



**HAWASSA UNIVERSITY, COLLEGE OF EDUCATION AND  
BEHAVIORAL SCIENCES, DEPARTMENT OF PSYCHOLOGY MA IN  
SOCIAL PSYCHOLOGY**

**EXPLORING THE ATTITUDES OF STUDENTS TOWARDS SEEKING  
GUIDANCE AND COUNSELING SERVICES TO PREVENT RISKY  
SEXUAL BEHAVIORS: THE CASE OF HAWASSA UNIVERSITY**

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**MAY, 2023  
HAWASSA, ETHIOPIA**

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**A THESIS SUBMITTED TO DEPARTMENT OF PSYCHOLOGY COLLEGE OF  
EDUCATION AND BEHAVIORAL SCIENCES HAWASSA UNIVERSITY IN PARTIAL  
FULFILLMENT OF THE REQUIRMENTS FOR THE DEGREE OF MASTER OF  
ARTS IN SOCIAL PSYCHOLOGY.**

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**MAY/2023**

**HAWASSA, ETHIOPIA**

## DECLARATION

I Safiya Aman, the under signed, declare that this MA thesis entitled on **“Exploring the attitudes of students towards seeking guidance and counseling services to prevent risky sexual behaviors: the case of Hawassa University”** for Master of Arts in social psychology is my original work and has not been presented for reward of degree in any other institution without cited, Moreover, all sources of materials that I used have been appropriately cited and acknowledged by means of reference.

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This is to certify the thesis paper entitled “**Exploring the attitudes of students towards seeking guidance and counseling services to prevent risky sexual behaviors: the case of Hawassa University**” has been approved by **College of Education and Behavioural Sciences** in the partial fulfillment the thesis requirement for the degree of Masters of Arts in social psychology. The Graduate program of the department of psychology and has been carried out by **Safiya Aman ID. No GPsOPSR/0004/15**, under my supervision. Therefore I recommend that the student has fulfilled the requirements and hence hereby can submit to the department of psychology.

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We, the undersigned members of the board of examiners of the final open defense by Safiya Aman have read and evaluated his thesis entitled “**Exploring the attitudes of students towards seeking guidance and counselling services to prevent risky sexual behaviours: the case of Hawassa University**” and examined the candidate. This is, therefore to certify that the thesis has been accepted in partial fulfillment of the requirement of the degree MA in Social Psychology.

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## **DEDICATION**

I dedicate this work to my family, my mother Asha Redwan, my brothers and sisters, Anewar Aman, Ibram Aman, Khalid Aman, Sifan Aman, and Remedan Melka who have supported me during this research with unwavering commitment and for their love, inspiration, support and understanding during this entire period in order to complete this thesis. I owe them for their courageous, truthful, and unwavering support of my activities. They sacrifice themselves for my success, I always honour the way they have made to enable the completion of this study.

## **ACKNOWLEDGEMENT**

I would like to express my grateful thank to the almighty Allah Subhane Watalla, who gave me patience, grace and strength to complete this research. Next, First and foremost, my family members are highly appreciated for their support, understanding and prayers, my loving parent my deepest and heartfelt gratitude, for my mom, Asha Redwan for her endless encouragement and prayers. Then to my advisor Adamu Assefa (Dr) for his valuable, constructive and intellectual criticism, comment and suggestion in all phases from initial planning to the finalization of this research. I would like to pass my greatest thanks to Dr Deribe Workineh, Mr Habtemariam Kassa and Mr Remedan Melka, who support me idea made my success real. I would like to thank Hawassa university register office for providing the necessary data and information to conduct this research. My warmest gratitude is going to the participants of this study for spending their invaluable time and sharing their feeling.

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## **LIST OF ACRONYMS**

ATSPPH	Attitudes toward Seeking Professional Psychological Help Scale
CDT	Cognitive Dissonance Theory
CoA	College of Agriculture
CoEBs	College of Education and Behavioral science
CoLG	College of Law and Governance
CMHS	College of Medicine and Health Sciences
CNCS	College of Natural and Computational Science
CSSH	College of Social Sciences and Humanities
G&Cs	Guidance and Counseling services
EFA	Exploratory Factor Analysis
HIV/AIDS	Human Immunodeficiency Virus Acquired Immunodeficiency Syndrome
IoT	Institutive of Technology
MSA	Measure of Sampling Adequacy
RSBs	Risky Sexual Behaviors
STIs	Sexually Transmitted Infections
WHO	World Health Organization

## ABSTRACT

*The purpose of this study was to investigate the attitudes of Hawassa University students towards seeking guidance and counseling service (G&Cs) to prevent risky sexual behaviors (RSBs). Data were gathered from randomly selected 399 students from four campuses. A mixed-methods approach with a cross-sectional research design was employed. Self-developed and adapted questioner from Fischer and Turner (1970), (i.e., Attitudes toward Seeking Professional Psychological Help Scale), and interview are used in data gathering tool. Both open-ended and close-ended questions were for students, while the interview was conducted with counselors. The validity of an instrument was improved by experts, and the reliability of instruments was checked using the EFA and Cronbach alpha. The Kaiser-Meyer-Olkin measure of sampling adequacy of factor analysis was 0.820. The quantitative data were analyzed using both inferential and descriptive statistics. Descriptive statistics (mean and standard deviation), Pearson's bivariate correlation, regression analysis, T-test, and ANOVA were used for data analysis using SPSS version 25 while, thematic analysis was used to analyze qualitative data from open-ended questionnaire items and interviews. The analysis found out that the majority of students had positive attitudes towards seeking G&Cs to prevent RSBs. Regression analysis result indicates age, year of study, , awareness, and availability of G&Cs to prevent RSBs have an impact on the development of attitude ( $\beta = .192, p < .05$ ), ( $\beta = .318, p < .05$ ), ( $\beta = .417, p < .05$ ), and ( $\beta = .469, p < .05$ ), respectively. The study also revealed that students have low, awareness regarding availability and accessibility of G&Cs for RSBs. Further findings show there is a significant difference between age, year of study, and religion in students' attitude. In conclusion, the majority of Hawassa University students exhibit positive attitudes towards seeking G&Cs to prevent RSBs. This suggests that there is a favorable disposition among students towards utilizing these services. The study recommended that to enhance awareness and accessibility of G&Cs for RSBs, consider implementing the following strategies; awareness campaigns, integration with academic programs, peer support programs and regular assessment.*

**Key words:** Attitude, Guidance and Counseling service, Risky sexual behaviors and University Student.

# CHAPTER ONE

## 1. INTRODUCTION

This chapter deals with the background of the study, statement of the problem, objectives of the study, research question, significance of the study, delimitation of the study, scope of the study, and operational definition of the basic terms. The above mentioned ideas are discussed below.

### 1.1. Background of the Study

Attitude is the extent to which an individual holds a positive or negative evaluation of a certain behavior (Ajzen, 2020). The behaviors that are connected with our attitudes can indeed strengthen our feelings, beliefs, and actions toward them. When our attitudes align with seeking guidance and counseling services (G&Cs), we are inclined to intend to seek help and actually follow through with it. Meanwhile, according to Momanyi (2015), students have varying attitudes towards G&Gs, which impact their willingness to seek such services. Different studies found that students had positive attitudes towards G&Cs (Eyo et al., 2010; Al-Darmaki, 2011; Arfasa, 2018; Maxwell & Ukoima, 2020; Joseph & Edward, 2020). On the contrary, studies also found that students had negative attitudes towards G&Cs (Mutindi, 2005; Lukito Setiawan, 2006; Busiol, 2016).

Students with positive attitudes are more likely to actively seek G&Cs compared to those with somewhat negative attitudes (Mutindi, 2005). Negative attitudes can lead individuals to delay seeking help or completely dismiss the idea of seeking assistance (Picco et al., 2016). However, if a person who engages in risky sexual behavior (RSBs) does not seek help, she/he may be at risk of contracting sexually transmitted infections (STIs) and unintended pregnancy, including unprotected sex, having multiple sexual partners, and sex using drugs and alcohol Centers for Disease Control and Prevention (CDC, 2023) that can lead to serious long-term health consequences (Keto et al., 2020).

The first way to treat risky sexual behavior usually involves psychotherapy in the counseling and guidance prevention and intervention process (Briken, 2020). The psychotherapy assessment includes talking about physical and mental health, as well as overall emotional well-being. Because sexual thoughts, behaviors, and urges are hard to control Thomas et al. (2020), it is important for students who are engaging in RSBs to seek help from a counselor (Millner & Upton, 2016). However, seeking help from G&Cs can be a positive step towards addressing these issues. But according to Mohd Daud and Bond (2013) individuals' attitudes were different for seeking G&Cs. Therefore, understanding the attitudes of students towards seeking guidance and counseling is crucial to promoting knowledge and awareness of the kind and extent of G&Cs offered in their institutions Seyoum (2011) for RSBs.

Additionally, in a university academic environment, integrating counseling and guidance practices effectively supports students in addressing educational, career, and personal/social challenges (Marín, 2006). The discipline of guidance and counseling has developed with the goal of helping students avoid internal conflicts and self-destructive behaviors. It is thought that by promoting emotional maturity, personality development, self-responsibility, creativity, problem-solving skills, addressing adolescent sexuality concerns, and providing service, it can greatly enhance the lives of many people (Songok et al., 2013).

Hence, higher educational institutions are undergoing significant changes due to the increasing diversity of students and the complexity of the college system, and this diversity extends beyond gender and ethnicity to include age, socioeconomic background, physical and learning disabilities, and sexual orientation (Awol & Shiferew, 2022). Meanwhile, the issues of risky sexuality behavior are increasingly being entrusted to the school, and there is a need for a more formal and modern process of G&Cs to help students with sexuality issues to decrease the prevalence of RSBs among students in higher education (Songok et al., 2013). Therefore,

understanding the attitudes of university students towards seeking G&Cs on RSBs is essential to alter effective interventions and prevention of RSBs, as sexual well-being is a vital component of general health and well-being (Güven & Çelik, 2021).

Students may engage in RSBs such as unprotected sex, having multiple sexual partners and substance use as they adjust to university life, marked by newfound independence and curiosity (Marins et al., 2019). These behaviors are common among university students and can have detrimental effects on their physical and mental well-being. Factors such as self-efficacy, sexual norms, socio-economic status, social media, and substance abuse influence RSBs among university students (Kiprono, 2021). However, G&Cs are essential in generating information, support, and interventions to address these issues.

The utilization of these services may be influenced by various factors, including cultural norms. Disassa (2020), stigma Clement et al. (2015), lack of awareness Soy (2021), and personal attitudes towards seeking help (Muema & Kiilu, 2013). Therefore, if an attitude towards seeking help is the main reason then, understanding the attitudes of university students towards seeking G&Cs to prevent RSB is essential.

Students or individuals were aware of sexual risks and preventive measures, but evidence suggests that they often highly engage in RSBs Gebresllasie et al. (2017), and many adolescents and emerging adults are sexually active (Marston et al., 2013). This is particularly important given the significant global public health challenges posed by the prevalence of RSBs today (Jing et al., 2023).

Accordingly, the Joint United Nations Programme on a year HIV/AIDS estimates that in 2022, there will be 39.0 million HIV-positive individuals worldwide, 1.3 million new HIV infections, and 630,000 AIDS-related deaths (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2022). In 2022, around 357 million new cases of STIs were reported among people aged 15–49

(World Health Organization [WHO], 2022). A study by Jing et al. (2023) conducted globally among young adolescents aged 12–15 years found that the recent global prevalence of having multiple sexual partners and using condoms at last sex was 52.0% and 58.1%, respectively. The study by Marins et al. (2019) also found that 30.4% of the participants reported having sex under the influence of substances, and 9.6% reported having sex under the influence of drugs.

According to the findings of different literature, the magnitude of RSBs in Africa is high. African colleges have been asked to address social issues like trauma, adversity, injustice, inequality, and RSBs that affect their surrounding communities, staff, and students because of the continent's unusually high prevalence of RSBs (Coulter & Rankin, 2020). Sserwanja et al. (2023) conducted a study in Zambia and discovered that 71.1% of people have engaged in RSBs at some point in their lives. Furthermore, all abortions performed in Niger were risky, with a totally adjusted rate of 6.7 friend abortions per 1,000 women in 2021 (Bell et al., 2023). According to a WHO (2023) report, the total number of HIV/AIDS cases in Africa in 2022 was 25.6 million HIV-positive individuals. Another study that was carried out in Kenya, Nigeria, Tanzania, and Uganda discovered that 7.7% of the participants had STIs, and that young individuals and females were the groups most at risk (Semwogerere et al., 2021). According to a Ugandan study, 61% of participants reported having intercourse while high on psychoactive substances within the previous 30 days (Ssekamatte et al., 2023).

According to Gilano and Hailegebreal (2021), 2.5% of Ethiopian youth aged 15 to 24 had an abortion in 2016, and their data also revealed that the rate of abortion increased with age. The Keto et al. (2020) study showed that 75.9% of youths are aware of RSBs, approximately 76.5% are aware of the consequences of unsafe sex, and 58% have never used a condom during a sexual encounter. Furthermore, a study at Jigjiga University in 2018 revealed that factors such as being young in age, lack of belief in active faith or religious practice, absence of contraceptive

methods, not using condoms, peer influence, tobacco usage, and alcohol consumption were connected to having unsafe sexual behaviors (Jibril & Kibru, 2020). Therefore, G&Cs have a significant impact on reducing students' RSBs (Kiprono, 2021). However, as noted by Mohd and Bond (2013), students have different attitudes toward G&Cs. While there is existing research on risky sexual behaviors (RSBs) and attitudes towards seeking guidance and counseling, there are limited focus on university students specifically utilization of G&Cs for RSBs. Therefore, the specific attitudes and utilization patterns of guidance and counseling services among university students may not have been thoroughly explored.

Guidance and counseling services are collaborative processes between vulnerable individuals seeking assistance and trained counselors, aimed at helping individuals navigate their personal and environmental circumstances (Likisa & Tura, 2020). These services are essential to the development of individuals, particularly during the transition from late adolescence to early adulthood (Andoh-Robertso et al., 2019). Given that RSBs are more prevalent during this transition period Epstein et al. (2014), G&Cs become even more crucial for this issue. This period often involves increased exploration of romantic and sexual relationships, and individuals may face decisions related to sexual health and behavior that can have long-term consequences (Shulman & Connolly, 2013). However, the utilization of these services can be influenced by personal attitudes towards seeking help (Ören et al., 2018). Therefore, understanding the attitudes of students towards seeking G&Cs for RSBs is vital.

## **1.2. Statement of the problem**

Risky sexual behaviors among university students pose significant challenges to their physical health and overall well-being, therefore necessitating comprehensive G&Cs within Ethiopian universities (Mokonnen et al., 2020). However, individual attitudes play a pivotal role in fostering well-being, influencing the propensity to seek help in various contexts. Help-seeking

models, such as Cramer's model a synthesis of Kelly and Achter's (1995); Cepeda-Benito and Short's (1998) regression models offer insight into the factors guiding individuals' help-seeking behaviors. This model identifies attitudes toward seeking counseling as particularly influential psychological variables. Additionally, studies including the work of Lawrence (2009), underscore the substantial impact of attitudes on individuals' intentions to pursue G&Cs. Therefore, the focus on attitudes in this study is pertinent, given their profound potential to shape intentions to seek G&Cs for RSBs.

Studies conducted within Ethiopian universities have revealed a concerning trend in the prevalence of RSBs, escalating from 42.80% in 2017 to 75.7% in 2023 (Muche et al., 2017; Gutu, 2020; Dandena, 2021; Bekele et al., 2023). This upward trajectory signals the urgent need for effective interventions and support mechanisms, emphasizing the critical role of G&Cs in reducing the incidence of RSBs (Langat & Kiptiony, 2020). However, in order to transform these unfavorable behavioral practices into positive ones, the individual's attitude is crucial. This knowledge gap hampers the development and implementation of effective support systems to address the diverse needs of students in this context (i.e., RSBs). Therefore, understanding the attitudes of university students towards seeking G&Cs specifically related to RSBs is crucial in Ethiopian universities.

Prior research has been done on similar topics, but it hasn't particularly addressed how individuals feel about and value seeking G&Cs for RSBs. For instance, Daudi et al. (2023) investigated the attitudes of university students towards seeking psychological help for psychosocial problems in Tanzania, revealing that most students had positive attitudes toward seeking psychological help. However, this study did not consider the attitudes of university students regarding the format, accessibility, and content of G&Cs related to risky sexual issues, which are crucial factors to consider. This is important because selected psychosocial factors

have been found to have a statistically significant perceived influence on RSBs among higher education students (Kiprono, 2021). Therefore, understanding students' attitudes toward seeking G&Cs for risky sexual behavior is important.

