LaMorte, 2022). If by embracing preventive measures against STIs the individual will enjoy good health, then the positive response is a catalyst to the use of these preventive measures. However, if a negative consequence would be brought about by employing preventive measures against STIs, then the negative repercussions, whether perceived or real, would deter the individual from accepting the preventive measures recommended. Responses can be internal, fueled by the individual's perception of consequences of performing a certain behavior.

The attitude of an individual about a certain health behavior could also be impacted externally. For example, seeing someone else perform a health behavior that results in positive consequences could stimulate desire to emulate the same health behavior. For instance, if a young person sees or gets information that a parent or an opinion leader has successfully implemented preventive measures against STIs, then the young person might be more amenable to implement similar measures to prevent STIs. Reinforcement could be positive or negative, but what is imperative is it leads to an individual's behavior change (Mcleod, 2023).

A number of factors that inhibit young people's attitudes towards prevention of STIs encompass whether expectation of the anticipated consequences of the perceived behavior can be identified. They include positive or negative consequences. Positive outcomes are seen as desirable while negative outcomes are considered undesirable. Both expectations of outcomes and self-efficacy beliefs are influential to individuals in adopting new health behaviors, eliminating detrimental habits, and maintaining achieved goals (Conner & Norman, 2015). Self-efficacy, as enumerated in the social cognitive theory, refers to the level of confidence one has in one's ability to successfully perform a behavior (LaMorte, 2022).. Self-efficacy is seen as crucial especially after intention is formed to adopt a health behavior, when the need is to translate the intention into action.

Individuals who have high self-efficacy recognize that they have the ability to overcome obstacles, and to focus on positive results or opportunities. They believe that they can exercise control, even in circumstances when the environment has constraints rather than opportunities (Conner & Norman, 2015). Albert Bandura (1997), has explored the notion of self-efficacy as a major component of positive response towards a course which is influenced by different sources. Personal accomplishment or mastery can enhance self-efficacy, as far as success is internally attributed and can be replicated. Thus, a young person who successfully uses preventive measures against STIs may be encouraged to continue with the health behavior due to the accomplishment. Another enhancer of self-efficacy is vicarious experience. When, a model person like an influencer, and someone with similar traits to an individual, successfully masters a challenging situation, the social comparison process that ensues can enhance self-efficacy beliefs.

Self-efficacy can also be enhanced by verbal persuasion by others. For example, when a health practitioner reassures a patient that there is a high chance of surviving an illness by following the recommended procedures, this goes a long way in achieving positive outcomes. Emotional arousal also influences self-efficacy. In this case, the individual may experience no uneasiness in a threatening health situation, thus they feel capable of mastering the situation. Bandura (2004), examined health promotion and prevention of diseases from the perspective of the social cognitive theory. He posits that an individual's goals, outcome expectations and perceived environmental impediments operate together with self-efficacy beliefs in the regulation of human motivation, behavior and well-being. Belief in one's self efficacy affects the basic processes of personal change: the consideration to change health habits; amassing the motivation and perseverance needed to succeed after changing the health habit; the ability to recoup from setbacks; and the manner in which they maintain habit changes that have been formed.

Conn (2010) in a study he conducted on how social cognitive theory correlates to health behavior in older women applied the constructs of the theory to exercise, dietary and stress management health behavior. He found out that self-efficacy was the strongest predictor of each of the health behaviors, while outcome expectancy was not a significant predictor of the studied health behaviors. Another study investigated the roles of social cognitive theory and perceived interactivity in motivating health information exchange on social media. The results reveal that human-to-human interaction, for instance between influencer and individual, has a significant influence on outcome expectation of the ability of an individual to manage their health (Lin & Chang, 2018).

