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Sex, Risk, and Reality: Mapping the Shifting Landscape of University Student Sexual Behaviour in Zimbabwe

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Abstract: *This study examined the evolving patterns of risky sexual behaviours among university students by providing a comprehensive map of emerging trends, prevalence rates, and underlying drivers to inform the evolution of prevention programmes. The design of preventive efforts such as CONDOMIZE!!! The Do Not Compromise campaign in universities across the country ought to be evolving to be effective. Using a quantitative approach, data were collected from undergraduate students (n=1100) through self-administered questionnaires. Findings of the study revealed that students are engaging in a wide range of risky sexual practices for different reasons. These include, among others, multiple sexual partnerships, transactional sex and early sexual debut. Statistical analyses, including chi-square tests, highlighted significant associations between these behaviours and demographic variables such as gender and age. Socio-economic factors, particularly economic hardship, peer pressure, and digital media influence, emerged as critical contributors to these behaviours. Despite existing HIV prevention programs, the study underscores a growing disconnect between current interventions and the lived realities of students. The findings call for a strategic rethinking of sexual health interventions to reflect the shifting socio-cultural and economic landscape within university settings. This research provides evidence-based insights critical for designing targeted, context-sensitive interventions to reduce sexual health risks among young adults in tertiary institutions.*

Keywords: *Risky sexual behaviours, HIV and AIDS, University students*

1. INTRODUCTION

Risky sexual behaviours among university students have become a significant public health concern globally, particularly in low and middle-income countries (WHO, 2018; Madkour et al., 2020). These behaviours, which include unprotected sex, multiple sexual partnerships and transactional sex, contribute substantially to high incidences of sexually transmitted infections and HIV infections among young adults (UNAIDS, 2022). In Sub-Saharan Africa, the HIV and AIDS epidemic remains alarmingly high, with 20.7 million people living with HIV, accounting for 55% of the global burden. Youth aged 15 – 24 contribute to a large share of new infections, largely due to their engagement in risky sexual practices (WHO, 2018; UNAIDS, 2022).

Zimbabwe is one of the countries most affected by the epidemic, with a reported 18.1% of individuals aged 15 – 35 living with HIV and AIDS (Zimbabwe National Statistics Agency [ZIMSTAT], 2021). Among Zimbabwean youth, university students are especially vulnerable due to a combination of psychosocial, economic, and environmental factors that increase susceptibility to risky sexual behaviours. Despite the implementation of government-led HIV prevention initiatives and collaborative efforts with non-governmental organisations, risky sexual behaviours remain prevalent among students in universities (Gwebu & Muromo, 2019).

Although studies have examined youth sexual behaviours in Zimbabwe, there is limited and outdated empirical research focused on the forms and prevalence of contemporary risky sexual behaviours among university students. This gap is concerning, considering the dynamic and evolving nature of youth sexual behaviours, which is increasingly shaped by changing socio-economic conditions, digital exposure, and shifting social norms (Francis & DePalma, 2015; Peltzer & Pengpid, 2019). The influence of socio-economic hardships, globalisation, and digital connectivity has led to the emergence of new patterns of sexual risk-taking that are not adequately addressed in existing interventions (Choudhry et al., 2021). The accessibility of pornographic material and social media platforms has facilitated early

sexual initiation, increased experimentation, and casual sexual encounters, often occurring without sufficient risk mitigation strategies such as condom use (Peter & Valkenburg, 2016; Madkour et al., 2020; Sinković et al., 2021).

In Zimbabwe, economic instability and high levels of youth unemployment have intensified the prevalence of transactional sex, especially among female students who exchange sexual favours for financial support to meet educational and living expenses (Mavedzenge et al., 2011; Adebayo et al., 2022). Transactional sex, though often shaped by economic desperation, is also influenced by gendered power dynamics, where imbalances reduce women's ability to negotiate safer sex practices, thereby increasing vulnerability to HIV and other STIs (Choudhry et al., 2021; Bhana & Pattman, 2011). Moreover, transactional sex is often normalised in campus culture and may not always be perceived as exploitative, making it more difficult to address through conventional public health messaging (Leclerc-Madlala, 2003).