Most studies in Ethiopia, predominant research efforts have concentrated on assessing the quality, availability, and utilization of G&Cs within educational settings for students' academic achievement, career prospects, empowerment, and decision-making processes during learning. However, a significant gap exists as these studies largely overlook individuals' attitudes toward seeking G&Cs pertaining specifically to sexual issues. For instance, a study conducted by Arfasa (2018) surveyed the perceptions of students and teachers regarding guidance and counseling services in secondary schools across southwest Ethiopia. The findings reflected a positive acknowledgment of the necessity of guidance and counseling in supporting students' learning endeavors. However, there was a concurrent negative perception of the effectiveness of these services as provided by the schools. Notably, this study fell short in investigating the potential influence of G&Cs in modifying unfavorable behaviors, particularly regarding how personal attitudes toward these services contribute to behavioral changes.

Other studies conducted in Ethiopia have focused on investigating the prevalence and determinant factors influencing RSBs among various students including their awareness of RSBs. However, these studies have not specifically examined ways of intervention and prevention through G&Cs. For instance, a study by Bekele et al. (2023) examined the extent of risky sexual practices among adults living with HIV/AIDS in public hospitals in the Kembata Tambaro Zone of southern Ethiopia. The findings revealed that 75.7% of sexually active adults living with HIV/AIDS had engaged in at least one risky sexual practice within the six months preceding the survey. However, this study did not propose strategies to address these behaviors through G&Cs. Because counseling and guidance influence not only the acquisition of knowledge but also the

development of favorable behaviors needed to develop appropriate personal and societal responses to adolescent and adult sexuality (Alice et al., 2013), On the other hand, the ultimate goal is not to increase positive attitudes toward seeking G&Cs among students but to decrease RSBs.

Despite previous studies focusing on understanding students' attitudes toward seeking guidance and counseling services for various issues such as learning processes, mental health problems, and behavioral shaping, there is a significant research gap concerning the attitudes of students toward seeking guidance and counseling services specifically for preventing risky sexual behaviors. Additionally, while many studies have examined the prevalence, magnitude, and determinants of risky sexual behaviors among students, there is a lack of research that addresses effective solutions to mitigate these behaviors.

Additionally, Hawassa University students are particularly vulnerable to engaging in risky sexual behaviors due to, a well-known tourist attraction attracting both local and international visitors to the city and in close proximity further exacerbate the risk. On other hand notable observations suggest that students engaging in RSBs, notably those grappling with pornography addiction, often access explicit content via university Wi-Fi in places like the library. This observation prompts inquiries into the root causes behind the prevalent RSBs at the university level, including potential factors like insufficient awareness about these behaviors and negative attitudes toward G&Cs for addressing them. Hence, comprehending university students' attitudes towards G&Cs for RSBs is pivotal, influencing both their personal health and social development. Therefore, there is a pressing need to investigate the attitudes of Hawassa University students toward seeking guidance and counseling services as a means of preventing risky sexual behaviors, taking into account the unique context and vulnerabilities associated with the presence tourism industry.

By addressing this research gap, the study aims to provide valuable insights into the attitudes of students in Hawassa University and offer potential solutions to effectively address risky sexual behaviors. Ultimately, this research will contribute to the development of targeted interventions and support services that can help create a safer and healthier environment for students, reducing the prevalence of risky sexual behaviors and their associated consequences.

### **1.3. Research Questions**

1. What attitudes do students hold regarding seeking counseling and guidance services to prevent risky sexual behaviors within university environments?
2. Which factors significantly influence students' attitudes toward seeking guidance and counseling service to prevent risky sexual behaviors?
3. To what extent are students aware of the availability, accessibility, and utilization of guidance and counseling service in addressing risky sexual behaviors?
4. Is there any significance difference among demographic characteristics (gender, age, religion and college) regarding students attitude?
5. What are the perceived benefits of seeking guidance and counseling service to prevent risky sexual behaviors among students?
6. How adequate are the existing services and what are the preferences of students regarding the format and accessibility of guidance and counseling service related to RSBs?

### **1.4. Research Objectives**

#### **1.4.1. General objectives**

The main objective of this study was to investigate the attitudes of Hawassa University students towards seeking counseling and guidance services to prevent risky sexual behavior.

### **1.4.2. Specific objectives**

- To examine students' attitudes towards seeking guidance and counseling service specifically to prevent risky sexual behaviors within university settings.
- To identify the factors influencing students' attitudes towards seeking guidance and counseling service for risky sexual behaviors.
- To assess the level of awareness among students regarding the availability, accessibility, and utilization of guidance and counseling service that address risky sexual behaviors.
- To examine whether there is significance difference among demographic characteristics regarding students attitude
- To explore the perceived benefits of seeking guidance and counseling service to prevent risky sexual behaviors among students
- To evaluate the adequacy of existing services and the preferences of students regarding the format, and accessibility of guidance and counseling service related to RSBs.

### **1.5. Significance of the study**

As stated in the statement of the problem above, RSBs is one of the major public health issues important throughout the world, and G&Cs is one special way to treat this behavior, and attitude is one way to predict the occurrence of that behavior. Therefore, the results of the study would be significant and beneficial to the following individuals and agencies in general: The result of the study will use for the development of appropriate G&Cs and effective intervention strategies to increase the number of students seeking G&Cs at the university. The result of the study will help counselors working with university students. Being aware of the factors influencing attitudes may assist them in finding appropriate help for students. The study contributes to the existing limited knowledge about the guidance and counseling-seeking behavior of university students in Ethiopia. It also informs the university authorities about taking appropriate decisions towards

university G&Cs. It will help to draw attention, especially from educational institution leaders and designers of university training programs, towards the issue of students' preferences regarding the format, accessibility, and content of G&Cs related to RSBs.

### **1.6 Scope of the Study**

This study focused on the attitudes of students towards seeking G&Cs to prevent RSBs at Hawassa University. There are different types of attitudes, but this study focused specifically on attitudes toward seeking G&Cs as an independent variable. This study aimed to determine that guidance and counseling services to prevent RSBs are the variables that are influenced by attitude. Methodically, the study focused on a cross-sectional research design integrating a mixed research approach.

### **1.7. Delimitation of the Study**

The study was limited to undergraduate regular students at Hawassa University across four campuses, specifically targeting six colleges and one institute: College of Agriculture (CoA), College of Education (CoEBS), College of Law and Governance (CoLG), College of Medicine and Health Sciences (CMHS), College of Social Sciences and Humanities (CSSH), College of Natural and Computational Science (CNCS), and Institute of Technology (IoT).

The campuses under investigation encompass main campus, medicine and health campus, agriculture campus, and Institute of Technology, focusing on these specific campuses of Hawassa University. The research included undergraduate students exclusively, limited to the mentioned campuses and colleges, omitting weekend, extension, and postgraduate program students. Additionally, three counselors from these campuses were selected as key informants for the study. Thus, the result of the study may not be generalized to students who are freshman, weekend, extension, or postgraduates. However, there is an assumption that the findings of this

study can be generalized to members of a university with similar structures or settings and groups of students learning at Hawassa University.

### **1.8. Operational Definition of Terms**

**Attitudes:** refers to the perceptions, opinions, and views held by students regarding the effectiveness of G&Cs to prevent and addressing RSBs. It is students' predispositions to feel, perceive, think, and behave that concern G&Cs for RSBs.

**University Students:** Individuals enrolled in higher education institutions pursuing degrees, certificates, or other credentials.

**Guidance and Counseling Service:** The process of assisting individuals in understanding and resolving their risky sexual problems, making decisions, and managing life's challenges. It involves helping individuals discover and develop their educational, vocational, and psychological potentialities to attain optimal personal happiness and social usefulness.

**Risky Sexual Behavior:** This encompasses behaviors associated with an increased likelihood of STIs, HIV/AIDS, abortions, and unintended pregnancies, including unprotected sexual intercourse, engagement with multiple sexual partners, inconsistent use of condoms, pornography addiction, and engaging in sexual activity while under the influence of drugs or alcohol.

## **CHAPTER TWO**

### **2. REVIEW OF RELATED LITERATURE**

The aim of this study is to investigate the attitudes of students towards seeking guidance and counseling services to prevent risky sexual behaviors. In this section, the researcher discusses relevant literature related to the study's objective. Several researchers have conducted studies on attitudes, counseling and guidance, and risky sexual behavior and have provided detailed findings. This chapter begins with an exploration of the concept of attitude, followed by empirical research findings on the attitudes of students towards seeking guidance and counseling services.

#### **2.1. Understanding Attitudes**

The concept of attitude emerges from efforts to explain consistent patterns in individual behavior. According to Forgas et al. (2011:5), “attitude measurement, formation, stability, change, and its cause and effect are central preoccupations of social psychology from the earliest days”. According to Mulachela (2018) attitude is defined as the degree to which a person has a favorable or unfavorable evaluation or appraisal of the behavior in question. Similarly, according to Forgas et al. (2011: 10), attitude is our evaluation, influences our perception, and guides our behavior, because attitude underlies and causes different behaviors (Fishbein & Ajzen 2005).

According to Kan and Fabrigar (2017), attitudes are defined as usually lasting and extensive evaluations, on a negative to positive scale, of a thing, a person, a group, an issue, or an idea. Attitudes are categorized into three categories: cognitive (perceptions and beliefs), affective (likes and dislikes, feelings, or emotions generated), and behavioral (actions or expressed intentions towards the object based on cognitive and affective reactions) (Ferguson & Fukukura, 2012). According to the theory of planned behavior (TPB), an individual's attitude towards a behavior is influenced by the perceived positive or negative consequences associated with that

behavior (behavioral beliefs) and the subsequent evaluation of those consequences (Kan & Fabrigar, 2017). Additionally, this theory asserts that attitudes toward a behavior are one variable that may be changed to affect behavioral intentions, which in turn affect the overt behavior that follows (Mendoza et al., 2015). The following section describes attitudes toward seeking G&Cs.

### **2.1.1. Attitude toward seeking guidance and counseling services**

For several decades, research has examined the relationship between attitude and seeking guidance and counseling services. Professional counseling in the African context is usually viewed as foreign (Khombo & Mutopa, 2017). Additionally, Ethiopia had a low rate of positive help-seeking behavior in relation to formal and modern professional psychological counseling and guidance (Asnakew et al., 2024). Therefore, people faced with challenges would rather resort to their families or friends, choosing to consult with traditional healers or seek guidance from religious leaders instead of a psychologist or counselor (Asnakew et al., 2024; Khombo & Mutopa, 2017). However, social psychologists' research indicates that attitudes have an effect on behavior. Students' attitudes toward seeking G&Cs in a school setting have an effect on behaviors (Mutua et al., 2018).

Students who need G&Cs may or may not seek help from the university counseling center, and it depends on a number of factors. Identifying those factors that influence one's attitude towards seeking professional counseling can assist mental health professionals and other service providers in designing interventions aimed at attracting those who are in need of these services (Nam et al., 2013; McGorry et al., 2013). Attitude toward seeking counseling and guidance in general is one element that appears to influence students' choices regarding whether or not to seek counseling (Al-Darmaki, 2003; Picco et al., 2016). Numerous academics have demonstrated the strong correlation between the effectiveness of G&Cs and the attitudes of pupils toward the service (Lawrence, 2009). For example, Zhang and Dixon (2003) have demonstrated that there

are four types of attitudes that affect a person's propensity to seek out G&Cs, which in turn affects the extent to which G&Cs are provided in schools. This includes a negative attitude, a positive attitude, a neutral attitude, and a mixed attitude.

According to Hantzi et al. (2019), attitudes towards seeking G&Cs can be seen as a precursor to the willingness to seek help and actual help-seeking. Likisa and Tura (2020) state that students generally have a positive attitude towards seeking counseling services, particularly those related to educational guidance, followed by psychological services. This aligns with the idea that a positive attitude towards G&Cs can encourage individuals to seek treatment for self-exploration and personal growth. Students' attitudes towards seeking G&Cs are a significant concern for university counselors worldwide, as their willingness to accept and patronize such services is largely influenced by these attitudes (Andoh-Robertson et al., 2019). Individuals with a negative attitude view G&Cs as humiliating and indicative of personal inadequacy (Mutindi, (2005), which can result in avoiding treatment until the situation becomes severe or never considering seeking help (Doll et al., 2021).

Several studies have examined attitudes towards seeking G&Cs. Some of these studies have indicated that university students generally hold positive attitudes towards seeking help (Aldalaykeh et al., 2019; Alemu, 2014; Yelpeze & Ceyhan, 2019). The more positive attitudes persons have about a behavior, the greater their intentions to perform the behavior regardless of culture, and when persons have positive attitudes toward seeking psychological help, or the more likely to seek it (Brown, 2011). However, there are also students who hold more negative attitudes towards seeking help. A number of scholars have shown that those students' attitudes towards guidance and counseling and its role in solving their life problems are negative, and this negatively influences the execution of the program in schools (Mutua et al., 2018; Lukito Setiawan, 2006; Mutindi, 2005). This indicated that the attitude of students has a very significant

role in their performance in seeking G&Cs in schools. The next section addresses the concept of counseling and guidance services.

## **2.2. Guidance and Counseling Services**

Counseling and guidance services are the third force in the higher education system, along with instruction, which is an integral part of the educational system (Eyo et al., 2010). G&Cs encompass a range of support services provided to individuals to help them make informed decisions, overcome challenges, and achieve personal, academic, and career goals (Abhayasinghe, 2014). G&Cs have been credited as one of the most appropriate ways of solving students' problems and helping them achieve positive behavior (Mutua et al., 2018). Additionally, G&Cs go beyond providing immediate solutions to maintain personal stability through repeated challenges (Abhayasinghe, 2014).

Guidance and counseling are twin concepts and have emerged as essential elements in every educational activity (Madina, 2017; Rintaugu, 2022). These services are typically delivered by trained professionals, such as counseling psychologists or psychologists, who offer guidance, advice, and support in various aspects of individuals' lives. These services can be accessed in diverse settings, including educational institutions, community centers, and private practices. The aim of G&Cs in higher educational institutions is to help university students reach their greatest potential by providing optimal educational benefits (Abhayasinghe, 2014). Confidentiality and client-centeredness are key principles of G&Cs, and ensuring that the specific needs of each individual are addressed (Sherman et al., 2013). In higher education, the introduction of the course "Guidance and Counseling" at Addis Ababa University in 1966 marked the beginning of counseling services for university students, with graduates being assigned to schools and other social settings to provide guidance and counseling services (Yusuf, 1982; Alemu, 2013). However, now a days, the existing guidance and counseling services in higher learning

institutions are found to be mostly nominal (Likisa & Tura, 2020). The next section describes the availability, accessibility, and utilization of guidance and counseling services.

### **2.2.1. Availability, accessibility, and utilization of guidance and counseling services**

In higher education, especially, G&Cs have proved not only necessary but much-needed to complement other learning activities (Rintaugu, 2022). Rintaugu and Ngalamu (2021) notice that a variety of personal/psychological, academic, socioeconomic, and maladjustment issues those students face can have a direct or indirect negative impact on the quality of education. These issues call for counseling interventions that are appropriate for the individual's adjustment within the teaching-learning process. Factors such as changes in the structure of society, pregnancies of unmarried females, early marriages, drug and alcohol abuse, the escalation of juvenile delinquency, a lack of knowledge concerning the use of leisure time, and pressure on traditional values and norms necessitated the provision of specialized university guidance and counseling service (Mushibwe, 2018).

The availability of G&Cs not only helps clients to prevent and cure but also cope with those psychosocial challenges. To ensure the center is available in a university environment, the center must have its own counseling office, trained counselors, and basic facilities (Alemu, 2013). However, the availability of counselors as machinery that provides the pertinent services is still a problem, even though the government insists on the provision of G&Cs. The situation is different in universities, where there are a low number of counselors in comparison to the number of students enrolled in universities, hence impacting the provision of effective counseling services (Alemu, 2013; Rushahu, 2022). Additionally, Seyoum (2011) discovered that although 80% of respondents had favorable attitudes towards G&Cs, but they lacked sufficient knowledge about the types and extent of services offered on university campuses.

Despite the government's initiatives to provide G&Cs for universities, only minorities seek counseling from university professional counselors. Literature suggests that the reasons behind this situation are related to lack of awareness, gender, age, culture, social mistrust, lack of confidence in counselors, lack of immediate solutions, and perceptions of the students (Kamunyu et al., 2016). Additionally, more awareness ought to be raised about the available guidance and counseling services on campus (Rushahu, 2022). Therefore, awareness is the best mechanism to ensure the availability and accessibility of services and increase their utilization.

Although higher-learning students generally have low utilization of guidance and counseling, the program still has paramount significance for students' academic achievements (Getachew, 2020). Meanwhile, the range of counseling and guidance encompasses educational, sociological, and psychological services, addressing the holistic development of learners (Salgong et al., 2016). However, the utilization level of G&Cs in higher education in Africa, including Ethiopia, is relatively low compared to others. Higher utilization levels indicate that a larger proportion of individuals actively seek and benefit from G&Cs, while lower utilization levels suggest that fewer individuals take advantage of these services.

Studies conducted in Ethiopia have shed light on the utilization patterns of counseling services among college students. Alemu (2013) reported that students had poor awareness of the availability of guidance and counseling services in their schools, and male students tended to utilize these services more than their female counterparts. Similarly, most students in secondary schools never visited G&Cs (Arfasa & Weldmeskel, 2020). Bolivar (2011) found that despite facing college adjustment problems, students did not utilize G&Cs extensively, and the extent of utilization did not vary significantly based on gender and age. Therefore, according to Disassa and Gita (2023), there is a need for greater efforts to improve societal understanding of counseling practices in Ethiopia.