Anderson, Winett and Wojcik (2007) investigated how the social cognitive theory is impactful on the nutritional content of food bought and consumed by adults. In this health promotion study, they collected data on constructs of the social cognitive theory related to nutrition, such as: self-efficacy, outcome expectations, social support and self-regulation. They also studied the fiber, fat, fruit, and vegetable content of food-shopping receipts. The results show that the nutrition behavior of participants was affected by their age, gender, socioeconomic status, self-efficacy, social support, negative outcome expectations, and self-regulation. They recommended that to help adults implement self-regulatory behaviors related to buying and eating healthier foods, interventions that would be successful are those that: garner family support, increase self-efficacy related to nutrition, and foster overcoming of negative outcome expectations.

While looking at the predictors of promotion behaviors of oral health among elementary school children, Bashirian, Seyedzadeh-Sabounchi, Shirahmadi, Karimi-Shahanjarini, Soltanian and Vahdatinia (2020) found that self-efficacy and family environment were firmly related to brushing and flossing behaviors. Thus, according to the study, a supportive family environment is a top contributor to successful oral health promotion. These studies support the importance of self-efficacy, expectations of consequences and internal and external responses of the individual in determining health behavior.

Looking into social cognitive theory and sexual health behavior of college students, O'leary, Goodhart, Jemmott and Boccher-Lattimore (1992) studied the predictors of safer sex in a college campus. Their study relays that among the factors investigated, safer sexual behavior is significantly predicted by; a stronger perception of self-efficacy to engage in safer behavior, having fewer expectations of negative outcomes of condom use and, engaging in sex less frequently in conjunction with alcohol and other drug use. Among older adults, Graf, Cohn and Syme (2020) in their study found that sexual risk behaviors are influenced more by environmental factors in their healthcare settings as well as how they perceive and prioritize sexual wellness goals. The results also provide that healthcare workers can play a crucial role in encouraging self-efficacy by creating opportunities to practice sexual-wellness.

Among adolescents, Diiorio, Dudley, Kelly, Soet, Mbwara and Potter (2001) in their investigation uncovered that those with self-efficacy about putting on a condom, and the ability to refuse sex with a sexual partner, and those who had more favorable outcome expectancies concerning using a condom, were more likely to use condoms regularly. Therefore, the studies discussed show the importance of young people's attitude in fostering STI prevention. Hence, this study was done to

establish the influence of young people's attitude on prevention of STIs among youth in institutions of higher learning in Machakos County, Kenya.

Statement of the Problem

Owing to the devastating consequences of STIs among populations world over, especially the youth, nations recognize the importance of prevention of STIs. Untreated STIs have grave consequences, which include diseases affecting the nervous system, reduced immunity, liver failure, reproductive disorders and cancer (Chesson, Mayaud, & Aral, 2017) and (Regional Committee for Africa, 2017). Compared to other regions of the world, countries in Sub-Saharan Africa are ranked higher in yearly incidence of STIs (Gerbase & Mertens, 1998). However, in spite of the devastating effects of STIs and the need to prevent infection, the youth seem to be unaware of the dire consequences and the dangers of unprotected sex (Devex Partnerships, 2022) (Chesson, Mayaud, & Aral, 2017) and (Regional Committee for Africa, 2017). According to (Semwogerere, et al., 2021), young people engage in unprotected sex, exposing them to STIs. The youth may also engage in casual sex, which is linked to the prevalence of sexually transmitted infections (Yang, et al., 2012). Thus, cases of STIs are still prevalent among the youth, even with the presence of interventions that have tried to curtail them.

Studies show that most interventions have focused mostly on HIV (Manhart & Holmes, 2005), even though other STIs are as negatively consequential towards the health of individuals. Other interventions like mediated health communication campaigns have been less effective because the messages are drowned out by other competing programmes, thus the desired behavior change is not achieved (Wakefield, Loken, & Hornik, 2010). This suggests that such interventions may not fully address the underlying attitudes among the youth, which contribute to risky sexual practices. Furthermore, studies in health communication have shown that factors like internal and external responses of individuals, expected consequences of actions like prevention methods, and self-efficacy affect positive health behavior change (LaMorte, 2022) (Lin & Chang, 2018) and (Conner & Norman, 2015). Therefore, this study was done to establish the influence of young people's attitude in prevention of STIs among youth in institutions of higher learning in Machakos County, Kenya. Understanding these attitudes and their role in STI prevention would provide insights into more effective, youth-centered interventions.