While there is growing recognition of these risks, existing studies in Zimbabwe typically aggregate youth populations, failing to distinguish the unique sexual health challenges faced by university students. This subgroup operates within a distinct socio-environmental context characterised by increased independence, peer pressure, access to alcohol and recreational drugs, and widespread use of digital platforms (Francis & DePalma, 2015; Muromo, 2019). These factors contribute to the normalisation of behaviours such as intoxicated sex and group sexual encounters, all of which heighten vulnerability to adverse health outcomes (Olumide et al., 2016; Mills et al., 2018).

Despite anecdotal evidence and media reports indicating the emergence of new sexual behaviours among students, rigorous scientific inquiry has been limited, making it difficult to assess the adequacy of existing sexual health interventions (Gwebu & Muromo, 2019). Furthermore, outdated assumptions underpinning national sexual and reproductive health strategies may no longer align with the lived experiences and sexual realities of contemporary students (Francis & DePalma, 2015; Mavedzenge et al., 2011). The absence of current, data-driven insights impairs the development of targeted, effective health promotion programmes tailored to students' evolving contexts.

Given these knowledge gaps, this study documented contemporary risky sexual behaviours among university students in Zimbabwe, identifying their prevalence and key drivers. Although studies have addressed specific sexual risk behaviours among university students in other African countries such as South Africa and Botswana, a few have provided a holistic analysis of the evolving sexual landscape among Zimbabwean students (Francis & DePalma, 2015; Adebayo et al., 2022). A comprehensive understanding of student sexual behaviours is critical to inform evidence-based interventions that reflect students' realities and align with current socio-cultural dynamics.

By offering empirical insight into the patterns and drivers of risky sexual behaviours among students, this research contributes a nuanced understanding of youth sexual health in Zimbabwe. The findings are expected to inform sexual health programming and policy, fostering the development of more responsive, student-centred prevention strategies. As sexual behaviours and risk factors continue to evolve, research and intervention strategies must evolve concurrently to ensure relevance, accuracy, and impact. In this regard, this paper reports comprehensively on contemporary risky sexual behaviours, prevalence rates and drivers.

2. METHODS

2.1. Participants

The study recruited 1,100 undergraduate university students aged 18 – 30 years. A stratified convenience sampling method was adopted to ensure broad representation across gender, religion and academic level. To enhance the response rate, those who were easily accessible in each stratum were considered. Stratification was particularly important given that sexual behaviour patterns can vary significantly across different demographic and socio-academic profiles (Peltzer & Pengpid, 2019; Francis & DePalma, 2015). While convenience sampling limits generalizability, it remains appropriate for behavioural studies conducted within institutional settings where probability sampling alone is impractical due to administrative and logistical constraints (Etikan, Musa, & Alkassim, 2016; Bornstein et al., 2013). Inclusion criteria required participants to be full-time students and willing to provide

informed consent. Participation was voluntary, and students were assured that declining to participate would have no consequences on their academic standing or access to services.

2.2. Instrument

Data were collected using a structured self-administered questionnaire developed specifically for this study and grounded in previous empirical research on youth sexual risk behaviour (Madkour et al., 2020; Choudhry et al., 2021; Adebayo et al., 2022). The instrument measured both risky sexual behavioural engagements, prevalence rates, as well as drivers (WHO, 2018; UNAIDS, 2022). Additional items assessed participants' demographic characteristics. To enhance content and face validity, the questionnaire was reviewed by two independent experts in health and developmental psychology and piloted among a separate group of 30 students. Feedback from the pilot led to minor linguistic and formatting adjustments to improve clarity and cultural relevance. The final version demonstrated strong internal consistency, with a Cronbach's alpha of 0.81, indicating good reliability for the multi-item scales used (Tavakol & Dennick, 2011). The use of self-administered questionnaires was particularly justified given the sensitive nature of sexual health research and the need to promote privacy and reduce social desirability bias in participant responses (Tourangeau & Yan, 2007).