### **2.3. Role of guidance and counseling services**

Guidance and counseling services play a crucial role in assisting students with academic, social, and psychological challenges (Momanyi, 2015). According to Kirby (2001) while many sex and AIDS education programs did not have significant effects on adolescent sexual risk-taking behavior, certain G&Cs demonstrated positive outcomes. The United States Preventive Services Task Force (USPSTF) conducted a review of evidence on behavioral counseling for sexual risk reduction in primary care and interventions addressing RSBs. These interventions were considered effective for individuals of any sexual orientation or level of reported sexual activity (Krist et al., 2020). The effectiveness of counseling and guidance services help in preventing HIV/STI transmission has been reported by Zajac et al. (2015). Therefore, G&Cs reduce the risk of sexual behavior.

In Brazil and worldwide, guidance and counseling are recognized as essential approaches in the fight against sexually transmitted diseases (STDs) and HIV/AIDS due to their low cost of implementation and potential effectiveness (Barbosa et al., 2015). Effective G&Cs include behavioral interventions that are tailored to reduce high-risk sexual behaviors such as unprotected sex and multiple partners. These interventions aim to promote acceptance of voluntary counseling and testing, which have been shown to lead to behavior change (Corbett et al., 2007).

Behavioral counseling and guidance interventions are a personal-level prevention method to decrease the occurrence of high-risk behaviors (Soy, 2021). Examples of counseling and guidance mechanisms include negotiation for safer sex, condom distribution or promotion counseling with or without HIV testing, couple counseling, small group discussions on promoting safe sex, role play, cognitive-behavioral therapy, and skills training for correct condom use, telephone help lines, and interactive Internet-based interventions like chat rooms

(AbdoolKarim & Meyer-Weitz, 2011). In this case, it has to increase the need for G&Cs to be provided to adolescents and early adults, particularly those at risk, ensuring that they have access to private and confidential healthcare visits (Fairbrother et al., 2005). However, personal attitudes significantly impact the implementation of seeking G&Cs for RSBs (Ören et al., 2018). The next section discusses factors that affect attitudes toward seeking guidance and counseling services.

#### **2.4. Factors that affect attitudes toward seeking guidance and counseling services**

Students facing complex problems often require the assistance of professionals to address their issues. In higher education, counselors play a crucial role in helping students overcome various challenges and navigate the adjustment process. The presence of G&Cs in higher education institutes is very necessary to support students' personal, social, academic, and career development. However, previous research has explored how socio-demographic variables such as gender, age, ethnicity, and culture are associated with help-seeking behaviors. According to Awol and Shiferew (2022); Getachew (2020); Tomko and Munley (2013), attitudes toward guidance and counseling services among students are influenced by factors such as age, gender, parental supervision, department affiliation, family economic status, occupation, and place of residence, which can either positively or negatively impact their counseling needs. Additionally, studies have investigated how these characteristics influence attitudes towards seeking help (Jagdeo et al., 2009; Chen et al., 2016).

Picco et al. (2016) found that age, ethnicity, marital status, education, and income were significantly related to attitudes towards seeking professional psychological help. Specifically, younger students tend to have more negative attitudes towards seeking psychological help, as found by (Jagdeo et al., 2009; Seyfi et al., 2013). In addition, the competence of the counselors, their awareness, and the availability of essential resources within the guidance and counseling

service center affect individuals' attitudes (El-Hachem et al., 2023). The main concern about confidentiality is that factors can affect student attitudes towards guidance and guidance services (Bita, 2015).

Institutional support from the higher education institution itself is crucial, as the stigma associated with seeking guidance and counseling services can deter G&Cs students' attitudes toward utilizing these services (El-Hachem et al., 2023). According to Mendoza et al. (2015) and Pheng et al. (2019), stigma is the most significant barrier to seeking counseling, and the stigma of counseling generally perceives that people who seek counseling are weak and unacceptable, and such perceptions may come from the public, from those with whom individuals interact, or from individuals themselves (Pheng et al., 2019; Mendoza et al., 2015). Additionally, self-concealment and stigma can both be understood as aspects of negative attitudes toward counseling services; self-concealment involves negative attitudes toward modern professional counseling, while stigma seems to reflect negative attitudes toward others with professional counseling. Research also indicates that stigma is a negative indicator of Ethiopians' attitudes toward seeking help (Yeshanew et al., 2020). Therefore, understanding the factors that contribute to help-seeking attitudes may reasonably inform future attempts to promote the utilization of psychological services in this population. The following section describes the concept of risky sexual behaviors.

## **2.5. Risky sexual behaviors**

Risky sexual behavior at the university level refers to engaging in sexual activities that may have negative consequences for one's physical, emotional, or social well-being. Examples of risky sexual behaviors include unprotected sex, having multiple sexual partners, engaging in casual or anonymous sex, using substances that impair judgment during sexual encounters, having sex with high-risk partners (e.g., individuals with multiple partners or those who inject drugs),

engaging in transactional sex, inconsistent condom use, being addicted to pornography films, and engaging in sexual activities without obtaining informed consent (Santelli et al., 2007; Crosby et al., 2007; Buhi & Goodson, 2007). The next section describes awareness of risky sexual behaviors.

### **2.5.1. Awareness of risky sexual behaviors**

The awareness of risky sexual behaviors can vary among different populations and contexts. It is crucial to understand that engaging in high-risk sexual behaviors can result in unintended consequences. A study conducted between students in secondary and preparatory schools in Metu town, southwestern Ethiopia, found that 75.9% of the respondents were aware of risky sexual behaviors, and 76.5% of them were aware of the consequences of unsafe sex (Keto et al., 2020). Similarly, a study conducted among adolescents between the ages of 15 and 19 in Tigray, Ethiopia, revealed that 69.3% of the respondents had good knowledge of HIV/AIDS transmission and prevention, and while 60.4% had good knowledge of sexually transmitted infections (Srahbzu & Tirfeneh, 2020).

In another study conducted among university students in Ethiopia, it was found that 47.3% of the participants held a solid understanding of risky sexual behavior, and 41.9% had a favorable attitude toward risky sexual behavior. However, 36.1% of the students had initiated sexual activity before the age of 18. Among the respondents who had engaged in sexual intercourse (9.3% of the sample), almost 50% of them had multiple sexual partners (Mesele et al., 2023). Unfortunately, the rate of risky sexual behaviors, including the abandonment of contraception and the spread of sexually transmitted diseases, has been increasing (Wencel-Wawrzeńczyk et al., 2022). Therefore, being only aware of risky sexual behaviors is not a way of preventing or intervening in the consequences of them, so guidance and counseling services have to be there

for students at any time. The next page section describes the specific prevalence and factors of risky sexual behavior.

### **2.5.2. Prevalence and factors of risky sexual behavior among university students**

Global statistics indicate that 45 percent of new HIV infections occur among youths aged 15–24 (WHO, 2009). In 2020, 89.5 million people were newly infected with STIs (WHO, 2021). The Global School-Based Student Health Survey from 2016 revealed that the prevalence of having multiple partners for sex was 7.39%, with a significantly greater frequency among boys than girls (Dendup et al., 2023). According to Ganatra et al. (2017) study, 55.7 million abortions were performed worldwide, with 24.3% (or 55.7 million) taking place in underdeveloped nations in 2010 and 2014.

The South African National AIDS Council (2010) highlighted the elevated risk of HIV infection among individuals with multiple sexual partners. Over 340 million additional instances of treatable STIs occur annually among adults aged 15–49 years, with a substantial proportion in sub-Saharan Africa (Ayankogbe et al., 2011). Research conducted among Mexican, Nigerian, and Chinese university and college students who engage in risky sexual activity revealed high rates of multiple sexual partners, with percentages of 40%, 10%, and 6%, respectively (Ayankogbe et al., 2011). Additionally, with the exception of Nigeria, most of the recorded abortions (60–89%) involved urban women in Africa (Chae et al., 2017).

According to Seidu et al. (2020) in Ethiopia, the prevalence of STIs among the general population is estimated to be 2.2%, with higher rates observed among high-risk groups such as female sex workers (7.6%) (Molla, 2017). Additionally, in Ethiopia (2.5% of abortions that occurred in 2021), youths and abortions increased with age (Gilano & Hailegebrea 2021). According to Liga et al. (2022), the prevalence rate of multiple sexual partners is 6.5% in one year. The frequency of risky sexual behavior among university students is a significant concern

globally. Research carried out among Ethiopian university students has found varying rates of risky sexual behavior. For example, a study conducted at Jimma University in 2017 found that 10.9% of respondents had a good understanding of risky sexual behavior and condom use, which was less than what was discovered at Jigjiga University (59.6%) in 2016 (Mokonnen et al., 2020; Mavhandu-Mudzusi & Tesfay Asgedom, 2016). The study also revealed that 89.3% of respondents recognized the importance of avoiding getting the case from one-to-one opposite-sex friends and prior testing of the case. However, 62.2 percent of respondents reported having sexual intercourse (Mokonnen et al., 2020).

Another study carried out with university students at Barranquilla University, Colombia, in 2019 reported a higher mean number of sexual partners (66.2%), Badillo-Viloria et al. (2020), while Addis Ababa University in Ethiopia reported a mean of 40.4% of sexual partners (Molla, 2017). Additionally, 44.0% of respondents at Gonder University reported a history of multiple sexual partners, which was higher than the findings from Hawassa and Bahir Dar universities (27.8% each) (Kassie et al., 2019). In a similar study, 84.5% of study respondents recognized that condoms deter unintended pregnancy, and 59.5% of them knew that alcohol consumption, chewing khat, and smoking cigarettes could render them to unintended pregnancy, STIs, and HIV/AIDS (Ethiopia HIV/AIDS Survey, 2010). Moreover, early commencement of sexual behavior has been associated with adverse health outcomes such as increased risk of STIs and unintended pregnancies (Godeau et al., 2008). According to Mokonnen et al. (2020), the majority of the students had practiced sex with an age interval of 20–30.

In 2017 and 2022, in Ethiopia, students watching pornography were 58.6% and 66.9%, respectively (Muche et al., 2017; Aynalem et al., 2022). According to Aynalem et al. (2022), institutions of higher education ought to be particularly concerned with students who watch pornographic films, because watching pornographic movies is a factual reason to motivate and

participate in risky sexual activities. Similarly, viewers of pornography videos were more likely to engage in risky sexual practices (Muche et al., 2017). Additionally, Wicki et al. (2010) study reported that university students engaged in alcohol abuse, which was associated with increased risky sexual behavior. Similarly, young individuals who engage in substance abuse are less likely to use condoms (Benotsch et al., 2013).

The following are the percentages of Ethiopians who engage in risky sexual practices: 42.80%; 43.1%; 41.62%; 49.8%; 49.3%; 75.7% (Muche et al., 2017; Fetene & Mekonnen, 2018; Amare et al., 2019; Gebeyehu & Mulatie, 2021; Azene et al., 2022; Bekele et al., 2023). Furthermore, a variety of variables have been linked to a rise in RSBs among college students. According to several studies (Muche et al. (2017); Fetene and Mekonnen (2018); Amare et al. (2019); Gebeyehu and Mulatie (2021); Azene et al. (2022); Bekele et al. (2023); Tekletsadik et al. (2022), being male, using drugs or alcohol, succumbing to peer pressure, viewing pornography, drinking, having inadequate knowledge of STIs, and having little social support. Factors such as age, residence, living arrangement, daily religious attendance, and having information about reproductive health and sexually transmitted infections have also been found to be associated with RSBs (Tekletsadik et al., 2022). The following section discusses a theoretical review of the study.

## **2.6. Theoretical Review**

### **2.6.1. Cognitive Dissonance Theory (CDT)**

Cognitive Dissonance Theory, developed by Leon Festingerr in 1957, proposes that individuals experience psychological discomfort or dissonance when they hold conflicting cognitions or attitudes. This inconsistency between cognitions creates a state of cognitive dissonance, which individuals are motivated to reduce. These conflicting cognitions can take various forms, such as opposing beliefs, inconsistent values, or contradictory attitudes. And when individuals become

aware of the inconsistency between their cognitions or attitudes, it leads to discomfort and psychological tension. This discomfort arises because people have a natural drive for cognitive consistency and seek to maintain harmony among their thoughts and behaviors.

When there is incongruence between an individual's attitudes (e.g., recognizing the importance of addressing RSBs in G&Cs and seeking help) and their behavior (e.g., engaging in RSBs without seeking G&Cs help), cognitive dissonance arises. When the magnitude of the dissonance increases, there is more pressure to reduce dissonance. Therefore, CDT helps identify how individuals try to maintain a balance between their attitudes and behaviors. There are three methods for reducing dissonance: altering one's own cognition, adding new ones, and adjusting the weight of inconsistent ones to maintain a balance between their attitudes and behavior (Festinger, 1957).

Additionally, individuals could engage in justification and rationalization in order to lessen cognitive dissonance related to seeking G&Cs to prevent RSBs. They provide reasons or explanations for their past behavior, such as lack of awareness, or and stigma associated with seeking help. Therefore, as they become more aware of the potential benefits and importance of addressing risky sexual behavior, they reevaluate their attitudes and justify seeking counseling as a way to align their behavior with their values.

According to cognitive dissonance theory, students may hold certain attitudes regarding seeking G&Cs to prevent RSBs because attitudes refer to individuals' evaluations, beliefs, and opinions about a specific behavior. Therefore, in the context of seeking G&Cs to prevent RSBs, attitudes can vary among students. Some students may hold positive attitudes, recognizing the importance of addressing RSBs and seeking professional help. However, despite their positive attitudes, students may engage in behavior that contradicts their attitudes (e.g., engaging in RSBs without seeking help), such as avoiding or delaying seeking G&Cs. This inconsistency between their

attitudes and behaviors creates cognitive dissonance, leading to psychological discomfort and a motivation to seek consistency.

To reduce cognitive dissonance, students are motivated to seek consistency between their attitudes and their RSBs practices. However, seeking G&Cs, may involve students recognizing the importance of addressing RSBs and acknowledging that seeking help aligns with their values and beliefs (e.g., attitude). Because many research investigations have demonstrated that people will adjust their attitudes to better reflect their inconsistent behavior when they are unable to change their behavior (Fabrigar et al., 2006), by seeking counseling and guidance, they can align their behavior with their attitudes, thereby reducing cognitive dissonance.

Therefore, in this research study that was conducted at Hawassa University, the researcher incorporated cognitive dissonance theory assumptions to explore the attitudes of students and seek help from G&Cs to prevent RSBs. CDT is an effective framework for developing students' attitudes. Hence, cognitive dissonance theory provides the foundation for this study because it is widely used in circumstances involving the understanding of attitudes. Furthermore, the CDT is comprehensible and can easily be integrated into a working theory of behavioral and attitude change. Thus, combining these theories provides a broader and more inclusive approach to developing, changing, and managing attitudes and risky behaviors.

### **2.6.2. Theory of Reasoned Action (TRA)**

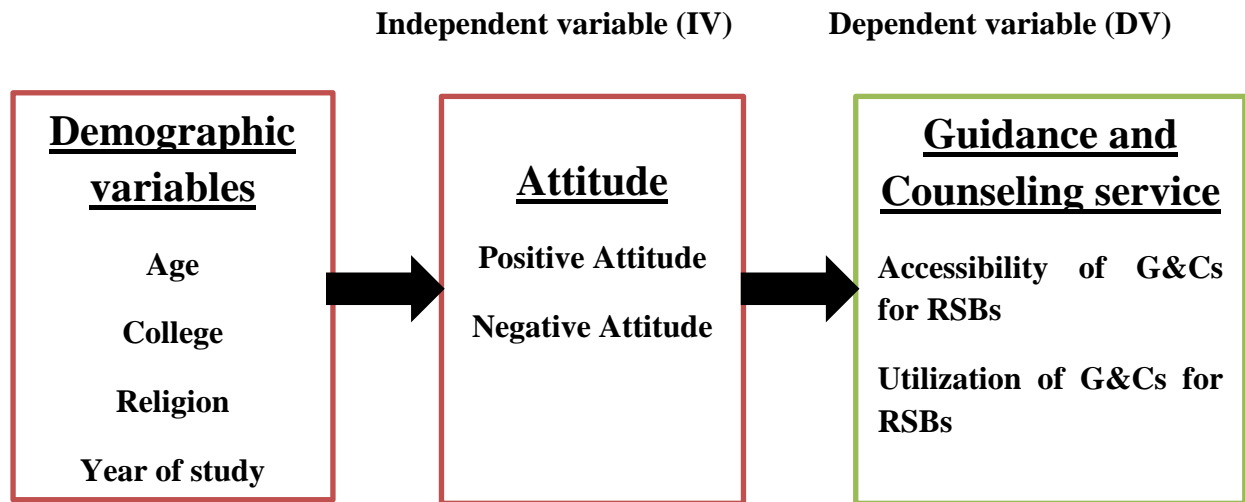
A cognitive theory and mathematical model called the Theory of Reasoned Action (TRA) aids psychologists in their understanding of human behavior in particular situations, such as when forming good habits. It was created in 1975 as advancement over the information integration theory of Ajzen and Fishbein. The TRA goes on to say that there are three parts: intentions, attitudes, and beliefs. Beliefs often indicate the likelihood that a particular action will result in a particular outcome; attitudes address whether or not an individual believes that outcome is

favorable; and intention refers to the intended behavior in response to beliefs and attitudes. According to TRA, an individual's intention shapes their behavior, which is influenced by their attitude. For example, a university student might believe that seeking G&Cs can help them make informed decisions about RSBs, seeking counseling; a positive attitude would lead a student to view counseling services as beneficial and helpful. And student's intention to seek counseling for RSBs depends on their beliefs about its effectiveness, and their attitude toward counseling.