Objective of the Study

The main objective of the study was to establish the influence of young people's attitude towards prevention of STIs in institutions of higher learning in Machakos County, Kenya.

Research Hypothesis

H_0: There is no significant influence of young people's attitude on response to prevention of STIs among youth in institutions of higher learning in Machakos County, Kenya

Theory

The study used tenets of the Social Cognitive Theory which was developed by Albert Bandura in the 1960s (LaMorte, 2022). The theory has several constructs among them reciprocal determinism which is the central construct of the theory. This refers to the dynamic and reciprocal interaction

of the individual, environment and behavior. The other constructs of the theory are: behavioral capability, observational learning, reinforcements, expectations and self-efficacy. Behavioral capability is the individual's ability to perform a behavior due to knowledge and skills. Observational learning asserts that individuals have the ability to witness and observe another person's behavior, then reproduce the actions (Rautela, 2023). Reinforcements are the internal or external responses to an individual's behavior that determine the likelihood of continuing or discontinuing the behavior, depending on whether the responses are positive or negative. Expectations are the anticipated consequences of the performed behavior while self-efficacy refers to the level of confidence one has in one's ability to successfully perform a behavior. Self-efficacy can be influenced by one's specific abilities as well as environmental factors (LaMorte, The Social Cognitive Theory, 2022).

The social cognitive theory has been successfully applied in health communication (Shamizadeh, Jahangiry, Sarbakhsh , & Ponnet , 2019) (Bandura, 2007) (DiIorio, McCarty, Resnicow , Lehr, & Denzmore, 2007) and (Orlando, Ellickson, McCaffrey, & Longshore, 2005). The social cognitive theory thus aided in assessing the attitude of young people towards preventive measures of STIs. For example, if young people are assured of positive responses from using preventive measures against STIs, then there is a high likelihood that they may accept the preventive measures than if they got negative reinforcements. Their expectations of anticipated consequences of using preventive measures against STIs may form their attitude towards the recommended measures. Their self-efficacy would also likely impact their view of the preventive measures against STIs. Thus, these constructs of the social cognitive theory aided in accessing how attitude among the youth impacts prevention of STIs.

Conceptual Framework

The study coined the conceptual framework to demonstrate how the variables in the study relate to bring the desired outcomes of the study as shown in Figure 1 below:

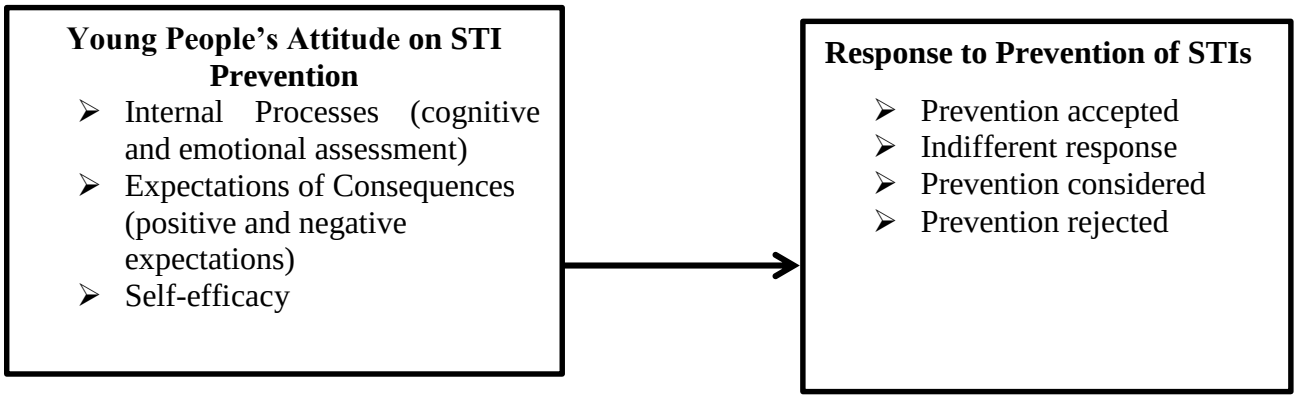

Figure 1: Conceptual Framework

As per the conceptual framework above, the independent variable of the study was young people's attitude on STI prevention while the dependent variable was response to prevention of STIs.