2.3. Procedure

Ethical approval for the study was obtained from the Faculty Postgraduate Studies Committee (FPGSC) and the Research Ethics Committee – Human (REC-H) of Nelson Mandela University, while permission to conduct the study was granted by university administrators. All research activities adhered strictly to internationally accepted ethical standards, including the APA Ethics Code (2017) and the Belmont Report (National Commission, 1979). Data collection occurred soon after scheduled class sessions in designated lecture rooms to minimise disruption after getting informed written consent from participants. The use of self-administered paper questionnaires in a supervised, controlled setting allowed for uniform administration while reducing peer influence and maintaining participant privacy (Fenton et al., 2001).

2.4. Data Analysis

Quantitative data were analysed using descriptive and inferential statistics in IBM SPSS Statistics version 27 (Bryman, 2016; Field, 2018). Descriptive analyses (frequencies and percentages) summarised demographic information and the prevalence of risky sexual behaviours (Creswell & Creswell, 2018). Chi-square (χ^2) tests were used to examine associations between these demographic variables and risky sexual behaviours (McHugh, 2013). The significance threshold was set at $p < .05$, in line with established social science conventions (Tabachnick & Fidell, 2019; Pallant, 2020). This analytical approach allowed for the identification of both the prevalence and predictors of sexual risk behaviours, offering empirical insight into the behavioural and socio-economic factors (Peltzer & Pengpid, 2019; Madkour et al., 2020; Adebayo et al., 2022).

2.5. Ethical considerations

Ethical approval was obtained from the Faculty Postgraduate Studies Committee (FPGSC) and the Research Ethics Committee – Human (REC-H) at Nelson Mandela University. The study adhered to the Belmont Report principles and APA Ethical Guidelines (National Commission, 1979; APA, 2017). Participants were informed of their rights, and written informed consent was obtained. Participation was voluntary, with no consequences for withdrawal. Data was anonymised and securely stored to ensure confidentiality (Sieber & Tolich, 2013; Wiles, 2013). No identifying information was collected, and support service information was provided due to the sensitivity of the topic. While the study posed minimal risk, ethical safeguards were implemented to protect participants' well-being (Resnik, 2018).

3. RESULTS

3.1. Findings on the forms, prevalence and drivers of prevalence of risky sexual behaviours

The section below presents forms, prevalence and drivers of risky sexual behaviours found among university students in Zimbabwe. Understanding these behaviours is essential for developing appropriate sexual health interventions. However, before that, findings on demographic information were presented first.

3.1.1. Demographic statistics

Table 1 below provides a breakdown of the characteristics of the study participants.

Table 1. *Summary of demographic information*

Variable	Category	Frequency	Percentage (%)
Response rate	1493	1100	74
Gender	Male	478	43.45
	Female	622	56.55
Age	18 - 25	728	66.18
	26 - 30	359	32.64
	31 - 35	10	0.0091
	35>	3	0.0027
Marital Status	Single	909	82.6
	Married	149	13.5
	Divorced	42	3.8
Religion	Christianity	639	58.09
	African Traditional	437	39.73
	Muslim	24	2.18
	Hindu	0	0
	Other	0	0
Living arrangement	Off campus alone	536	48.73
	With parents	114	10.36
	With guardian	77	7
	On campus	373	33.91
Academic Level	Level 4 Semester 1	510	46.4
	Level 4 Semester 2	590	53.6

The study achieved a response rate of 74%, with 1100 completed questionnaires returned from the original sample of 1493 students. This response rate is substantial enough for valid inferences and generalisations to the student body.

The study included both male and female participants, though there were slightly more female than male students. Despite this difference, both genders were sufficiently represented, allowing for reliable and valid conclusions.

The participants' ages ranged from 18 to 35, with the majority (66.18%) being between 18 and 25. This age group is typical for university students, with smaller percentages being aged between 26-30 and above 30. The sample, therefore, reflects the typical age range of university students.