TRA helps identify the specific determinants of behavior that can be targeted for change and investigates how students' beliefs, attitudes, and intentions influence their behavior, considering the influence of external variables. TRA suggests that students engage in RSBs when they have a positive or negative attitude towards seeking G&Cs and experience environmental and social pressure. For example, students with a positive attitude towards seeking G&Cs and refraining from casual sexual relations are more likely to abstain from RSBs. Additionally, students who are cautious about practicing safe sex and avoiding casual encounters are less inclined to participate in risky behavior. While TRA offers insights into the variables that affect seeking counseling and guidance service, it acknowledges that individual actions can still be influenced by other factors like peer pressure, resource access, and personal circumstances. Those who perceive social support from significant and accountable individuals are more likely to participate in responsible sexual behavior.

The two theories informed the study on the process of attitude toward counseling and guidance and helped in the integration of this study variables. While, TRA widely cited and applied in behavioral studies, emphasizing the importance of attitudes as independent variables that influence behavior. Collectively, the two approaches facilitated in focusing the study on the key variables which enabled their measurement.

## 2.7. Conceptual framework



*Figure3-1 Conceptual framework interaction of attitude and guidance and counseling services*

University students, during their learning time, have the opportunity to explore and enjoy new freedoms, but this also puts them at risk of engaging in risky sexual behavior. As students continue to engage in sexual activities, their behavior could be recovered by G&Cs that shape their awareness of the risks involved. However, students hold different attitudes toward G&Cs. This, in turn, affects their immediate attitude towards seeking G&Cs to prevent RSBs. Students who hold a negative attitude towards seeking help expected to have a negative attitude toward G&Cs, less utilization of G&Cs, less accessibility, and less awareness of the availability of G&Cs to prevent RSBs on their campus. On the contrary, students who hold a positive attitude towards seeking help expected to have a positive attitude toward G&Cs, high utilization of G&Cs, high accessibility, and high awareness of the availability of G&Cs to prevent RSBs. Additionally, demographic variables like age, college, religion and year of study have potentials that affect attitude. Based on the above discussion, this conceptual framework was developed by the researcher, in which the dependent variable is G&Cs to prevent RSBs and the independent variables are attitude, as explained above.

## **CHAPTER THREE**

### **3. RESEARCH METHODOLOGY**

In this chapter, the methodology employed to explore the attitude of Hawassa University students regarding seeking G&Cs to prevent RSBs is outlined. The section encompasses various elements such as research design, selection of the study area, definition of the target population, methodology for sampling and determining sample size, the instruments utilized for research, procedures for data collection and methods for data analysis, considerations for a pilot study for ensuring instrument reliability and validity, and ethical guidelines governing the study.

#### **3.1. Research design**

The study employed a quantitative and qualitative approach with a cross-sectional survey research design to investigate Hawassa University students' attitudes toward seeking G&Cs to prevent RSBs. This design enables a snapshot of the prevailing situation and provides a comprehensive analysis by simultaneously collecting and merging quantitative and qualitative data. The above noted fact made the mixed methods design attractive and efficient in that the researchers will be able to collect both quantitative and qualitative data during a single data collection phase roughly the same time. Therefore, combining quantitative and qualitative methodologies helps in this study to obtain the facts, balanced attitudes, and experiences of students towards seeking G&Cs for RSBs at the university. The study will employ the convergent parallel design, which involves the simultaneous collection, merging, and use of both quantitative and qualitative data to provide a comprehensive analysis of the research problem (Creswell & Zhang, 2009).

#### **3.2. Study area**

The research was centered at Hawassa University, specifically positioned in Hawassa, Sidama Region, Ethiopia. Hawassa, established in 1952 E.C. during Emperor Haile Selassie's reign

according to the Ethiopian calendar, lies approximately 278 kilometers (173 miles) south of Addis Ababa, Ethiopia's capital city. Hawassa University, established in 1976, holds accreditation from the Ministry of Education, Ethiopia.

### **3.3. Study Population**

The study comprised regular undergraduate students registered for the 2024/25 academic year at Hawassa University. Regular undergraduates were chosen due to their varied schedules, living arrangements, and familiarity with university services compared to weekend and extension students. The target population included all students at Hawassa University, total is 12,957, with 8,674 (67%) males and 4,283 (33%) female (Hawassa University registrar, 2024/25). The following section describes the sample that took part in the present study.

### **3.4. Sampling Technique and Sampling Size Determination**

The study used both probability and non-probability sampling techniques. Stratified and simple random sampling methods from probability sampling techniques were employed to select respondents from each college and institute—CoA, CoEBS, CoLG, CMHS, CNCS, CSSH, and IOT— which helps each student in Hawassa university has an equal chance of being selected randomly and from the total population of the campuses is divided into stratum. Purposive sampling from non-probability sampling techniques was also employed to select those campuses purposively; the main campus, medicine and health science campus, agriculture campus, and Institute of Technology—due to it is the oldest college and institute in Hawassa University since they were viable as “information-rich” for this study.

The populations in these four campuses specifically six college and one institute were large enough to draw the respondents of this study regarding the number of student and nature of the services offered in the college and institution. A purposive or judgmental sample is one that is selected based on the characteristics and knowledge of a population and which are deemed by

the researcher to be crucial to understanding the phenomenon being investigated (Taherdoost, 2016). These campuses had a total population of 6,062 students. Additionally, three (2, male and 1, female) counselors are all counselors from campuses.

The sample size, calculated using Slovin's formula, was determined to be 399 respondents from the accessible population of four campuses 6,062 students. Selection from each college was done proportionately, dividing the number of students in each college by the total number across all seven, and then multiplying by the sample size. Likewise, gender-specific selection followed a similar process, dividing the number of students by gender by the total number of students and then multiplying by the sample size. Slovin's formula assists in determining the sample size needed to estimate a population parameter within an acceptable margin of error.

**Table 3-1: Proportionate sample size of undergraduate students per college**

<i>College</i>	<i>Total population</i>		<i>No of population</i>		<i>Sample</i>		
	<i>Total</i>	<i>percentage</i>	<i>male/college</i>	<i>female/college</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
CoA	711	11.8%	463	248	31	16	47
CoE	163	2.68%	111	52	8	3	11
CoLG	337	5.55%	222	115	15	7	22
CMHS	1,643	27.1%	956	687	62	46	108
CNCS	808	13.32%	613	195	40	13	53
CSSH	687	11.3%	484	203	31	14	45
IOT	1713	28.25%	1271	442	84	29	113
	6,062	100%	4,120	1,942	271	128	399

**Slovin's formula:**  $n = \frac{N}{1+N(e^2)}$        $n = \frac{6,062}{1+6,062(0.5^2)}$        $n = \frac{6,062}{6,063(0.25)}$        $n = 399$

Where: n is the sample size

N is the population size

e is the acceptable margin of error

### **3.5 Data Source**

To investigate the attitudes of students towards seeking G&Cs to prevent RSBs at Hawassa University, the researcher collected data from primary data sources. Primary data sources were obtained from students, counselors, campuses students' clinics and gender office. The selection of these as sources of data was made based on the fact that they have adequate information, experience, and enough resources about attitude and seeking G&Cs to prevent RSBs. The section on the next page describes the specific research instruments that were used to collect data from students and counselors.

### **3.6. Data Collection Instruments**

The study employed both quantitative and qualitative data collection instruments. Quantitative data was gathered using a questionnaire, while qualitative data was acquired through open ended questioners and interviews. These tools have been meticulously prepared in clear and comprehensive English and Amharic to ensure coherence and reliability. The questionnaire's format is of paramount importance, influencing both the ease of responding and the quality of information obtained in the research process (Creswell et al., 2003). In this study, the following two instruments were utilized:

#### **3.6.1. Questionnaire**

Questionnaire is an instrument—an array of questions to be answered by people in order to provide information for a specific purpose. The questionnaire was structured around the research

objectives and based on the research questions. For the purpose of this research, the questionnaire was based on closed-ended and open-ended questions aimed at generating brief and specific answers from the participants. The questionnaire was a self-administered and adapted question.

**Attitude Scale:** The Attitude Scale is an adaptation of a questionnaire (Fischer & Turner, 1970). The adapted items were modified in terms of risky sexual behaviors and all participants completed the Fischer-Turner Attitudes toward Seeking Professional Psychological Help Scale (ATSPPH). The Fischer-Turner scale assesses attitudes toward counseling services; it is divided into four subscales derived from factor analysis (Fischer & Turner, 1970). These subscales include (a) need (recognition of personal need for psychotherapeutic help); (b) stigma (tolerance of the stigma associated with psychiatric help); (c) openness (interpersonal openness regarding one's problem); and (d) confidence (confidence in mental health professionals) (Fischer & Turner, 1970). The scale consists of 29 Likert-type items, but for this study, only 25 items were selected; the remaining 4 items did not fall within the research objective, and two self-administered items were added based on a literature review on attitude. Overall, 27 items were employed, (7) items for need, (5) items for stigma, (6) items for openness and (9) items for confidence. A five-point Likert scale (5-Strongly agree, 4- Agree, 3-Undecided, 2- Disagree, 1- Strongly Disagree) that best describes the extent to which the respondents agree with each item in the questionnaire has been used. The researcher and practitioners can have confidence in the accuracy and validity of the results obtained from ATSPPH.

**Counseling and guidance service items:** The questionnaire was self-administered based on a literature review on the awareness, availability, accessibility, and utilization of G&Cs to prevent RSBs. A questionnaire is a research instrument consisting of a set of questions designed to gather specific information from respondents for appropriate analysis (Roopa & Rani, 2012 p.273).

Roopa and Rani (2012) note that one of the primary purposes of questionnaires is to obtain quantitative data in any research endeavor, so in this study, questionnaires were used to collect quantitative data from students, which refers to numerical information that can be analyzed statistically (p. 273). 3 items for awareness, 4 items for availability, 5 items for accessibility, and 8 items for utilization were employed; overall, 20 items were employed. Respondents indicated how strongly they agreed or disagreed with the given statements using a number of positions on a five-point scale (1-Strongly Agreed, 2- Agree, 3-Undecided, 4- Disagree, 5- Strongly Disagree).

**Benefits of guidance and counseling service items:** The questionnaire is self-administered based on a literature review of the benefits of G&Cs and also contains open-ended questions to answer perceived benefits of G&Cs. Covell et al. (2012) maintain that it is better that any questionnaire includes both closed-ended and open-ended questions to enhance the quality of data collection. Over all, the questionnaire comprises five sections:

1. Social Demographic Variables: Covers age, gender, year of study, college, and religion.
2. Attitudes towards Seeking Guidance and Counseling: Assesses attitudes using a five-point Likert-type scale.
3. Awareness of Guidance and Counseling Services: Explores awareness regarding availability, accessibility, and utilization of G&Cs using a five-point Likert-type scale.
4. Factors Influencing Attitudes: Examines factors influencing attitudes towards seeking C&Gs with responses in terms of demographic variables and awareness and availability of C&Gs.
5. Perceived Benefits of Counseling: Explores perceived benefits with response options with each respondent answer.

The next section gives information regarding the nature of interviews.

### **3.6.2. Interview**

Interviews are a popular and widely used means of collecting qualitative data. The researcher used structured interviews. The data that was obtained from the interviews was used to strengthen and fill the gaps that were not filled by the questionnaires. A question was raised for counselor and they provided their responses in a free and explained manner. Thus, focusing on issues related to the existing situation, interview questions were prepared by the researcher and conducted with three (3) key informants' counselors. For about 40–50 minutes, the interview questions were administered in Amharic, and they were translated into English by the language experts. The interview schedule for counselors includes two parts:

1. **Student Preferences:** Explores student preferences concerning the format, and accessibility of counseling services related to risky sexual behaviors.
2. **Adequacy of Existing Services:** Evaluates the adequacy of current counseling services in addressing students' needs related to risky sexual behaviors.

These instruments have been carefully designed to comprehensively capture students' attitudes towards seeking G&Cs to prevent RSBs at Hawassa University. The next section addresses issues with study variables.

### **3.7. Study variable**

#### **3.7.1. Dependent variable**

The study considered guidance and counseling services to prevent RSBs as dependent variables.

#### **3.7.2. Independent variable**

The attitude variable is considered an independent variable in the study. The next section addresses issues of research methods for data analysis.

### **3.8. Pilot study**

#### **3.8.1. Validity of Instruments**

To check the validity of questionnaires, a pilot study was conducted before the final distribution of the instrument to respondents to identify any misunderstandings and ambiguities. An item was diversified for each objective, reviewed by research experts (advisors), and refined based on expert feedback and pilot test results. Items that were found to be ambiguous were modified thereby improving face validity as an initial check, to fit with risky sexual behaviors to improving their validity. Based on the analysis of the pilot study, modifications such as spelling errors, abbreviations, and grammar were made clear based on the feedback obtained from the advisor. Moreover, translation was made with the help of language experts. Expert opinions, literature searches, and pre-testing of questions were used to improve the validity of the content. The following section discusses the reliability of instruments.

#### **3.8.2. Reliability of Instruments**

A pilot test was made on the instruments by the researcher to check whether the questionnaire was reliable. To check the reliability of the items, 27 (20%) respondents from Wondo Genet campus entered their responses into SPSS, and analysis of the reliability test was done by employing exploratory factor analysis (EFA) and Cronbach's alpha. So the pilot study, which aimed at measuring item clarity and reliability, was done on 81 randomly selected students from Hawassa University (female = 26 and male = 55).

The EFA was performed using component analysis and varimax rotation. The minimum factor loading criteria was set to 0.60. The communality of the scale, which indicates the amount of variance in each dimension, is also assessed to ensure acceptable levels of explanation. The results show that all communalities were over 0.50. An important step involved weighing the overall significance of the correlational matrix through Bartlett's Test of Sphericity, which

provides a measure of the statistical probability that the correlational matrix has significant correlations among some of its components.

The result was significant ( $n = 81$ ) = 1314.982 ( $p < 0.05$ ), which indicates its suitability for factor analysis. The Kaiser-Meyer-Olkin measure of sampling adequacy (MSA), which indicates the appropriateness of factor analysis, was 0.820. In this regard, data with an MSA value above 0.800 is considered appropriate for factor analysis.

Finally, the factor solution derived from this analysis yielded four factors for scale, which accounted for 62.254% of the variation in the data. Overall, these findings suggest that the correlational matrix had significant correlations, indicating its suitability for factor analysis. The MSA value indicated the adequacy of the data for factor analysis. The resulting factor solution identified four factors that explained a significant portion of the variation in the data.

***Table 3-2: Exploratory Factor Analysis Results***

Items	1	2	3	4
Confidence in mental health professionals ( confidence)				
Confidence3	.795			
Confidence8	.738			
Confidence2	.737			
Confidence9	.734			
Confidence4	.731			
Confidence7	.727			
Confidence1	.688			
Confidence6	.674			
Confidence5	.617			

Recognition of personal need for psychotherapeutic help (need)	
Need1	.756
Need6	.746
Need5	.743
Need3	.720
Need7	.703
Need4	.700
Need2	.686
Interpersonal openness regarding one's problem ( openness)	
Openness5	.787
Openness6	.729
Openness1	.726
Openness3	.726
Openness2	.690
Openness4	.650
Tolerance of the stigma associated with psychiatric help (stigma)	
Stigma2	.793
Stigma5	.790
Stigma4	.759
Stigma3	.741
Stigma1	.693

In inference, 27 items measure attitudes towards seeking counseling and guidance, and 20 items measure awareness, availability, accessibility, and utilization of G&Cs, was administered for the main study.

**Table 3-3: Cronbach's alpha for each attitude subscale**

	<i>No of items</i>	<i>Cronbach's Alpha</i>	<i>Entire</i>
		<i>Pilot</i>	
Need	7	0.885	
Stigma	5	0.848	0.921
Openness	6	0.867	
Confidence	9	0.900	

Cronbach alpha is a measure of internal consistency that indicates how well the items in a scale or sub-scale are measuring the same construct. Generally, a Cronbach alpha value of 0.7 or higher is considered acceptable for research purposes. Looking at the table, we can see that the Cronbach alpha values for all sub-scales in the pilot study are above the acceptable threshold of 0.7. This suggests that the items in each sub-scale are measuring the same construct consistently, indicating good internal consistency.