METHODOLOGY

The study utilized the mixed methods approach to collect data. The mixed methods approach is relevant in utilizing the strengths of both quantitative and qualitative data (Creswell, Klasses, Clark, & Smith, 2011). The study utilized a pilot test conducted at Jomo Kenyatta University of Agriculture and Technology. Thirty undergraduate students responded to questionnaires, and two opinion leaders, a health practitioner and a lecturer were interviewed for the pilot test. Results of the pilot test ascertained the quantitative reliability with a Chronbach's alpha value of 0.85 and validity with a significance of 0.000. Furthermore, through the pilot test, the interview guide was adjusted to aid in better qualitative data collection.

In addition, the study was done with a target population of undergraduate students from three institutions of higher learning in Machakos County. These were: Machakos University, Kenya Medical Training College (Machakos Campus), and Machakos Institute of Technology. The sample used for quantitative data was 385 male and female undergraduate students aged 18-25 years. The researcher used probability sampling to collect quantitative data, whereby the undergraduate students in the three institutions were divided into strata and the questionnaires were distributed to the respondents through simple random sampling. Furthermore, the target population also comprised opinion leaders who included: lecturers/tutors, religious leaders, health practitioners and student leaders from the institutions of higher learning. The researcher collected qualitative data from the 26 opinion leaders who were purposefully selected and interviewed as key informants. Thus, the study employed questionnaires and interview guide as instruments of data collection.

RESULTS AND DISCUSSION

The main objective of the study was to establish the influence of young people's STI attitude on response to prevention of STIs among youth in institutions of higher learning in Machakos County, Kenya. The results are demonstrated in Table 1 below:

Table 1: Young People's STI Attitude and Response to Prevention

S. No	Respondents attitude about STIs	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1	I believe I could contract an STI if I engage in unprotected sexual activity	69.87	25.7	1.56	1.3	1.56
2	I do not feel personally vulnerable to STIs	21.3	25.45	17.92	19.74	15.58
3	I am worried about the potential health consequences of contracting an STI	47.53	40	7.53	3.38	1.56
4	I believe that health consequences of untreated STIs are serious	65.71	29.09	4.42	0.26	0.52
5	I believe that contracting an STI would significantly affect my relationships, social life and future plans	57.92	31.94	5.71	3.12	1.3
6	I trust that consistently using condoms during sexual activity would be beneficial for my health	36.88	35.32	16.62	7.53	3.64
7	I think my peers would react positively if they found out I was regularly getting tested for STIs	28.31	32.73	20	11.95	7.01
8	I feel I can abstain from sexual activity if I am not able to use protection	47.27	33.51	10.65	4.68	3.9
9	I am confident in my ability to recognize the signs and symptoms of an STI and seek appropriate medical help	43.64	39.22	10.9	4.42	1.82
10	I do not feel threatened by STIs since I can get cured if I contract them	10.39	19.48	15.84	28.05	26.23
11	I fear other life-threatening diseases more than I fear STIs	14.8	27.01	22.6	22.07	13.51

The data are presented in percentages.

(Strongly Agree – 1, Agree – 2, Neutral – 3, Disagree – 4, Strongly Disagree – 5; Mean – 2.1209, Standard Deviation - .46469)

As seen in Table 1.0 above, the statements were presented using a 5-point Likert Scale. The mean was 2.1209. This highlights that most respondents agreed with the statements concerning the influence of young people's attitude on response to prevention of STIs among the youth. The standard deviation was 0.46469, which is close to zero, indicating that that the data was clustered around the mean.

Correlation Analysis for Young People's Attitude and Response to Prevention of STIs

The researcher conducted correlation analysis to determine how young people's attitude interrelated with response to prevention of STIs by the youth as shown below in Table 2.