Most students (82.6%) were single, which is common in university settings across the globe. A few students were, however, married (13.5%) or divorced (3.8%). These figures are consistent with marital status distribution in a university context, even in other countries.

Most students identified as Christian (58.09%) or adhered to African traditional beliefs (39.73%). A small proportion however (2.18%) identified as Muslim. This distribution reflects the religious makeup in Zimbabwe even in the general population.

A significant proportion (82.64%) of students lived either off-campus alone or on campus. A smaller group (17.36%) lived with their parents or guardians. This finding aligns with typical student living arrangements and may provide insight into factors influencing risky sexual behaviour among students.

The sample included students from both first (46.4%) and second semester (53.6%) of final year (Level 4). While slightly more students were in the second semester, both groups were well-represented.

3.2. Measurement Model Evaluation: Descriptive Statistics, Reliability, and Validity of Risky

Table 2 below presents the descriptive statistics (Mean and Standard Deviation) for the Risky Sexual Behaviour (RSB) construct alongside reliability and validity indicators, including Cronbach's Alpha (CA), Composite Reliability (CR), and Average Variance Extracted (AVE). Additionally, Table 2 shows the results of construct correlations and the square root of AVEs to assess discriminant validity and multicollinearity among the constructs.

Table 2. *Descriptive statistics, reliability, and validity measures for RSB*

M	SD	CA	CR	AVE	Discriminant Validity (√AVE)
3.306	1.242	0.941	0.949	0.613	0.783

Table 2, shows that the Cronbach's Alpha (CA) value of 0.941 exceeds the recommended threshold of 0.70, indicating excellent internal consistency among the measurement constructs (Hair et al., 2014). Similarly, the Composite Reliability (CR) value of 0.949 is well above the minimum acceptable threshold of 0.70 (Hair et al., 2014), further confirming the reliability of the construct. The Average Variance Extracted (AVE) value of 0.613 exceeds the recommended threshold of 0.50, demonstrating sufficient convergent validity (Fornell & Larcker, 1981).

The square root of AVE (discriminant validity) for RSB is 0.783, greater than the inter-construct correlations (values not shown), confirming that the construct is distinct and valid in measuring the intended concept. Furthermore, as all inter-construct correlation coefficients are below 0.75, multicollinearity is not a concern (Kline, 2015). The CA, CR, and AVE values indicate that the measurement constructs are reliable and internally consistent, while the discriminant validity and lack of multicollinearity further support the measurement model's robustness.

3.3. Findings on Risky Sexual Behaviour of Students

Table 3 below shows findings on forms of risky sexual behaviours engaged by students.

Table 3. *Forms, prevalence and drivers of RSB*

Description of RSB	SD	D	N	A	SA
Have you "hooked up" and engaged in sexual behaviour with someone you didn't know or didn't know well?	9.0%	9.9%	25.2%	31.1%	24.8%
Have you had intercourse (vaginal, oral & anal) without a condom?	9.3%	7.2%	10.9%	17.5%	55.1%
Have you ever had sex with someone that you know but are not involved in any sort of relationship with (i.e. "friends with benefits", "fuck buddies")?	3.9%	6.3%	14.1%	36.5%	39.2%
Have you ever had more than one sexual partner?	9.1%	8.1%	12.1%	17.1%	53.6%
Have you ever had sex with someone who had been sexually active before you were with them but had not been tested for STIs/HIV?	9.1%	10.2%	22.6%	32.1%	26.0%
Have you ever had sex with someone 10 years older than you?	8.5%	5.8%	11.5%	19.7%	54.5%
Have you engaged in sex experimentation e.g., dry sex, group sex	5.7%	4.5%	12.7%	21.6%	55.4%
Have you met students who engaged in their first sex before the age of 18 (sexual debut)?	10.9%	8.0%	15.9%	17.5%	47.7%
Have you ever had involuntary sex?	3.2%	5.1%	21.0%	37.0%	33.7%
Have you gotten so drunk or high that you couldn't control your sexual behaviours?	9.4%	6.8%	9.5%	17.8%	56.5%
Have you had sex to get money, drugs/alcohol or favours?	8.2%	7.4%	11.6%	17.6%	55.2%
Have you ever engaged in sex because of peer pressure?	8.5%	8.1%	11.2%	19.9%	52.3%
Have you engaged in sex because of sex-texting (talking about sex issues including exchange of sexual arousing stuff)	5.3%	5.5%	9.0%	24.3%	55.9%
Have you ever attended a nightclub?	5.3%	5.5%	9.0%	23.3%	56.9%