The alpha values obtained in the pilot study range from alpha = 0.848 to alpha =0.900. Higher alpha values were obtained in the pilot study for confidence (0.900) and need (0.885) subscales. On the other hand, alpha values obtained in the main study range from 0.838 (stigma) to 0.905 (confidence). This means that it indicates good internal consistency in the study. The attitude scale consists of 27 items that measure attitude and are all used, which means there is no excluded question.

**Table 3-4: Cronbach's alpha for counseling and guidance services**

	No	of	Cronbach's Alpha	Entry
	items			Pilot
Awareness	3		0.773	
Availability	4		0.618	0.866
Accessibility	5		0.763	
Utilization	8		0.792	

The alpha values obtained in the pilot study range from alpha = 0.618 to alpha =0.798. Higher alpha values were obtained in the pilot study for the utilization (0.798) and awareness (0.773) subscales. This means that it indicates good internal consistency in the study. However, we can see that the availability subscale has a lower Cronbach alpha value in the pilot study, which is 0.618. The following section discusses the methods of data analysis of the study.

### **3.9. Methods of Data Analysis**

After collecting relevant data by using both questionnaires and interviews, it was necessary to utilize statistical techniques and thematic analysis to analyze the information.

#### **3.9.1. Quantitative Data**

Quantitative data was undergoing descriptive and inferential statistical analysis after collecting relevant data by using questionnaires. It was necessary to utilize statistical techniques to analyze the information. Therefore, the survey data was processed using Statistical Package for Social Sciences (SPSS) version 25.0. First, the relevant data was coded, summarized, and then transferred to SPSS to analyze and present. Specifically, descriptive analysis was employed, like minimum, maximum, frequencies, percentages, mean, standard deviation, and standard error, to address all objectives. T-tests were also employed to compare attitudes among genders toward

seeking G&Cs to prevent RSBs. The other one is a one-way ANOVA used to compare attitudes among different colleges, religions, years of study, and ages regarding attitudes toward seeking G&Cs to prevent RSBs. Lastly, regression analysis is also used to understand factors influencing attitudes toward seeking G&Cs.

### **3.9.2. Qualitative Data**

The voice-recorded interviews with university counselors and open-ended questions from students were transcribed to enable the researcher to thematically analyze the qualitative data. Thematic analysis is a qualitative data analysis method that involves identifying, analyzing, and interpreting patterns and themes within a dataset (Castleberry & Nolen, 2018). Qualitative data collected from student's open-ended questions and counselors interviews was presented and analyzed thematically in systematic themes derived from research questions. The process typically involves several steps, which can vary depending on the specific research objective. The researcher employed common steps in qualitative data analysis, like data familiarization and immersing the data to become familiar with the research

Data coding is the second step, which is the process of categorizing and labeling segments of data based on their meaning or content. The third step is theme development, which involves overarching patterns or concepts that emerge from the coded data. Data organization is also the fourth step of qualitative data analysis, and once themes have been identified, the data can be organized according to these themes, which may involve rearranging and regrouping coded segments to create a coherent structure. The last step is data interpretation. In this step, the meaning and significance of the themes are interpreted in relation to the research questions or objectives. Interpretation and presentation of findings in a narrative format for the fourth and fifth objectives of the study. The following section discusses the procedure for data collection.

### **3.10. Procedure for Data Collection**

The researcher used two categories of data collection tools, namely, questionnaires and interviews. After finalizing the questionnaires and interview schedule, the researcher sought a letter of cooperation from Hawassa University psychology department. Before the question is distributed to the students, orientation is given to the data collators. And also, participants were informed about the study's objectives, and their voluntary consent was sought before participation. Confidentiality was also emphasized, and a participant was instructed not to provide personal identification on the questionnaires. An interview with the counselor was also conducted based on research questions and prepared questions. A completed questionnaire was collected by the researcher and data collectors in a confidential manner. The next section discusses an ethical consideration of the study.

### **3.11. Ethical Consideration**

Ethical clearance is obtained from the College of Educational and Behavioral Science, Department of Psychology, to conduct the study. And then voluntary participation was assured for respondents; participation in the study will be voluntary, and the study Confidentiality also ensured that they could withdraw from the study at any time without providing an explanation, with no compulsion to provide any information. Confidentiality was also ensured with no recording of personal details, maintaining participant anonymity. No names were used to ensure a high level of confidentiality.

## CHAPTER FOUR

### 4. DATA ANALYSIS, PRESENTATION OF RESULTS AND INTERPRETATION

In this chapter, the data collected has been critically analyzed, and the results of the study have been presented in line with the basic objective of the study. The first part has focused on the demographic characteristics of the respondents. The next part shows the attitudes of students toward seeking G&Cs to prevent RSBs. The third part is about factors that influence attitudes toward seeking G&Cs to prevent RSBs. The fourth part is about the extent of awareness, availability, accessibility, and utilization of G&Cs. The fifth part shows the difference between demographic characteristics and students' attitudes. The sixth part shows that the benefits of counseling and guidance services. The final part shows the adequacy of service and the preferences of students regarding the format and accessibility of G&Cs to prevent RSBs.

#### 4.1 Demographic Characteristics of the Participants

As stated in chapter three of the research paper, the background information of the respondents includes gender, age, year of study, college, and religion. These were discussed and summarized by frequencies and percentages of descriptive statistics.

*Table 4-1: Demographic characteristics of the respondents*

<i>Variables</i>		<i>Frequencies</i>	<i>Percent</i>
Gender	Female	128	32.0
	Male	271	68.0
Age	18-19	5	1.3
	20-21	44	11.0
	22-23	134	33.6
	24-25	172	43.1

	26-27	44	11.0
	Above 275	0	0
Year of study	2 year	22	5.5
	3 year	112	28.1
	4 year	150	37.6
	5 year	115	28.8
	6 year	0	0
	7 year	0	0
	Other choices	0	0
College	CoA	47	11.8
	CoE	11	2.8
	CoLG	22	5.5
	CMHS	108	27.1
	CNCS	53	13.3
	CSSH	45	11.3
	IoT	113	28.3
Religion	Muslim	78	19.5
	Catholic	17	4.3
	Protestant	161	40.4
	Orthodox	143	35.8
	Other	0	0

As indicated in Table 4-1, from the total sample of 399 participants, 128 (32.0%) are female and 271 (68.0%) are male. Regarding the respondents age category, 5 (1.3%) of them were found between 18 and 19 years, 44 (11.0%) were found between 20 and 21 years, 134 (33.6%) were

found between 22 and 23 years, the other 172 (43.1%) of them were found between 24 and 25 years, and the rest 44 (11.0%) were found in the age category of 26-27 and above years. This indicates that the majority of the respondents were between 24 and 25 years old.

Regarding the respondents Year of study: from the total sample of respondents, 22 (5.5%) of them were second-year students, 112 (28.1%) were third-year students, 150 (37.6%) were fourth-year students, and the rest were 115 (28.8%). were fifth-year students and above. This indicates that the majority of the respondents were in their fourth year of study.

In this study, college is another demographic variable, and in this respect, 47 (11.8%) were CoA, 11 (2.8%) were CoE, 22 (5.5%) were CoLG, 108 (27.1%) were CMHS, 53 (13.3%) were CNCS, 45 (11.3%) were CSSH, and 113 (28.3%) were IoT. Thus, the majority of respondents were found in CMHS and more in IoT. This indicates that they are capable of providing sufficient and appropriate data for the study.

Regarding the respondents' religion and demography, from the total sample, 17 (4.3%) were Catholic, 78 (19.5%) were Muslim, 161 (40.4%) were protestant and 143 (35.6%) was orthodox. This indicates the majority of the respondents' protestant religion.

#### **4.2. Students' attitudes towards seeking guidance and counseling services**

The section investigated students' attitudes towards seeking G&Cs to prevent RSBs. Since the five point Likert scale ranges from 5-strongly agree, 4-agree, 3-undecided, 2-disagree and 1-strongly disagree and interpret the mean score as follows. Then according to mean range criteria 1.00 to 1.80 were for strongly disagree, 1.81 to 2.60 for disagree, 2.60 to 3.40 for undecided, 3.41 to 4.20 for agree and 4.21 to 5.00 for strongly agree (Alamri, 2024). Therefore based on the mean range criteria the result of overall mean that starts from 1 to 2.60 mean ranges indicates negative attitude, from 2.61 to 3.40 mean ranges indicates neutral attitude and from 3.41 to 5.00

mean ranges indicates positive attitude. The responses were scored and computed by minimum, maximum, mean and std. deviation as shown in Table 4-2.

**Table 4-2: Attitude of students toward counseling and guidance services**

<b>Items</b>	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. Deviation</b>
Need1	399	1	5	3.59	.787
Need2	399	1	5	3.73	.826
Need3	399	1	5	4.00	.870
Need4	399	1	5	3.83	.807
Need5	399	1	5	3.57	.789
Need7	399	1	5	4.22	.925
Need8	399	1	5	2.84	.788
Stigma1	399	1	5	2.60	.780
Stigma2	399	1	5	2.71	.809
Stigma3	399	1	5	3.54	.732
Stigma4	399	2	5	4.21	.730
Stigma5	399	1	5	3.43	.736
Openness1	399	1	5	3.50	.683
Openness2	399	1	5	3.68	.812
Openness3	399	1	5	3.52	.645
Openness4	399	1	5	3.41	.607
Openness5	399	1	6	3.77	.805
Openness6	399	1	5	3.63	.801
Confidence1	399	1	5	3.71	.635

Confidence2	399	1	5	4.13	.907
Confidence3	399	1	5	3.80	1.11
Confidence4	399	2	5	3.90	.827
Confidence5	399	2	5	3.53	.832
Confidence6	399	1	5	2.50	.597
Confidence7	399	1	5	2.52	.773
Confidence8	399	1	5	2.61	.720
Confidence 9	399	1	4	2.69	.914
Over all	399	2.89	4.00	3.45	.270

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The results in Table 4-2 indicated that descriptive statistics for students over all mean score of 3.45 ( $SD=.270$ ). Since the mean is greater than the midpoint (which is typically 3.40 for a 5.00-point Likert scale), it suggests that, on average, students in your sample have positive attitudes toward seeking G&Cs to prevent RSBs. In the study, the standard deviation is 0.27. SD is relatively small, it implies that students' attitudes are relatively consistent (i.e., there is less spread around the mean). The low variability (small SD) suggests that this positive attitude is consistent across the sample. Therefore this indicates majority of students had positive attitudes towards seeking G&Cs to prevent RSBs. This indicated that, to a large extent, students in the sample had a positive attitude towards seeking G&Cs to prevent RSBs.

Additionally, Need-related items (Need1 to Need8), Mean scores for these items range from 2.84 to 4.22, generally indicating that students recognize a need for guidance and counseling. For instance, Need7 has a mean of 4.22, suggesting strong agreement on that particular item. Stigma-related items (Stigma1 to Stigma5), Mean scores here range from 2.60 to 4.21. A lower mean, such as 2.60 for Stigma1, indicates that students generally disagree with the notion that seeking

counseling carries a stigma. This is a positive sign as it implies fewer stigmas associated with seeking help. Openness-related items (Openness1 to Openness6), Mean scores range from 3.41 to 3.77, indicating that students are relatively open to seeking G&Cs. Confidence-related items (Confidence1 to Confidence9), Mean scores here vary more, with some items like Confidence2 having a high mean of 4.13, indicating strong confidence in seeking G&Cs, while others like Confidence6 have a low mean of 2.50, suggesting lower confidence in certain aspects.

### 4.3. Factors influencing students attitude toward seeking guidance and counseling

While computing regression, there are assumptions to be considered. These requirements are explained in Appendix C; please kindly check Appendix C.

**Table 4-3: Regression of predictor variables to best predict the criterion variables**

**Coefficients<sup>a</sup>**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	1.3	.070		18.7	.000
Age	.059	.010	.192	6.18	.000
Year of study	.097	.009	.318	10.4	.000
Awareness of G&Cs	.207	.013	.417	15.1	.000
Availability of G&Cs	.241	.014	.469	17.1	.000

As indicated in Table 4-3, it shows the results of the entry regression analysis, which identifies the predictor variables that best predict the dependent variable (i.e., attitude). The result displays the coefficients, standard errors, standardized coefficients, t-values, and significance levels for

each predictor variable in each model. The results suggest that the availability of G&Cs is the strongest predictor of attitude, as it appears in all models and has the highest standardized coefficient.

A regression analysis was run using measures of attitude score as the dependent measure and age, year of study, religion, and awareness of G&Cs to prevent RSBs and availability of G&Cs to prevent RSBs scores as the independent measures (Table 4-3). This analysis supported the correlation results with an interesting exception. The regression analysis yielded a Beta Coefficient of .469 for the availability of G&Cs to prevent RSBs, with a significance level of .000. The regression analysis yielded a Beta Coefficient of .417 for the awareness of G&Cs to prevent RSBs with a significance level of .000. The year of study on campus shows Beta coefficient of .318 with a significance level of .000. In addition, age between respondents shows Beta coefficient of .192 with a significance level of .000.

So that the first best predictor of the criterion variable (i.e., attitude) is availability of G&Cs to prevent RSBs, followed by awareness of G&Cs to prevent RSBs, year of study and age are the last predictors of the criterion variables with a significance level of .000.

**Table 4-4: Model summary of dependent and independent variable scores**

**Model Summary<sup>b</sup>**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.845 <sup>a</sup>	.713	.710	.14078

a. Predictors: (Constant), Availability of G&Cs, Year of study, Awareness of G&Cs, Age

b. Dependent Variable: Attitude

The model's R-squared value is 0.713, which means that approximately 71.3% of the variance in the dependent variable (attitude) can be explained by the independent variables (availability of G&Cs, year of study, awareness of G&Cs, and age). This suggests that these variables are good

predictors of students' attitudes towards G&Cs to prevent RSBs. The adjusted R-squared value (0.710) adjusts for the number of predictors in the model and indicates that the model is still very strong even after adjusting for these factors. The standard error of the estimate (0.14078) provides an estimate of the average difference between the observed attitude scores and the predicted scores and indicating that the model's predictions are fairly close to the actual values.

**Table 4-5: Summary of multiple regressions for predicting attitude**

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	20.725	4	5.181	244.952	.000b
	Residual	8.334	394	.021		
	Total	29.059	398			

a. Predictors: (Constant), Availability of G&Cs, Year of study, Awareness of G&Cs, Age

b. Dependent Variable: Attitude

A regression was calculated, predicting the subject's development based on their perceived age, year of study, religion, awareness, and availability of G&Cs to prevent RSBs. A significant regression was found ( $F(214.64), = p < 0.05$  with an adjusted  $R^2$  of .729).

#### **4.4. The extent of counseling and guidance services**

The second research question sought to determine to what extent students are aware of the availability, accessibility, and utilization of G&Cs to prevent RSBs. Since the five point Likert scale ranges from 1-strongly agree, 2-agree, 3-undecided, 4-disagree and 5-strongly disagree and interpret the mean score as follows. Then according to mean range criteria 1.00 to 1.80 were for strongly agree, 1.81 to 2.60 for agree, 2.61 to 3.40 for undecided, 3.41 to 4.20 for disagree and 4.21 to 5.00 for strongly disagree (Alamri, 2024). Therefore based on the mean range criteria the result of overall mean that starts from 1 to 2.60 mean ranges indicates high awareness, availability, accessibility and utilization of G&Cs to prevent RSBs, from 2.61 to 3.40 mean

ranges indicates neutral awareness, availability, accessibility and utilization of G&Cs to prevent RSBs and from 3.41 to 5.00 mean ranges indicates low awareness, availability, accessibility and utilization of G&Cs to prevent RSBs. The responses were scored and computed by minimum, maximum, mean and std. deviation as shown in Table 4-5.

**Table 4-6: Awareness, availability, accessibility, and utilization of C&Gs for RSBs**

<b>Awareness</b>					
<b>Items</b>	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. Deviation</b>
Awareness1	399	1	5	3.80	1.10
Awareness2	399	1	5	2.75	.813
Awareness3	399	1	5	3.54	.721
Over all	399	2.00	4.67	3.36	.553
<b>Availability</b>					
Availability1	399	1	5	3.79	.813
Availability2	399	1	5	3.55	.787
Availability3	399	1	5	4.19	.921
Availability4	399	1	5	2.83	.797
Over all	399	1.00	4.75	3.59	.525
<b>Accessibility</b>					
Accessibility1	399	1	5	3.51	.657
Accessibility2	399	1	5	3.41	.607
Accessibility3	399	1	5	3.75	.834
Accessibility4	399	1	5	3.62	.809
Accessibility5	399	1	5	3.70	.649

Over all	399	1.60	4.40	3.59	.421
<b>Utilization</b>					
Utilization1	399	1	5	4.09	.955
Utilization2	399	1	5	3.77	1.13
Utilization3	399	1	5	3.87	.859
Utilization4	399	2	5	3.53	.832
Utilization5	399	1	5	2.50	.597
Utilization6	399	1	5	2.68	.942
Utilization7	399	1	5	2.76	.875
Utilization8	399	1	4	2.69	.914
Over all	399	2.00	4.88	3.23	.528

The results in Table 4-6 indicated that descriptive statistics for students awareness over all mean score of 3.36 ( $SD=.553$ ). Given the scale, a mean of 3.36 indicates that students are leaning slightly towards "Low" and "Neutral". This suggests that students are has no idea and unaware about the awareness of the G&Cs to prevent RSBs.