Table 2: Correlation Analysis for Young People's Attitude and Response to Prevention of STIs

		Young People's Attitude	Response to Prevention of STIs
Young People's Attitude	Pearson Correlation	1	.254**
	Sig. (2-tailed)		.000
	N	385	385
Response to Prevention of STIs	Pearson Correlation	.254**	1
	Sig. (2-tailed)	.000	
	N	385	385

**. Correlation is significant at the 0.01 level (2-tailed).

The Pearson correlation coefficient was (r=0.254, p=0.000), as seen in Table 1.1, indicating that young people's attitude has a statistically significant strong positive correlation with young people's response to prevention of STIs. This denotes a positive linear relationship between young people's attitude and response to prevention of STIs among the youth sampled from institutions of higher learning. According to Bashirian, Seyedzadeh-Sabounchi, Shirahmadi, Karimi-Shahanjarini, Soltanian and Vahdatinia (2020), attitudes like self-efficacy have positive influence on successful health promotion behavior.

Regression Analysis for Young People's Attitude

To determine the regression model for young people's attitude and response to prevention of STIs by the youth, regression analysis was conducted. The model was used to test whether young people's attitude significantly predicted response to prevention of STIs, and the results are demonstrated in Table 3 below:

Table 3: Regression Analysis Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.254[a]	.065	.062	.20335

a. Predictors: (Constant), Young People's Attitude

The findings as seen in Table 3 indicate that the adjusted R^2 is 0.062, stipulating that there is a relationship between young people's attitude and response to prevention of STIs, with the implication that 6.2% of the variation of response to prevention of STIs by young people can be explained by young people's attitude. The remaining 93.8% of variation in response to prevention of STIs by young people would be due to other factors not found in the model.

Furthermore, the researcher used regression analysis coefficients to establish whether the model was significant as depicted in Table 4 below:

Table 4: Regression Analysis Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	T	Sig.
1	(Constant)	1.014	.048		20.910	.000
	Young People's Attitude	.115	.022	.254	5.145	.000

a. Dependent Variable: Response to Prevention of STIs

As seen in Table 4 on regression analysis coefficients, the regression model is statistically significant since p=0.000<0.05, implying that young people's attitude significantly predicts response to prevention of STIs among the youth. The model can be defined as $Y=1.014+0.115X_2$ where Y=response to prevention of STIs by young people and X_2 = young people's attitude. The unstandardized coefficient for young people's attitude was 1.014. This suggests that one unit increase in young people's attitude increases the response to prevention of STIs by 0.115, holding all other variables constant.

ANOVA for Young People's Attitude

The Analysis of Variance (ANOVA) results were used to determine whether the model was significant and whether young people's attitude had any influence on response to prevention of STIs. The results are showed in Table 5 below:

Table 5: ANOVA for Young People's Attitude

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.095	1	1.095	26.475	.000[b]
	Residual	15.837	383	.041		
	Total	**16.932**	**384**			

a. Dependent Variable: Response to Prevention of STIs
b. Predictors: (Constant), Young People's Attitude

As shown in Table 5, results of Analysis of Variance for regression coefficients were; F(1,384)=26.475, P=0.000. This denotes that the model is significant since P<0.05. Thus, the regression model is significantly fit to predict response to prevention of STIs by young people. Therefore, it can be argued that young people's attitude had an influence on response to prevention of STIs among the sampled students of institutions of higher learning. Therefore, the null hypothesis that young people's attitude has no influence on response to prevention of STIs among youth in institutions of higher learning in Machakos County, Kenya was rejected. It is therefore true to conclude that young people's attitude has an influence on response to prevention of STIs among the youth.

Moreover, the findings as shown in Table 1 indicate that majority of the respondents at 95.57% believed that they were at risk of contracting an STI by engaging in unprotected sexual activity. As some key informants noted, young people, especially those who had recently joined campus, tended to be naïve about sexual matters. Their lack of knowledge would lead to the more

experienced students luring them into sexual activity, Furthermore, newfound freedom in higher learning, where they were away from the supervision of parents and guardians, would also be a catalyst towards sexual activity.