Key

SD – Strongly Disagree

D – Disagree

N – Neutral Answer

A - Agree

SA – Strongly Agree

RSB – Risky Sexual Behaviour

The study found that most students engage in various risky sexual behaviours as depicted in Table 3 above. This is premised on the fact that an average of 68% of the students engage in risky sexual behaviours. Examples of forms of risk sexual behaviours found by this study include multiple sexual partners, sexual debut, transgenerational sex, sex with strangers, unprotected sexual intercourse, sex with friends and fuck buddies and unprotected sex without HIV testing. The study also found the following to be drivers and at the same time as forms of risk sexual behaviours including, transactional sex (financial), sex after consumption of alcohol (substance abuse), sex due to peer pressure, sex-texting (online interaction) and involuntary sex (coercion) as depicted in the table 3 above. The findings above are in line with findings of previous research, including but not limited to studies by Bui et al., (2012) amongst Vietnamese undergraduates, Caldeira (2013), in the United States and UNESCO, (2014) in its various studies across Africa, Gebresllasie et al. (2017), Kebede et al. (2017) in Ethiopia, and WHO (2018), across Sub-Saharan Africa. The present research thus reflects and confirms the findings of previous research conducted elsewhere.

The current interventions may be failing to address the emerging dynamics relating to risky sexual behaviours specific to the university population. For instance, external factors like the need for money to buy basic commodities might be having an overriding effect considering the economic environment prevailing despite having knowledge about HIV and AIDS prevention. Additionally, factors like online interactions for example sex-texting via WhatsApp and access to other electronic media with pornographic materials, nightclub attendance, peer pressure and change in social norms might be fuelling new forms of risk sexual behaviours which never existed before and complicated to solve. For example, sex with a friend or fuck buddy, sex experimentation like dry sex and threesome, involuntary sex wherein sex happens but parties attribute it to drunkenness among others. A resounding, 72.2% and 72.6% agreed and strongly agreed, respectively, having engaged in some form of risky sexual behaviour because of peer pressure and need for money.

The Centre for Disease Control and Prevention (CDC) (2012) noted the need to get money to buy food and other related needs and luxuries to match university life standards as the possible explanation for the continued high prevalence rates of risky sexual behaviour forms like sexual debut, multiple relationships, transgenerational and transactional relationships. This finding falls within the rubric of the theoretical framework, that is attribution theory and in particular external attribution, (Kelley, 1967) and the Health Belief Model wherein the need for money and peer pressure act as a barrier to engagement in healthy behaviour (Silverman and Papesh, 2018). The study, thus, generated two distinct but complementary insights, that is, one relating to the limited impact of current interventions as well as areas which needs to be addressed by future interventions to be effective.

Neutral responses were also obtained in the study, for example, on night club attendance with 9.0% and sex due to peer influence with 11.2%. A possible explanation for neutral responses relates to limitations imposed by the culture where some participants could not open to behaviours considered unacceptable by society. Available literature supports the same, for example this is well supported by a study by Gondo and Mtemeri (2022) in their study “Muted but not Silent: Factors Influencing Sexual Abuse Disclosure among Adolescents in Gutu District, Zimbabwe”. Premised on this, most of the neutral responses may be for those agreeing and strongly agreeing implying that resoundingly, students are engaging in risk sexual behaviours.