The results in Table 4-6 indicated that descriptive statistics for students awareness regarding availability over all mean score of 3.59 ( $SD=.525$ ). This score is "Low" and it indicates that students have no awareness regarding the availability of G&Cs to prevent RSBs.

The results in Table 4-6 indicated that descriptive statistics for availability of G&Cs over all mean score of 3.59 ( $SD=.421$ ). Similar to availability, this score is "low" and it indicates that students have no accessibility of G&Cs to prevent RSBs.

.The results in Table 4-6 indicated that descriptive statistics for utilization of G&Cs over all mean score of 3.23 ( $SD=.528$ ). This score is "Neutral", indicating that students are somewhat

neutral about their utilization of the G&Cs. They are neither strongly utilizing nor strongly not utilizing the services. Overall, this indicates that students' awareness regarding availability and accessibility of G&Cs to prevent RSBs on campus are very low, additionally students awareness and utilization of G&Cs to prevent RSBs on campus are neutral.

#### **4.5. The difference among student attitude on the basis of the demographic details**

Both the t-test and the ANOVA were statistical tests employed to analyze the differences among groups on the basis of the students' demographic details.

##### **4.5.1. Comparison of gender differences regarding attitude**

An independent sample t-test was used to analyze the difference in the scores on attitude among the students' gender.

***Table 4-7: Summary of an independent sample t-test between gender and attitude***

		<b>Independent Samples Test</b>							
		Levene's Test for t-test for Equality of Means							
		Equality of Variances							
		Mean	SD	F	Sig.	T	Df	Sig. (2-tailed)	Mean D/ce
A	Female	3.45	.255	1.65	.199	.433	397	.665	.012
	Male	3.44	.277			.447	269.03	.656	.012

An independent-sample t-test was conducted to compare students' attitudes toward males and females. There was no significant difference ( $t = .433$  ( $df = 397$ ),  $p = .665$ ) in the score with the mean for males ( $M = 3.44$   $SD = .227$ ) between the score with the mean score for females ( $M = 3.45$   $SD = .255$ ).

#### 4.5.2. Comparison of demographic characteristics (college, year, age, and religion)

A one-way ANOVA was used to test whether there was a significant difference between the means of the demographic characteristics and attitude.

*Table 4-8: Summary of the ANOVA results for demographic variables*

Demographic variables	N	M	SD	DF	Test of homogeneity of variances	F	Sig	Levene's statics	
								Levene's statics	Sig
Age	18-19	5	3.45	.270	4	3.05	.017	36.99	.000
	20-21	44			394				
	22-23	134			398				
	24-25	172							
	26-27	44							
	Above 27	0							
Year of study	2 year	22	3.45	.270	3	15.83	.000	61.47	.000
	3 year	112			395				
	4 year	150			398				
	5 year	115							
	6 year	0							
	7 year								
College branch	CoA	47	3.45	2.70	6	1.19	.308	.97	.439
	CoE	11			392				
	CoLG	22			398				
	CMHS	108							

	CNCS	53							
	CSSH	45							
	IoT	113							
Religion	Muslim	78	3.45	.270	3	1.90	.129	32.51	.000
	Catholic	17			395				
	Protestant	161			398				
	Orthodox	143							
	Other	0							

Significant in the 0.05 level

The result of the ANOVA suggests that the attitude score significantly differs ( $F=36.99$   $SD=.270$ ,  $F= 61.47$   $SD =.270$ , ( $F=.97$   $SD =.270$ , and  $F=32.51$   $SD=.270$ ) in terms of age, year of study, college, and religion, respectively.

As shown in Table 4-8, there is no statistically significant difference in the score on attitude among the student college branches ( $F =.97$ ,  $p >.05$ ). This shows that attitude does not vary based on their college differences.

Table 4-8 shows there is a statistically significant difference in the scores on attitude among students of different age levels ( $F=36.99$ ,  $P<.05$ ), year of study  $F=61.47$ ,  $P<.05$ ), and religion ( $F=32.51$ ,  $p<.05$ ).

Generally, the result of the ANOVA shows there is no statistically significant difference in the score on attitude among students in the college branch; on the contrary, there is a statistically significant difference in the scores on attitude among students of different ages, years of study, and religions.

#### **4.6. Benefits of guidance and counseling services**

Studies have contributed consistent evidence that G&Cs play an important role in enhancing or justifying the best possible developmental change in behavior, cognitive, and emotional outcomes for students. G&Cs helped students deal effectively with their personal, social, academic, and career challenges. Therefore, according to the data collected from the opened questions, the respondents provide valuable insights into their attitudes towards seeking G&Cs in addressing RSBs.

#### **Perceived effectiveness of guidance and counseling services in promoting behavioral changes**

Respondents 3 and 8 respond.

*The respondents expressed belief in the effectiveness of G&Cs in enabling students to suggest behavioral changes that help overcome RSBs. Examples include statements such as "Yes, it helps full through giving good advice for students and explains the way of protecting or avoiding such misbehavior" and "If anyone has RSBs, then at G&Cs they will understand the risk and learn ways to prevent himself or herself from this risky behavior." (February16, 2024)*

#### **Emotional responses to guidance and counseling services**

Respondents 13 and 18 respond

*Responses varied in terms of emotional experiences related to counseling services. Some felt comfort and relief, while others mentioned feelings of fear, lack of confidence, or nervousness. For instance, "It became strong emotionally and took me away from risky sexual behaviors," while another mentioned, "No G&Cs gives me fear, un comfort ability, and a lack of confidence." (February16, 2024)*

#### **Awareness and information gained from guidance and counseling services.**

Respondents 1 and 10 respond.

*Participants highlighted the importance of gaining information and maintaining a healthy balance between academic and personal lives through G&Cs. Examples include statements like "Guidance and counseling services work in the country, region, universities, and schools as in every other country, region, university, and school do" and "Abstain from unprotected risky sexual practice or usage of condoms." (February 16, 2024)*

### **Views on the role of guidance and counseling services in addressing risky sexual behaviors**

Respondents 6 and 7 respond.

*Participants expressed varied views on the impact of C&Gs on RSBs. Some believed that C&Gs could lead to a reduction in RSBs, while others emphasized the importance of guidance for university students to address RSBs. Examples include statements like "If these services work properly on students, there will be a reduction of RSBs" and "I think every campus should have a good counseling service because the students need guidance on RSBs." (February 16, 2024)*

### **Communication and comfort in sharing feelings with counselors.**

Respondents 71, responds

*Responses indicated differing levels of comfort in sharing feelings with counselors. Some felt fully comfortable and communicated freely, while others expressed reservations. Factors such as trustworthiness, gender preferences for counselors, and the importance of confidentiality influence their communication experiences. Examples include statements like "I am fully communicated and am very comfortable" and "I don't have the comfort to share my secret." (February 20, 2024).*

### **Impact of guidance and counseling services on developing positive attitudes**

Respondents 35, 36, and 40 respond

*Participants highlighted the role of counseling services in developing positive attitudes towards avoiding RSBs. Examples include statements like "Yes because it helps to protect them from unplanned, unwanted, and unsupported pregnancy, STIs, and UTIs by developing new attitude toward them" and "Yes because students here are exposed to different problems, and then*

*G&Cs will help to overcome their problem by developing good attitude to their issue."  
(February18, 2024)*

### **Behavioral changes are attributed to guidance and counseling services.**

Respondents 44 and 48 respond.

*Students believe that C&Gs help develop positive attitudes towards avoiding RSBs by providing guidance, awareness, and support. Improved behavioral changes include increased awareness of consequences, changing behaviors, preventive measures taken after seeking counseling, and emotional transformations resulting from counseling sessions. Examples include statements like "Changing my behavior due to new awareness I get from G&Cs toward RSBs" and "I get improved through the service when I encounter the problem and know advice from my friend when they seek the service." (February18, 2024)*

Overall, the analysis highlights the diverse attitudes and experiences of respondents towards G&Cs in addressing RSBs among students. The findings underline the importance of effective counseling services in promoting behavioral changes and the importance of professional advice, awareness, and emotional support in promoting positive attitudes and behavioral changes.

### **4.7. The adequacy of guidance and counseling services and preferences of students**

The counselors express a limitation in the counseling formats offered, highlighting the need for workshops and seminars to address the varying needs of students on RSBs. However, they face challenges due to insufficient verification from the management to conduct such activities. Additionally, counselors emphasize the necessity of including workshops and seminars in addition to individual and group therapy. Yet, the counselor faces obstacles in obtaining the required verification for these additional services.

### **Format of guidance and counseling services for risky sexual behaviors**

Respondents A, respond

*One prevalent theme across all interviews was the preference for individual counseling sessions among university students. Counselors highlighted the importance of providing a safe and confidential space for students to discuss their concerns related to RSBs. For example, counselors mentioned that “students prefer one-on-one sessions to address their issues privately without the fear of judgment or disclosure to others.” While individual counseling was the preferred format, counselors also mentioned the occasional use of group counseling sessions. However, the availability of group counseling was limited and depended on specific requests from gender office or immediate support needs. (March 25, 2024).*

### **Accessibility of guidance and counseling services for risky sexual behaviors**

Respondent B, respond

*A common theme across interviews was the challenge of accessibility to counseling services. While counselors acknowledged the existence of counseling centers, the lack of awareness among students about the services offered and the scheduling procedures resulted in underutilization of the services. Additionally, the physical location of counseling offices, such as being near noisy areas or changing locations frequently, posed barriers to students seeking support. However, the effectiveness of these outreach efforts was limited by the overall lack of awareness among students about the availability and benefits of G&Cs. (March 26, 2024).*

### **Adequacy of existing guidance and counseling services**

Respondents A, B, and C respond

*Discrepancies were noted in the adequacy of counseling services across different campus locations. While some counselors highlighted the challenges of limited resources, lack of training, and inadequate verification for conducting workshops, others emphasized the availability of services and collaboration with student clinic health centers. The varying levels of service adequacy underscored the need for standardization and improvement in C&Gs university-wide. (March 25, 26, 30, 2024)*

## **CHAPTER FIVE**

### **5. DISCUSSION**

In this chapter, discussion is made based on the results and what the literature describes on attitudes towards seeking G&Cs specifically to prevent RSBs at Hawassa University. The upcoming sections present the combined findings and detailed interpretations of the results based on the following basic research questions.

1. What attitudes do students hold regarding seeking counseling and guidance services to prevent risky sexual behaviors within university environments?
2. Which factors significantly influence students' attitudes toward counseling and guidance service seeking to prevent risky sexual behaviors
3. To what extent are students aware of the availability, accessibility, and utilization of counseling and guidance services in addressing risky sexual behaviors?
4. Is there any significance difference among demographic characteristics (gender, age, religion and college) regarding students attitude?
5. What are the perceived benefits of seeking counseling and guidance services to prevent risky sexual behaviors among students?
6. How adequate are the existing services and what are the preferences of students regarding the format and accessibility of counseling and guidance services related to prevent RSBs?

#### **5.1. Attitudes towards seeking counseling and guidance services**

The results of this study show that student attitudes towards seeking G&Cs to prevent RSBs at Hawassa University were positive. The study found that the majority of students had a positive attitude towards seeking G&Cs to prevent RSBs. This study result is consistent with the findings by (Robertson et al., 2019; Joseph & Edward, 2020; Eyo et al., 2010). This finding supports the finding of Seyoum (2011), who discovered a positive and favorable attitude of university

students towards the G&Cs and office. This finding is in contrast with Mutindi (2005), who discovered the negative attitude of students in Nairobi Province towards counseling and guidance services.

Similarly, according to Mutua et al. (2018), the majority of the students had a negative attitude towards G&Cs in their schools. Therefore, the positive attitude was expected to increase students' demand for G&Cs whenever they had a counseling need. According to Joseph and Edward (2020), the ultimate attitude of students with information gained from experience and knowledge about G&Cs in their institution would be coherent with their cognition. Several reasons could contribute to this finding, but recognition of the importance of addressing RSBs, students may have a proactive attitude towards seeking guidance and counseling to address and manage these concerns effectively, and the desire for personal growth and well-being, which is students' genuine desire for personal growth, self-improvement, and overall well-being, is the main reason.

## **5.2. Factors influencing attitudes towards seeking counseling and guidance services**

Age, year of study, awareness and availability of G&Cs to prevent RSBs which is best predicts dependent variable (i.e. attitude). According to El-Hachem et al. (2023); Getachew (2020) and Picco et al. (2016), the most common factor that affects student attitudes toward G&Cs is related to demographic status like age, year of study, residence, and others. The reason for this result is that age differences were seen in knowledge, sources of support, willingness, confidentiality concerns, personal openness, and stigma tolerance (Tomko & Munley, 2013).

Year of study also affects students' attitude toward seeking help (Getachew, 2020). In addition, service awareness and service availability are also only moderately interrelated and affect attitudes toward seeking professional help (El-Hachem et al., 2023). Soy (2021) states that attitudes toward seeking help were influenced by awareness of the provision of G&Cs.

According to this result, the main reasons for age, year of study, awareness, and availability of G&Cs to prevent RSBs that affect attitude are: the first reason is that different age groups have varying levels of knowledge, sources of help, concerns about confidentiality, and openness to discussing personal issues; counseling, and seeking professional help; students' progress through their academic journey; they becoming more aware of the available support services and their own personal needs; If students are aware of the existence and benefits of these services and perceive them as readily available, they have a higher probability of have positive attitudes toward seeking help. Conversely, low awareness or limited availability can contribute to negative attitudes or a lack of interest in utilizing the services.

### **5.3. The extent of counseling and guidance services**

In this study the majority of students have a neutral awareness, about G&Cs to prevent RSBs. Rozzaqyah et al. (2023) reported that students' levels of multicultural awareness ranged from very high to moderate, with some falling into the poor category. According to, Rushahu (2022), show that most of students encounter several challenges in reaching their academic objectives. Thus, there should be greater education about how to use the G&Cs that are offered on campus. In the study of Likisa & Tura (2020), state that student is unaware of the advantages of the G&Cs available. According to Getachew's (2019) research, a similar proportion of male students were unaware that psychological counseling services, while a similar proportion of female students were likewise unaware of their existence. Regarding RSBs, there is a gap in knowledge about the availability of G&Cs (Eyasu et al., 2019; Alemu, 2013). On the other hand, the majority of students were aware of G&Cs (Lasode et al., 2020).

In this study the result indicates that students' awareness regarding availability of G&Cs to prevent RSBs on campus are very low. All of the campuses in this survey provided the services, with the exception of the Medicine and Health campus (i.e., the Medicine and Health Science

campus does not have a G&Cs center on campus), although the majority of students were unaware that G&Cs to prevent risky sexual behavior were available. This study is related to Rushahu (2022). The study also states that services are provided at the university, but there is a lack of awareness of the availability of services. Similar to Likisa and Tura's (2020) study, this one also finds that students are unaware of the G&Cs available on campus, for risky sexual conduct. Counseling and guidance services have a low overall standing for helping students with their issues. In contrast, Nyutu (2020) research reports that the university guidance and counseling centers were well-located, had enough counseling rooms, and provided basic amenities (Alemu, 2013). In general, G&Cs perform poorly when it comes to helping students with their issues (Likisa & Tura, 2020).

In this study, the majority of students have low access to G&Cs to prevent RSBs. Similarly, Nyutu (2020) states that the majority of students do not access and benefit from the service due to challenges such as high student enrolment against thin counseling staff, a negative attitude towards seeking counseling help, and peer influence. Accessibility of G&Cs to prevent RSBs was significantly related to G&Cs utilization for university students (Owusu, 2022). Therefore, the availability of G&Cs benefits students in many ways compared to both prevention and treatment for RSBs without access to the center (Rushahu, 2022).

In this study, the majority of students have a neutral utilization of G&Cs to prevent RSBs. According to Eyasu et al. (2019), finding revealed that the majority of students do not use G&Cs services. According to Rushahu (2022), there is lack of awareness of the availability of G&Cs, a phenomenon that leads to poor utilization of services toward RSBs. In the contrary study by Lasode et al. (2020) state that majority of the respondents were currently utilizing the services. However, university students generally have low utilization of the G&Cs toward RSBs (Getachew, 2020). On the other hand, utilization of G&Cs in universities was highly connected

with the availability and accessibility of the service to students. However, limited awareness campaigns, frequently changing physical locations of counseling offices, and inadequate resources and staffing are the main reasons why students have no awareness, less availability, less accessibility, and no utilization of G&Cs to prevent RSBs in this study.

#### **5.4. Attitude difference on the basis of demographic details**

In this study, the findings revealed that there were no significant differences between student gender and college on their attitude. This implies that the attitude of students toward seeking guidance and counseling services to prevent RSBs is not varying on account of their gender and college differences. This result is related to Robertson et al. (2019); Mutindi (2005) and Khalid et al. (2021), state that weren't any notable variations in counseling seeking attitudes regarding gender and faculty among students. On the contrary, the findings, according to Eyo et al. (2010), showed that both male and female students who seek guidance and counseling services have significantly different attitudes.