The key informants were identified as per the labels H1, H2, H3, H4, H5 and H6 to show responses by healthcare providers; L1, L2, L3, L4, L5, L6, L7 and L8 for responses from lecturers and tutors; R1, R2, R3, R4, R5 and R6 to depict responses by religious leaders; and S1, S2, S3, S4, S5 and S6 for responses from student leaders.

H6: *Somebody is from high school. They are vulnerable. Then they come and meet the third years, fourth years, experienced guys. They take them out, maybe for a drink, social parties, and they end up doing those kinds of sexual stuff. And these are wild parties out here with drugs.*

R6: *When they leave home, for example, you know, there are parents who hold children at home, they don't release them. And now in college, he or she has the liberty.*

L1: *Some of them tend to shy away, especially the first years. When they come to school, the environment is new. These diseases like candidiasis, they have just experienced them, they don't know. They have never had an experience like that. So, it becomes difficult for them.*

The fact that some respondents did not believe that unprotected sexual activity can lead to STI infection can be explained by lack of knowledge. Indeed, key informants noted that, lack of knowledge concerning STIs as well as misinformation were reasons why young people did not understand preventive measures.

L5: *Most of them don't know how they can even prevent STIs. So even if you tell them how to prevent, they seem like they are being shocked.*

H4: *…we are living in times when people assume so much, they'll just be able to look at you and say, 'no, this one does not have this. This one cannot have STI.' STI is not labelled on your face.*

S1: *The main obstacle is ignorance. They say, 'oh, no, let me try this. I've been doing it, but let me continue trying it'… They will say, 'this disease, we've been living with it, so there's no need for being afraid of it.'*

R5: W*e have so many young people who are being misinformed. Most of them end up in to these blunders and then they wake up having transmitted either of the diseases…*

LaMorte (2022) noted that internal or external responses to an individual's behavior determine the likelihood of continuing or discontinuing a behavior, depending on whether the responses are positive or negative, as per the social cognitive theory. Therefore, if by embracing preventive measures against STIs the individual expects to enjoy good health, then the positive response is a catalyst to the use of these preventive measures. However, if a negative consequence would be brought about by employing preventive measures against STIs, then the negative repercussions, whether perceived or real, would deter the individual from accepting the preventive measures recommended. The few respondents, 2.86%, who noted that they were not at risk of contracting an STI due to engaging in unprotected sexual activity may not have been aware of the risks of STIs or they may not have perceived these risks as a possible outcome.

Interestingly, nearly half of the respondents at 46.75% indicated that they did not feel vulnerable to STIs. This lack of perceived vulnerability might be one of the reasons why the youth realize the seriousness of STIs after they are infected. Most key informants noted that many young people have often sought information about sexual health because they suspected that they had been infected. Thus, their attitude was reactionary, triggered by a suspected infection, rather than proactive which has been highlighted as more beneficial (Waldman & Terzic, 2019).

H5: *Most come for treatment, but when we are talking to them, we pass the information of the knowledge of prevention… Then we encourage them to pass the information to their peers.*

S6: *Most of the cases are cases of curing. Yes, most of them try and prevent. Of course, using the condoms. But then you will only come to know or to talk about these issues, mostly when one is already infected.*

Majority of the respondents, 87.53% agreed that they were worried about the potential health consequences of contracting an STI. In addition, most of the respondents, at 94.8% believed that health consequences of untreated STIs were serious. According to most of the opinion leaders interviewed, young people did not view STI infection with seriousness, but rather casually, and they did not imagine that consequences of unprotected sexual activity would be serious.