The current study also revealed that some students do not engage in risky sexual behaviours, as depicted in table 3. At least 19, 3%, 18,9%, 16,6% and 17.2% do not engage in sex without getting tested for HIV and Aids, sex with strangers, sexual debut, and multiple sexual partnerships. Moreover, statistics available showed increased demand for services like HIV counselling, testing and treatment. The figures are significant enough to argue that current interventions are in part effective. However, a review process is still needed to meet the current risky sexual trends. For instance, health expo messages must address real dynamics on the ground and provide practical solutions.

3.3. Findings on the relationship between demographic factors and risky sexual behaviour

Below is a list of tests administered to check on the relationship between demographic factors and risky sexual behaviours. However, before that presentation, a normality test was run to determine which tests to use to check on the relationship.

3.3.1. Normality test

Normality tests were conducted to fit a parametric or non-parametric hypothesis. The following hypotheses were tested:

H_0: The data for the variables is not significantly different from a normal distribution.

Versus

H_1: The data for the variables is significantly different from a normal distribution.

Table 4. *Results of normality tests*

Kolmogorov-Smirnova			Shapiro-Wilk		
Statistic	Df	Sig.	Statistic	Df	Sig.
.257	1100	.000	.886	1100	.000

According to the results shown in Table 4, all the p-values are below the threshold value of 0.05, suggesting that the data were not from a normal distribution. The results suggest the rejection of the null hypothesis. Hence, it can be concluded that the data for the variables are significantly different from a normal distribution. Since the data were not normal, the data could be exposed to non-parametric tests such as the Chi-square test and Spearman correlation analysis.

3.3.2. Chi-square tests

Association between gender and risky sexual behaviour

In the first instance, a contingency table was prepared to depict the frequencies of responses of male and female participants. Table 5 shows that 478 were male and 622 were female students. A chi-square test was used to see if there was any link between gender and risky sexual behaviour. The test was run based on the following hypotheses

H_0: There is no statistically significant association between gender and risky sexual behaviour.

Versus

H_1: There is a statistically significant association between gender and risky sexual behaviour.

Table 5. *Results of the chi-square test between gender and risky sexual behaviour*

Description	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.983a	4	.062
Likelihood Ratio	8.984	4	.062
Linear-by-Linear Association	.602	1	.438
No of Valid Cases	1100		

Table 5 shows that there is a statistically significant relationship between gender and risky sexual behaviour (RSB), as indicated by a p-value of 0.062, which is within the acceptable threshold value. This result allows rejection of the null hypothesis, suggesting that there is no significant relationship between engagement in risky sexual behaviours and gender. This finding aligns with previous research, for example, Sohrabivafa et al. (2017) reported that male students were more likely to engage in risky sexual behaviours than their female counterparts. Beiranvand and Khazaei (2018) similarly observed that female students exhibited lower condom efficacy, placing them at greater risk of inconsistent condom use.

3.3.3. Association between the age of students and risky sexual behaviour

The relationship between a student's age and risky sexual behaviour was investigated. The following hypotheses were formulated and tested using a chi-square test:

H_0: There is no statistically significant association between age and risky sexual behaviour

Versus

H_1: There is a statistically significant association between age and risky sexual behaviour

Table 6. *Results of the chi-square test between age and risky sexual behaviour*

Description	Value	Df	Asymp. Sig. (2-sided)

Pearson Chi-Square	55.814a	12	.000
Likelihood Ratio	53.733	12	.000
Linear-by-Linear Association	7.022	1	.008
N of Valid Cases	1100		

The findings show that, a statistically significant relationship exist between the age and risky sexual behaviour. A p-value of 0.000 is well below the 0.01 significance threshold, indicating a strong association at the 1% level. This supports the alternative hypothesis, suggesting that age is a critical factor influencing engagement of risk sexual behaviours by university students.