In this study, further findings revealed that there were notable variations between age, year of study, and religion in their attitude. Similarly, Khan (2006); Oxhandler and Parrish (2018) found significant differences among student attitudes regarding age, year of study, and religion toward seeking G&Cs to prevent RSBs.

#### **5.5. Benefit of counseling and guidance service for risky sexual behaviors**

In this study, the finding underline the importance of effective counseling services in promoting behavioral changes and the importance of professional advice, awareness, and emotional support in developing, and promoting a positive attitudes and behavioral changes to overcome RSBs. This is similar to Eyo et al. (2010) study and it discovered a substantial positive attitude of students concerning psychological counseling service effectiveness. Positive attitudes towards

seeking guidance and counseling, and recognition of the importance of addressing RSBs are the main reason for the result of this study.

In this study, students were not aware of ways to reduce RSBs through G&Cs but they emphasized the need for well-established G&Cs centers on campus to realize that G&Cs help students to give awareness, and information about ways of reducing RSBs. Similar to Soy (2021), there positive correlation between effectiveness of G&Cs and RSBs awareness, this suggests that the higher the awareness of RSBs the more the influence of effectiveness of G&Cs in the university. The main reason for this result in this study is low awareness of availability, low accessibility, utilization of G&Cs to prevent RSBs, and high inadequacy of the center.

In this study students' views on the role of G&Cs in addressing RSBs, behavioral change and development of positive attitude towards avoiding RSBs is positive. The role of G&Cs in universities is intended to help students complete their studies on time Nyutu (2020). Additionally, according to Soy (2021) professional counseling interventions are one method of prevention of RSBs at individual level, because the main goal of these G&Cs is to decrease or avoid the occurrence of high RSBs among students. Changing their attitude (e.g., acknowledging the importance of seeking help) or seeking the services despite to discomfort, rationalize the behavior or modify their behavior and recognizing the importance of addressing RSBs is the main reason.

In this study student have different levels of communication and comfort of sharing their feelings with counselors. This is similar to Diambra et al. (2016) students feel more at ease disclosing their lack of knowledge related to this subject matter than sharing personal secrets/fantasies, even when anonymity is promised. Trustworthiness, gender preferences for counselors and confidentiality are the main reason of this study result.

## **5.6. The adequacy of guidance and counseling services and preferences of students**

In this study the format preference of G&Cs to prevent RSBs is individual counseling sessions among university students. This similar to Astuti (2021), the major function of individual counseling format of G&Cs can help learners in resolving issues, receiving guidance, assistance, and improved attention. Thus, the function of guidance and counseling in individual counseling format is very important in G&Cs in schools (Astuti, 2021). The main reason of this result in this study is crucial in issues of students need to solve is RSBs this give them shame to discuss in a group counseling session.

In this study there is a challenge of accessibility of G&Cs to prevent RSBs. In the contrary according to Muema & Kiilu, (2013), Sixty-one percent of the students accessed G&Cs at their individual institutions. Therefore, accessibility of services had a strong correlation with G&Cs utilization by tertiary students Owusu (2022). The main reason of this result is a lack of awareness among students about the services offered and the scheduling procedures resulted in underutilization of the services, physical location of counseling offices, posed barriers to students seeking support.

In this study there is a difference based on adequacy of existing G&Cs across different campuses. The provision of G&Cs is incredibly insufficient or missing altogether in schools (Rintaugu & Ngalamu, 2021). Additionally, there are inadequate facilities of counseling and guidance in Institutes of Technology in Nyanza province (Nyarangi, 2011). The main reason of this result in this study is challenges of limited resources, lack of training, and inadequate verification for conducting workshops, availability of services and lack of collaboration with student clinic health centers. The varying levels of service adequacy underscored the need for standardization and improvement in G&Cs university-wide.

## CHAPTER SIX

### 6. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### 6.1. Summary

The primary objective of this study was to examine the attitudes of students towards seeking guidance and counseling services for risky sexual behavior at Hawassa University. To achieve this objective, the following specific questions were formulated for investigation:

1. What attitudes do students hold regarding seeking counseling and guidance services to prevent risky sexual behaviors within university environments?
2. Which factors significantly influence students' attitudes toward counseling and guidance service seeking to prevent risky sexual behaviors?
3. To what extent are students aware of the availability, accessibility, and utilization of counseling and guidance services in addressing risky sexual behaviors?
4. Is there any significance difference among demographic characteristics (gender, age, religion and college) regarding students attitude?
5. What are the perceived benefits of seeking counseling and guidance services to prevent risky sexual behaviors among students?
6. How adequate are the existing services and what are the preferences of students regarding the format and accessibility of counseling and guidance services related to prevent RSBs?

From a total of 6,062 population, 399 (male = 271 and female =128) were selected using a purposive, stratified, and simple random sampling technique from each college and institute—CoA, CoEBS, CoLG, CMHS, CNCS, CSSH, and IOT—and three counselors (male = 2 and female = 1) were also selected. To determine the sample size of the study, Slovin's formula and Kothari formula were used.

A mixed-methods approach was used with a cross-sectional research design, and both open-ended and closed-ended questionnaires were employed to collect data, including interviews. Before collecting data for the main study, all questionnaires were administered in a pilot study and employed EFA and Cronbach's alpha to test item reliability. Both descriptive and inferential statistics were used for the analysis of the data gathered. Multiple linear regressions were employed to analyze the data. In addition, one-way ANOVA and t-tests are also administered for the analysis of the data gathered. Thematic analysis also used to analyses qualitative data from open-ended questionnaire items and interviews. Based on the study objectives and data analysis, the following major research findings are presented:

- The majority of students hold a positive attitude towards seeking G&Cs to prevent RSBs.
- Age, year of study, awareness, and availability of G&Cs to prevent RSBs are the factors that affect student attitude.
- The majority of students' awareness regarding availability and accessibility of G&Cs to prevent RSBs on campus are very low; additionally students' awareness and utilization of G&Cs to prevent RSBs on campus are neutral.
- There were no significant differences between college and gender toward the attitude of students, while there were significant differences among student attitudes in terms of age, year of study, and religion.
- Students attribute positive attitudes and behavioral changes to G&Cs. G&Cs helped them become more aware of the consequences of their actions, make changes in their behavior, and take preventive measures after seeking counseling.
- The variation in service adequacy underscores the need for standardization and improvement in guidance and counseling services university-wide.

## **6.2. Conclusion**

The study aimed to investigate the attitudes of students towards seeking guidance and counseling services to prevent risky sexual behavior at Hawassa University. The conclusions drawn are as follows, based on the findings of the study.

**1.** The result of the present study revealed that a majority of the students held positive attitudes towards seeking G&Cs to prevent RSBs. This indicates a general willingness or much need for modern and professional counseling support toward RSBs. proactive attitude towards seeking counseling and guidance, and recognition of addressing to prevent RSBs is the main reason.

**2.** The result of the present study revealed significant relationships between certain factors and students' attitudes. These findings emphasize the importance of considering these factors when designing interventions or programs aimed at promoting positive attitudes and the utilization of counseling services. Different age groups may have varying levels of knowledge, student academic journeys make them more aware of the available support services, and student awareness of the existence are the main reasons that affect students being more likely to have positive or negative attitudes toward seeking help.

**3.** From the results obtained from this study, we can conclude that there is a there is a neutral and low level of awareness regarding availability and accessibility, and utilization of G&Cs specifically for addressing RSBs within universities. This suggests a need for improved communication and promotion of these services to ensure that students are aware of and can easily access the service and center.

**4.** The study did not find significant differences in attitudes based on gender and college, these indicating that the factors not play a significant role in shaping students' attitudes towards seeking G&Cs seeking for RSBs. However, significant differences were observed in attitudes based on age, year of study, and religion, suggesting that student' attitudes toward seeking G&Cs

was different. These findings highlight the importance of considering these demographic factors when studying and addressing attitudes towards individuals seeking G&Cs to prevent RSBs.

5. The thematic analysis result of the open-ended question of students at Hawassa University found that G&Cs have significant benefits for students, including promoting positive developmental changes, providing emotional support, offering information and awareness, reducing RSBs, enabling effective communication, fostering positive attitudes, and facilitating positive behavioral changes. These suggest that G&Cs are essential in educational settings to enhance students' well-being and support their personal health, social, and academic growth.

6. Thematic analysis results of the interviews with campus counselors at Hawassa University revealed that the format of G&Cs to prevent RSBs primarily revolved around individual counseling sessions, with occasional use of group sessions. The accessibility of these services posed challenges due to limited awareness among students and the physical location of counseling offices. The adequacy of counseling services varied across different campus locations, highlighting the importance of standardization and improvement to ensure consistent support for students.

### **6.3. Recommendations**

1. All individuals and groups involved around students, such as friends, teachers, faculty members, academic advisors, counselors, Hawassa University administration and management, parents, neighbors, and both governmental and non-governmental organizations, should work together to make a positive attitude toward G&Cs by promoting awareness through campus-wide campaigns, workshops and seminars, informational sessions, and clear communication channels to ensure that students know where to find information about these services through posters and social media, which can help disseminate information effectively.

2. Counselors, psychologists, the Bureau of Education, Hawassa University administration and management, and governmental and non-governmental organizations have to consider factors that affect attitudes in terms of demographic factors, awareness, the availability of G&Cs, and other factors that, in order to enhance a negative attitude toward seeking G&Cs, lead to less utilization of the services that lead to low prevention of different problems and RSBs in students at an early stage.

3. University counselors and psychologists need to continue to formulate intriguing programs that promote students' positive attitudes in order to foster the development of active utilization of C&Gs and address specific needs of students to assist in minimizing RSBs.

4. University counselors and psychologists need to continue to place more emphasis on accessibility. G&Cs on campus include providing information about service locations, hours of operation, and potential benefits of the service and continue to implement initiatives to reduce the stigma, such as promoting a non-judgmental and supportive environment and providing confidential counseling options.

5. Counselors and Hawassa University administration and management should have to establish more ways so that students and other members of society at Hawassa University can benefit from C&Gs for RSBs that help the wellbeing of the student, society, and the whole country.

6. The university administration and management should establish mechanisms to regularly evaluate the adequacy and effectiveness of existing G&Cs. Feedback from students should be actively sought and incorporated into service improvements. This ongoing evaluation process will ensure that the services meet the evolving needs of the student population. Remember that creating a supportive environment is essential for encouraging students to seek help.

7. The establishment of counseling and guidance centers in tertiary universities with a variety of services should be coordinated by the Bureau of Education with educational institutions of

higher learning because the availability of G&Cs centers leads to the utilization of G&Cs and the preparation of regular counseling and guidance programs for university students.

8. Counselors, psychologists, and medical professionals who work in student clinics at the university need to continue to integrate with health services to ensure sexual health counseling with existing in health services, to develop effective intervention programs to increase students awareness of 'RSBs, and regularly offer effective G&Cs in order to enhance the full utilization of these services in the prevention and intervention of unwanted pregnancy, unsafe abortions, drug abuse and sexually transmitted infections, phonography addiction, and HIV test counseling. This ensures a holistic approach to students' well-being.

In the future researchers should focus broadly on the issue to assess students' attitude and predictors of counseling and guidance utilization to prevent risky sexual behaviors in detail. In addition, further research can be carried out on factors that affect attitude, like residence of student, region, parent's supervision, past experience of counseling history, culture, and other reasons that will affect the attitude of G&Cs among university students.

#### **6.4. Limitation of the Study**

In this study, the researcher faced some challenges. There was also extremely limited interaction with counselors to conduct a face-to-face interview; counseling offices also don't have a specific time set. Additionally, it is widely known that there is limited literature about C&Gs to prevent RSBs in Ethiopia and Ethiopian universities. Therefore, only recently published journals were referred to, and most of the literature was for studies done in other countries.

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## APPENDIX A

### Questionnaires for Students

#### Part I: Demographic Questionnaire

To: Respondent,

My name is **Safiya Aman**, and I am a Masters student at Hawassa University. I am currently conducting research under the title “**Exploring the attitudes of students towards seeking guidance and counseling service to prevent risky sexual behaviors: the case of hawassa university**”. You have been identified as a respondent in this study. I kindly request that you respond to the information that you have requested below as honestly as possible, any information given will be used for this study only and will be treated with the utmost confidentiality.

For any information you can call

Phone Number 0928701334/0953003561

Email. Address safiyaaman24@gmail.com

Thank you

Instructions: The following questions are about your personal details. For each item, please make a tick (✓) in the appropriate space next to the right answer. Choose only one answer for each item. Do not skip any of the questions, and please be as accurate and truthful as possible. Your voluntary answers here will help me better understand your anonymous responses to the other measures you are filling out today.

1. Age:

- 18-20       21-23       24-26       Above 27

2) Gender:

- Male       Female

3) Year of study:

- Second year       Third year       Forth year
- Fifth year       Sixth year       Seventh year

4) Religion:

- Muslim:       Catholic:       Protestant:       Orthodox:       Other:

5) College branch:

- College of Agriculture
- Institute of Technology
- College of Medicine and Health Sciences
- College of Natural and Computational Science
- College of Social Sciences and Humanities
- College of Law and Governance
- College of Education

**Part II: Attitudes toward seeking guidance and counseling service for risky sexual**

Instruction: Kindly tick (√) in the box for the response that best describes your response using the following key: SA = Strongly Agree A= Agree U= Undecided D=Disagree SD=Strongly Disagree

Kindly tick (√) in the box the response that best describes your response using the following key SA= Strongly Agree A= Agree U= Undecided D=Disagree SD=Strongly Disagree

No		SA	A	U	D	SD
1	A student should work out his or her own problems, but getting psychological counseling and guidance help would not be a last resort.					
2	I would want to get counseling attention if I was experiencing risky sexual behaviors for a long period of time.					
3	There is something admirable in the attitude of a person who is willing to cope with a risky sexual behavior problem and adopt professional counseling help.					
4	At some future time, I might want to have psychological counseling for my problem, even if it involves risky sexual behaviors.					
5	A student with a strong character can get over risky sexual behavior by himself/herself, and would have little need of counselors.					
6	Risky sexual behavior also like other difficulties, it tends to work out with counselors.					
7	There are times when I get risky sexual behaviors and would have welcomed professional counselor advice for a personal problem.					
8	I If I received treatment for risky sexual behaviors from counselors, I would not feel that it ought to be “covered up.”					

9	I would be feeling uneasy going to a psychologist, because of what some people would think about me.					
10	Having been a counselor's patient on campus is a blot on a student's life.					
11	If I thought I needed psychological help, I would get it no matter what.					
12	Having risky sexual behavior carries with it a burden of shame.					
13	There are certain problems that should not be discussed outside of an individual person of risky sexual behaviors.					
14	It is difficult to talk about risky sexual behaviors with highly educated people, such as counselors, psychiatrists, and psychologists.					
15	There are experiences in my life I would not discuss with anyone about risky sexual behaviors.					
16	I would willingly confide any matters to an appropriate person if I thought it might help me or a member of my family.					
17	I feel that I can not trust anyone counselor to help me in guidance and counseling service in the campus.					
18	I would want to get guidance and counseling service if I was engaged in a risky sexual problem as soon as the occurrence.					
19	A student with risky sexual behavior is not likely to solve it alone; she or he is likely to solve it with professional counseling help.					
20	If a good friend asked for my advice about risky sexual behavior, I might recommend that he or she see a counselor.					
21	I believe a student with serious, risky sexual behavior would probably feel most secure in a good guidance and counseling service center					
22	If I were experiencing a serious, risky sexual behavior crisis in my life, I would be confident that I could find relief in the guidance and counseling psychotherapy process.					
23	If I believed I had risky sexual behaviors, my first inclination would be to get professional attention.					

24	Although there is guidance and counseling for students with risky sexual behavior, I would not have much faith in them.					
25	The idea of talking about risky sexual behaviors with a counselor or psychologist strikes me as a poor way to get rid of the problem.					
26	I would rather live with certain risky sexual behaviors than go to guidance and counseling service to get treatment.					
27	I would rather be advised by a close friend, dormmates, and classmates than by a psychologist or counselor, even if for a risky sexual behavior problem.					