H6: *They have started seeing sexually transmitted infection like a normal infection, like a cold, like a skin disease. Even the ones we have tested, syphilis, they don't see the magnitude or seriousness of having it. They are just like, 'oh, is it bad?' Then you are there trying to explain having syphilis is something which is not a very good thing… So, they don't even like medicine. You may give them medication for five days. They take for two days, the symptoms are gone, and then they throw away the medicine… Maybe it's because HIV drugs are working that's why people think HIV is not that serious… that mentality that somebody looks healthy thus they are not HIV positive. It's still in people's minds.*

L2: *This generation, based on what has been happening, there's been that notion of some sort of don't care attitude whereby, it's like they're ready for the repercussions.*

R6: *Young people don't care about tomorrow. But now, when they are encouraged, they start to see the future.*

S1: *They don't take it serious until maybe one victim happens to be, let's say, him or the family or a close friend. That's when you'll become more protective.*

Curiosity to explore was also noted as a catalyst towards sex among young people.

S6: Y*ou are always tempted to do what you are told not to do especially when there is no reason. So, they wonder why they are being told not to engage in sexual activity. That is where people get attracted to sex.*

Some key informants supported the notion that young people worry about consequences of STIs, noting that a guilty conscious could trigger young people to seek counselling about sexual matters.

R3: *Most of them come because maybe they are addicted, or maybe they are not happy with their sexual life especially. It contradicts their beliefs and their values.*

According to the social cognitive theory, positive outcomes of actions like STI prevention measures are seen as desirable while negative outcomes are considered undesirable. Expectations of consequences are viewed as important determinants in the early formation of intentions (Conner & Norman, 2015). Thus, the results suggest that there are young people who may engage in unprotected sexual activity because they are not worried about consequences of STI infection and because they do not believe that health consequences of untreated STIs are serious.

Most of the young people surveyed, 89.86% felt that contracting an STI would significantly affect their relationships, social life and future plans. For these respondents, the negative impact that contracting an STI would have on their relationships, social life and future plans would be a deterrent to engaging in unprotected sexual activity. Furthermore, this negative impact would likely encourage them to adopt preventive measures against STIs during sexual activity.

Notably, a number of respondents, 11.17% did not trust that consistent use of condoms during sexual activity would be beneficial for their health. In support of this, some key informants mentioned that young people feel that using condoms would not be as pleasurable as engaging in raw sexual activity.

S2: *Some ladies say they want to feel it like meat to meat. And now that is what will get you into that STI thing. Because you don't want to use the condom. Some say condom is painful. Some say some men don't know how to use it.*

Notions of masculinity were also mentioned as reasons for refusing to use protection during sexual activity. However, using protection during sexual activity has been widely encouraged and fronted as one of the methods of preventing STI infection (CDC, 2023).

S1: *People say that 'I'm a real man, I cannot use condom.' That's what brainwashes them.*

Moreover, 18.96% of respondents did not think that their peers would react positively if they found out that the respondents were getting tested regularly for STIs. Almost an equal number, 20%, were unsure of how their peers would react concerning the respondents getting regular tests for STIs. This suggests that the respondents may avoid speaking with their peers about their sexual lives for fear that they may be stigmatized in case they had an STI infection.

Majority of the young people surveyed, 80.78%, felt that they could abstain from sexual activity if they were not able to use protection. This relates to the self-efficacy of young people regarding STI prevention. Self-efficacy is seen as crucial especially after intention is formed to adopt a health behavior, when the need is to translate the intention into action. Individuals who have high self-efficacy recognize that they have the ability to overcome obstacles, and to focus on positive results or opportunities. They believe that they can exercise control, even in circumstances when the environment has constraints rather than opportunities (Conner & Norman, 2015).

According to Conn (2010), self-efficacy is a strong predictor of health behaviors. In their study of social cognitive theory and sexual health behavior of college students, O'leary, Goodhart, Jemmott and Boccher-Lattimore (1992) found that safer sexual behavior is significantly predicted by; a stronger perception of self-efficacy to engage in safer behavior, having fewer expectations of negative outcomes of condom use and, engaging in sex less frequently. In support of this assertion, Diiorio, Dudley, Kelly, Soet, Mbwara and Potter (2001) highlighted that those with self-efficacy

about putting on a condom, and the ability to refuse sex with a sexual partner, and those who had more favorable outcome expectancies concerning using a condom, were more likely to use condoms regularly. Most of the respondents. 82.86% agreed that they were confident in their ability to recognize the signs and symptoms of an STI and to seek appropriate medical help.