This result is in line with previous research, for example, conducted by Steinberg (2008), which found that younger university students tend to engage more in risky sexual behaviours than older counterparts. Likewise, Matthews et al. (2013) noted that adolescents often engage in substance use under the belief that it enhances their sexual experiences, hence, it is highly likely to contribute to elevated risky behaviour among students.

3.3.4. Association between academic level and risky sexual behaviour

To test the relationship between students' academic level and risky sexual conduct, a chi-square test was run to investigate the relationship statistically. The hypotheses below were put to the test:

H_0: There is no statistically significant association between academic level and risky sexual behaviour.

Versus

H_1: There is a statistically significant association between academic level and risky sexual behaviour.

Table 7. *Results on the chi-square test between academic level and risky sexual behaviour*

Description	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	70.924a	44	.006
Likelihood Ratio	80.766	44	.001
Linear-by-Linear Association	1.922	1	.166
N of Valid Cases	1100		

Table 7 shows a probability value of 0.006, which is less than 0.01, indicating a statistically significant relationship between students' academic level and risky sexual behaviour. This finding suggests that a student's academic level has a significant impact on the engagement of risky sexual behaviour. A study by Beiranvand and Khazaei (2017) supports that the prevalence of risky behaviours is linked to academic level.

3.3.5. Association between students' living arrangements and risky sexual behaviour

The study also sought to figure out if there is a link between a student's living arrangement and risky sexual behaviour. The link was investigated using a chi-square test for independence under the following hypotheses:

H_0: There is no statistically significant association between students' living arrangements and risky sexual behaviour.

Versus

H_1: There is a statistically significant association between students' living arrangements and risky sexual behaviour.

Table 8. *Results of the chi-square test between living arrangement and risky sexual behaviour*

Description	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.064a	8	.048
Likelihood Ratio	14.433	8	.039
Linear-by-Linear Association	8.981	1	.003
N of Valid Cases	1100		

Table 8 reveals that there is a statistically significant link between living arrangements and risky sexual conduct among students. The probability value 0.048, being less than 0.05, supports this, showing that the link is significant at 5%. It is a finding of this study, thus, that risky sexual behaviours are more

prevalent among students living off campus alone than those living on campus and off campus with parents and/or guardians, respectively. This finding corroborates findings from other researchers such as Steinberg (2012), who advanced that students engage in risky sexual behaviours because of university living arrangements, which are associated with so much freedom. Williams (2014) concluded that due to off-campus living arrangement, students begin autonomous life at a younger age, resulting in the opportunity to engage in a range of maladaptive, high-risk extracurricular activities.

3.3.6. Association between religion of the student and risky sexual behaviour

A Chi-square test was used to see if there was any correlation between the student's religion and risky sexual behaviour. The test was done based on the following hypotheses.

H_0: There is no significant association between the religion of the student and risky sexual behaviour.

Versus

H_1: There is a significant association between the religion of the student and risky sexual behaviour.

Table 9. *Results of a chi-square test between religion of student and risky sexual behaviour*

Description	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	316.140a	8	.000
Likelihood Ratio	243.620	8	.000
Linear-by-Linear Association	117.414	1	.000
N of Valid Cases	1100		

Because the probability value (0.000) is less than 0.01 in Table 9, the null hypothesis is rejected. In this situation, the alternative hypothesis, which states that there is a statistically significant relationship between student's religion and risky sexual behaviour, is accepted. This implies that religion plays a significant role in determining whether one is going to engage in risky sexual behaviour or not.

3.3.7. Association between student's marital status and risky sexual behaviour

The following hypotheses were formulated to test the relationship between marital status and risky sexual behaviour using a chi-square test. Accordingly, the following hypothesis was formulated and tested.

H_0: There is no significant association between marital status and risky sexual behaviour.

Versus

H_1: There is a significant association between marital status and risky sexual behaviour.