**Part III; Extent of awareness, availability, accessibility, and utilization of guidance and counseling service to prevent risky sexual behaviors**

**Instruction;** Kindly tick (√) in the box the response that best describes your response using the following key **SA**= Strongly Agree **A**= Agree **U**= Undecided **D**=Disagree **SD**=Strongly Disagree

No	Items	SD	D	U	A	SA
		5	4	3	2	1
1.	I know the locations of the guidance and counseling office(s) in our campus.					
2.	I know what a psychological guidance and counseling service is in our campus.					
3.	I know the assistance available to the students from guidance and counseling service for risky sexual behaviors.					
4.	I believe guidance and counseling service center is not simply interested in students' risky sexual behavior problems.					
5.	Our campus has a counselor(s) in charge for guidance and counseling service.					
6.	I believe there is a trained counselor is available always in our campus to address personal issues.					
7.	I visited our university guidance and counseling service center for seeking help.					
8.	Our campus counselors have regular scheduled visit from their					

	counselee.					
9.	Our campus offer guidance and counseling service to students who have risky sexual behavior.					
10.	I have lack of information about the accessibility of guidance and counseling service in our campus.					
11.	I believe our campus regards the guidance and counseling service a very efficient and necessary part of the campus.					
12.	I know is there a specific time set aside for consulting the guidance and counseling office.					
13.	I feel our guidance and counseling service center is enough good work to warrant its existence.					
14.	I go for guidance and counseling due to the confidence I have in the counselor that she/he will not tell anyone.					
15.	I know our campus counseling and guidance center has free quality internet services, digital photo camera and CCTV camera, for guidance and counseling service.					
16.	I believe the quality of the services in our university guidance and counseling service center is enough.					
17.	I know other student who has gone to our university counseling center for risky sexual behavior seeking help.					
18.	I believe all members of the campus have benefitted from available counseling and guidance services.					
19.	I know the services that were provided at our university counseling and guidance center solve my problem.					
20.	I know guidance and counseling service has been helped me to appreciate on my studies.					

**Part four**

**4. What are the perceived benefits of seeking guidance and counseling service towards risky sexual behaviors among university students?**

**Instructions:** For each item, please explain your answer in the appropriate space under each question. Do not skip any of the questions and please be as accurate and truthful as possible.

1. Do you believe guidance and counseling service have enabled students to suggest behavioral changes that help them overcome risky sexual behaviors? If your answer is yes how

\_\_\_\_\_.

2. If you take guidance and counseling service, what do you feel emotionally?

\_\_\_\_\_.

3. What did you get additional information about guidance and counseling service? If your answer is yes, what are they?

\_\_\_\_\_.

4. Did you aware of ways to reduce risks sexual behaviors from guidance and counseling center? What are they? Please explain them.

\_\_\_\_\_.

5. What is your view about guidance and counseling service toward risky sexual behaviors? Please explain.

\_\_\_\_\_.

6. To what extent did you communicate and comfort to sharing your feelings with counselor in guidance and counseling service towards risky sexual behaviors?

\_\_\_\_\_.

7. Did you believe guidance and counseling services help students to develop a more positive attitude towards avoiding risky sexual behavior? If your answer is yes what are they?

\_\_\_\_\_.

\_\_\_\_\_.

8. What are your improved behavioral changes related to guidance and counseling service toward risky sexual behaviors?

\_\_\_\_\_.

\_\_\_\_\_.

## APPENDIX B

### Interview for counselor

1. What is a preference of university students regarding the format of counseling and guidance services related to risky sexual behaviors?
2. What is a preference of university students regarding the accessibility of counseling and guidance services related to risky sexual behaviors?
3. How adequate are the existing counseling and guidance services available at Hawassa University in addressing the needs of students regarding risky sexual behaviors?

### መጠይቅ ለአማካሪ

1. ከአደጋኛ ወሲባዊ ባህሪያት ጋር በተዛመደ የምክር እና መመሪያ አገልግሎት ይዘታናአቀቀራረብ በተመለከተ የዩኒቨርሲቲ ተማሪዎች ምርጫ ምንድነው?
2. ከአደጋኛ ወሲባዊ ባህሪያት ጋር በተገናኘ የምክር እና መመሪያ አገልግሎቶችን ተደራሽነት በተመለከተ የዩኒቨርሲቲ ተማሪዎች ምርጫ ምንድነው?
3. በሐዋሳ ዩኒቨርሲቲ ያለው የምክርና መመሪያ አገልግሎት የተማሪዎችን ለአደጋ የሚያጋልጡ ወሲባዊ ባህሪያትን ለመፍታት ምን ያህል በቂ ነው?

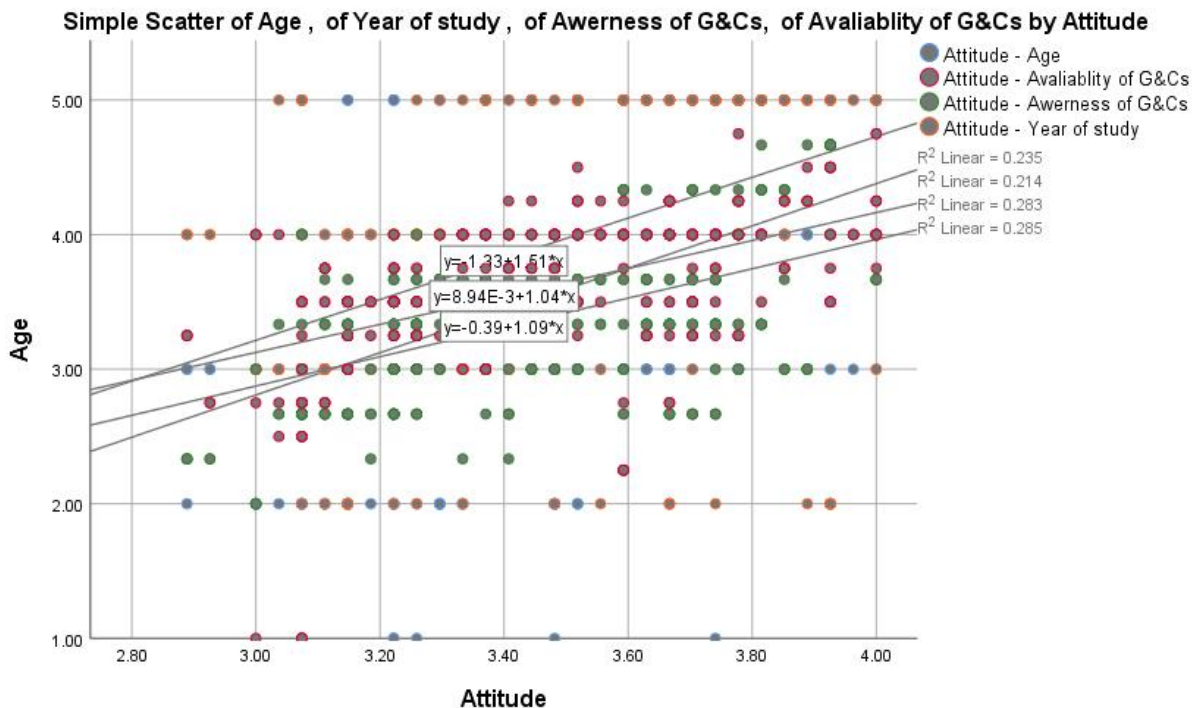
## APPENDIX C

### Assumptions of Regression

While computing regression, there are assumptions to be considered; some of these requirements are explained below.

#### 1. Linearity

In regression analysis, the linearity assumption is satisfied when there is a linear relationship between the independent variables (predictors) and the dependent variable (response). This assumption is important because regression models are based on the assumption that the relationship between the predictors and the response can be adequately represented by a straight line. There might be a relationship (even a perfect one) between the two variables that is not linear, or some of the relationship may be of a linear form and some of it may be a nonlinear form.



As indicated in the graph, the relationship between the variables shows linearity, so this assumption of regression is satisfied.

#### 2. Multicollinearity

Multicollinearity refers to a high correlation between two or more predictor variables in a regression analysis. It is important to consider multicollinearity because it can affect the

interpretation of the regression coefficients and the stability of the model (Morrissey & Ruxton, 2018). When multicollinearity is present, it becomes difficult to distinguish the individual effects of the correlated predictors (Nakagawa & Cuthill, 2007). If multicollinearity is detected,

**Coefficients<sup>a</sup>**

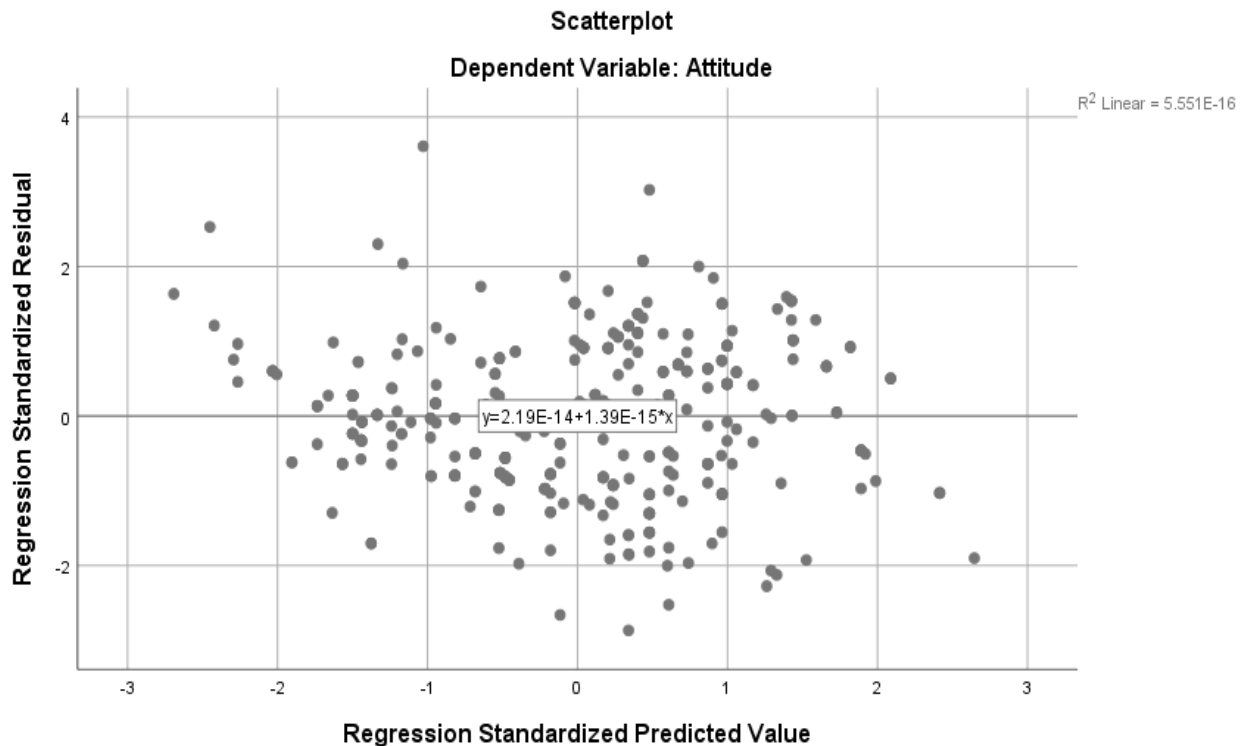
Model	Unstandardized		Standardized			Collinearity Statistics	
	Coefficients		Coefficients			Tolerance	VIF
	B	Std. Error	Beta	T	Sig.		
(Constant)	1.3	.070		18.7	.000		
Age 399	.059	.010	.192	6.18	.000	.751	1.33
Year of study	.097	.009	.318	10.4	.000	.781	1.28
Awareness of G&Cs	.207	.013	.417	15.1	.000	.958	1.04
Availability of G&Cs	.241	.014	.469	17.1	.000	.975	1.02

a. Dependent Variable: Attitude

As indicated in the table, the result of VIF (variance inflation factors) shows that there is no high multicollinearity between the variables, and this can be taken as a sign that this assumption is also satisfied.

**3. Homoscedasticity**

Homoscedasticity, also known as the assumption of equal variance, refers to the requirement that the residuals (the differences between the observed and predicted values) have constant variance across all levels of the predictor variables in a regression analysis. Violations of homoscedasticity can lead to biased standard errors, invalid hypothesis tests, and inaccurate confidence intervals. If the errors have a variance that is finite but not constant across different levels of the predictor (i.e., heteroscedasticity is present), ordinary least squares estimates will be unbiased and consistent as long as the errors are independent, but they will not be efficient (Agunbiade & Adeboye, 2012). In a scatter plot, if the spread of the residuals is roughly constant across the range of predicted or predictor values, it suggests homoscedasticity.



To consider that a particular homoscedasticity is accepted, these dots have to be spread and complicated; in this graph, the result indicates that the homoscedasticity assumption is accepted.

#### 4. Autocorrelation

Autocorrelation is a correlation between the residuals (the differences between the observed and predicted values) at different time points or across different observations in a regression analysis. Autocorrelation violates the assumption of independence of the residuals, which is crucial for obtaining accurate parameter estimates, standard errors, and hypothesis tests in regression analysis (Robins et al., 1994). Much in the same way that we assume that the errors are normally distributed, we only need to assume the independence of the errors, not the observations themselves.

#### Model Summary<sup>b</sup>

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.845 <sup>a</sup>	.713	.710	.14544	1.844

a. Predictors: (Constant), Availability of G&Cs, Year of study, Awareness of G&Cs, Age

b. Dependent Variable: Attitude

As indicated in this table, Durbin Watson's autocorrelation can be determined to be above two; according to this, a result that shows less than two indicates a positive autocorrelation, and if the result is more than two, there is a negative autocorrelation. So, this result shows that there is positive autocorrelation, which means that the autocorrelation assumption is satisfied.

**5. Normality**

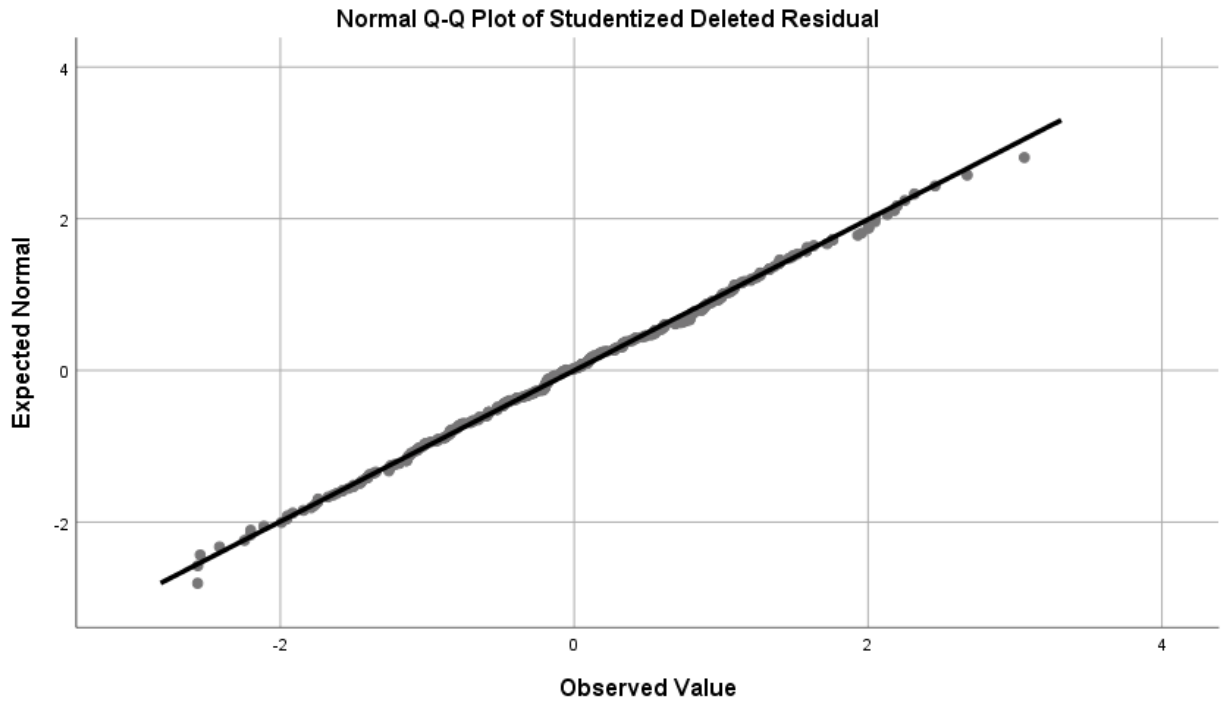
Knief & Forstmeier (2021) state that regression assumes that variables have normal distributions. Both the Kolmogorov-Smirnova (K-S) and Shapiro-Wilk tests are used for the distribution, which is completely specified with known parameters. Ahmad & Khan (2015), however, say that Shapiro-Wilk is “a well-known and powerful regression test of normality, and it gives better results for the size of the small sample.” The significance of the K-S test and Shapiro-Wilk test results is determined by comparing the calculated p-value to a predetermined significance level (often denoted as  $\alpha$ ). If the p-value is less than  $\alpha$  (typically 0.05), the result is considered statistically significant, and we reject the null hypothesis. Conversely, if the p-value is greater than or equal to 0.05, we fail to reject the null hypothesis, suggesting that there is not enough evidence to conclude that the data departs significantly from normality.

Tests of Normality	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	Df	Sig.
Studentized Deleted Residual	.038	399	.183	.997	399	.800

a. Lilliefors Significance Correction

A p-value below the significance level indicates significant deviation from the specified distribution, while a p-value above the significance level suggests no significant deviation. The table shows that, the variables are normally distributed; in which this requirement is fulfilled.

The table shows that the variables are normally distributed, in which case this requirement is fulfilled.



The graph shows that the variables are normally distributed, in which case this requirement is fulfilled to run regressions. Generally, from the assumptions of regression checked here, most of them are satisfied, and computing regressions is found to be possible.