Almost a third of the respondents at 29.87% noted that they did not feel threatened by STIs because they can get cured in case they are infected. The key informants corroborated this noting that young people felt that the availability of protective measures like condoms would encourage them into more sexual activity. Also, another reason for not perceiving STIs as serious was the fact that STIs could be treated or handled using drugs like ARVs.

L7: *Because of the availability of condoms, they are saying, 'We are protected after all'. This can motivate the young people. In fact, it is a major problem.*

Moreover, nearly half of the young people surveyed, at 41.81%, indicated that they fear other life-threatening diseases more than they fear STIs. However, according to World Health Organization statistics, there were 376 million new cases of four STIs; chlamydia, gonorrhea, syphilis, and trichomoniasis that are treatable, in 2016. Worldwide, youth between ages 15-24 constitute the highest reported cases of STIs, especially in resource-deprived nations (Yuh, et al., 2020).

Some interviewees noted that young people were more concerned about getting pregnant as a consequence of unprotected sexual activity, as opposed to getting infected with STIs.

L8: *Most of them are scared of pregnancy, but not scared of sexually transmitted diseases. So, they'll be more concerned of 'Am I pregnant?' Than, 'have I contacted an STI?'*

S3: *The feedback that we get from doctors is that most of us are very arrogant at this stage. People don't care. They only prevent pregnancy. So, they think when you are pregnant and you are in campus you will not achieve your dreams… even the boys just care if their girlfriends don't get pregnant. Most of the youths are focusing on prevention of pregnancy, but rather they forget about protecting themselves from these STDs and HIV AIDS.*

The youth are disproportionately impacted by STIs partly as a result of ignorance as they are not aware of the consequences the infections pose (Devex Partnerships, 2022). Young people may also be more accepting of casual sex, which is linked to the prevalence of sexually transmitted infections (Yang, et al., 2012). According to Lyons, Manning, Longmore and Giordano (2014), casual sex among unmarried individuals that happens outside of committed intimate relationships seems to be relatively common among young adults.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

The study concluded that majority of young people believe that they are at risk of contracting an STI by engaging in unprotected sexual activity, and that they worry about the potential health consequences of contracting an STI, which are considered serious. However, there are some who do not feel vulnerable to contracting STIs and choose to engage in unprotected sex because of reasons like condoms not allowing them to feel desired pleasure during sexual intimacy. Moreover, there are those who are curious about exploring sexual activities, and when they do it without being

well informed of the risks, the consequences may be unfavorable. Majority of young people believe that contracting an STI would significantly affect their relationships, social life and future plans. Also, most youth are confident that they can abstain from sexual activity if they are not able to use protection and that they can recognize the signs and symptoms of an STI and seek appropriate medical help. Interestingly, there are young people who do not feel threatened by STIs because they can use preventive measures like condoms and because they can get cured in case they are infected. Thus, they are more worried about other life-threatening diseases than about STIs. They are also more concerned about getting pregnant as a consequence of unprotected sexual activity, as opposed to getting infected with STIs. This is despite the serious consequences of contracting STIs, for example, chronic sickness which may be fatal.

Recommendations

The study recommends that young people realize the importance of taking care of their sexual health. The society can help the youth develop and maintain attitudes that help with protection from STI infection, for example, through opinion leaders' intervention and enactment of health policies. The society should take up the issue of assisting youths on STI prevention through opinion leaders' workshops and mentorship programmes. Prevention of STIs is easy to accomplish and the youth should be willing and proactive to seek such information from relevant sources. On the other hand, ignorance leads to unwanted consequences and delayed treatments may adversely affect a young person's health, physically, mentally and emotionally. Young people should thus break the tide of embarrassment and mystery that surrounds sexual health, and in turn teach the value of sexual health information to future generations.

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