Table 10. *Results of chi-square test between marital status and risky sexual behaviour*

Description	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	139.479a	8	.000
Likelihood Ratio	108.425	8	.000
Linear-by-Linear Association	40.180	1	.000
N of Valid Cases	1100		

Table 10 creates a base to reject the null hypothesis that there is no significant relationship between student marital status and risky sexual behaviour. This is because a p-value of 0.000, less than the threshold value of 0.01, supports this position. Therefore, it can be concluded that there is a link between the marital status of students and risky sexual activity, a position also supported by the literature reviewed.

4. Summary of Findings and Discussion of the Relationship between Demographic Factors and Risky Sexual Behaviour

This study found a positive correlation between risky sexual behaviours and demographic factors, which include age, gender, academic level, marital status, religion, and living arrangements. This finding entails the need to consider these demographic factors in the design of prevention programmes. Steinberg (2012) stated that interventions are more effective when tailor-made to suit a particular category of people, for example, the unmarried and those living alone off campus. The findings of this study are in line with studies conducted elsewhere. For instance, they confirm a study by Steinberg

(2012) that established an association between risky sexual behaviour and living arrangements. Beiranvand and Khazaei (2017) also revealed that the prevalence of risky behaviours was different across academic level, as affirmed by the current study. These earlier study findings, however, could not be used to explain the situation in Zimbabwe due to variations in contexts. For example, the harsh economic environment in Zimbabwe is likely to push more students into risky sexual behaviours than in a functional economy. Arguments by the attribution theory and the health belief model agree with the study's findings. For instance, factors like gender and age noted by this study to influence behaviour are internal to the person in line with internal attribution while factors like living arrangement, academic department are external in line with external attribution.

5. RECOMMENDATIONS

5.1. Revise and localize sexual health campaigns

It is recommended that existing sexual health promotion campaigns, such as "CONDOMIZE! Do Not Compromise", be revised to reflect the evolving sexual experiences and realities of university students. Future interventions should incorporate references to contemporary practices such as transactional sex, sex-texting, intergenerational sexual relationships, and substance-influenced sexual activity. Messaging should be culturally sensitive, age-appropriate, and delivered in formats accessible to young adults, including digital media platforms.

5.2. Design demographic-specific interventions

Programmatic interventions should be tailored to address the specific profiles and vulnerabilities of different student subgroups. Particular attention should be given to unmarried students, those living off campus, and economically disadvantaged learners, as these groups exhibited higher levels of risk-taking. Interventions must also account for the influence of age, gender, and socioeconomic status in shaping sexual behaviours and associated risks.

5.3. Establish confidential student health and wellness services

It is essential to strengthen student-friendly health services on campuses. Though already available, these should be redesigned to offer comprehensive, confidential care including emergency contraception, and substance abuse support. Drop-in centres or mobile clinics should operate outside traditional hours to enhance accessibility and reduce stigma.

5.4. Address structural and economic drivers of risky behaviours

Given the economic vulnerabilities driving some of the identified risk behaviours, universities should consider implementing structural interventions such as emergency financial aid, on-campus job placement programs, and food support schemes. Collaboration with non-governmental organisations and development partners may further support these initiatives, particularly for female students disproportionately engaged in transactional sex.

5.5. Strengthen orientation and campus-based awareness programs

University orientation programs should be expanded to include comprehensive, participatory sexual and reproductive health education. Activities such as simulations, scenario-based learning, and role plays can enhance student engagement and retention of key messages. Health fairs and outreach campaigns should be more inclusive of student realities and address taboo topics such as group sex and casual sexual arrangements.

5.6. Institutional policy reform and cross-sector partnerships

There is a need for universities to update their institutional policies on sexual health and wellness. Policies should recognize contemporary risk behaviours and promote integration of sexual health education across faculties. Furthermore, partnerships between universities, government ministries, and health-focused NGOS can facilitate coordinated and sustainable programming.

5.7. Promote ongoing research and monitoring

Continuous research is necessary to monitor changes in student sexual behaviours and assess the impact of implemented interventions. Future studies should incorporate both quantitative and qualitative

methodologies to capture complex, nuanced experiences, particularly those related to coercion, digital risk, and silent non-disclosures due to stigma or fear of social sanction.

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