Students' Attitudes towards Comprehensive Sexuality Education and Its Influence on Sexual Health Decisions: A Case of Two Universities in the Central Province, Zambia

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ABSTRACT

This study examined students' attitudes towards Comprehensive Sexuality Education (CSE) and its influence on sexual health decisions among undergraduate students at two universities in Central Province, Zambia. The study employed a convergent parallel mixed-methods design and included 412 students aged 18-24 years. Quantitative data were collected using structured questionnaires and analysed using descriptive statistics and inferential statistics; qualitative data were obtained through semi-structured interviews and analysed thematically. Findings indicated that 68.6% of students had positive attitudes towards CSE, compared with 15.4% who were neutral and 16.0% who held negative attitudes. Regarding sexual health behaviours, 62.5% reported consistent condom use, 71.8% had accessed HIV testing and counselling services in the previous year, and 29.4% reported multiple sexual partners. Qualitative findings suggested that students perceived CSE as an important source of accurate information that enhanced responsible decision-making, awareness of sexual health risks, and access to health services. However, cultural and religious beliefs, misconceptions, and concerns about sexuality education contributed to neutral or negative attitudes. The study concludes that strengthening evidence-based, culturally responsive CSE, practical life skills, and accessible, student-friendly sexual and reproductive health services may support healthier sexual health decisions among university students.

Keywords: Comprehensive Sexuality Education, Students' Attitudes, Sexual Health Decisions, Sexual Behaviour, University Students.

BACKGROUND OF THE STUDY

Comprehensive Sexuality Education (CSE) has become an essential strategy for addressing sexual and reproductive health challenges among young people. It has gained global recognition as an evidence-based intervention that equips young people with the knowledge, skills, and values needed to make informed sexual and reproductive health decisions (UNESCO, 2018). The transition to university exposes students to greater independence, more diverse social interactions, and more opportunities to engage in sexual relationships. Consequently, decisions about sexual activity, contraception, HIV testing, and relationships have significant implications for their health and well-being. However, the effectiveness of CSE is not only determined by content delivery; it is also influenced by learners' attitudes, which determine whether knowledge is internalised and translated into behaviour.

In sub-Saharan Africa, including Zambia, adolescents and young adults at higher education institutions face heightened sexual health risks, including unintended pregnancies, sexually transmitted infections (STIs), and HIV (Ministry of Health, 2022). Universities are crucial settings where students transition to independent decision-making, making them an important target group for CSE interventions. They are also critical

environments where students experience increased independence, exposure to diverse social influences, and greater vulnerability to risky sexual behaviours.

Despite the recognised benefits of CSE, acceptance among students varies due to socio-cultural and religious influences. Attitudes towards CSE are critical in determining whether students adopt or reject the information provided. Understanding these attitudes is essential, as they significantly shape how students interpret and apply sexual health information in their daily lives.

Statement of the problem

Young people in sub-Saharan Africa continue to face significant sexual and reproductive health challenges. In Zambia, although CSE programmes exist, risky sexual behaviours among university students persist. This suggests that knowledge alone may not be sufficient to influence behaviours. Limited research has focused on university students in Zambia, especially regarding how students' attitudes towards CSE influence sexual and reproductive health decisions. Addressing this gap is important for informing institutional policies and strengthening evidence-based sexual and reproductive health programmes in universities.

Purpose of the Study

To examine students' attitudes towards CSE and how these attitudes influence sexual health decision-making.

Research Objectives

1. To assess students' attitudes towards Comprehensive Sexuality Education (CSE)
2. To examine sexual health behaviours among students

Research Questions

1. What are students' attitudes towards Comprehensive Sexuality Education?
2. What sexual behaviours are exhibited by students?

LITERATURE REVIEW

Conceptualising Comprehensive Sexuality Education

According to UNESCO (2018), Comprehensive Sexuality Education (CSE) is a curriculum-based, age-appropriate, culturally relevant process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with the knowledge, skills, attitudes, and values to realise their health, well-being, dignity, and rights; develop respectful social and sexual relationships; understand how their choices affect their own and others' well-being; and protect their rights throughout their lives. The United Nations Population Fund (UNFPA, 2021) argues that CSE is grounded in human rights principles and promotes gender equality by addressing harmful gender norms, gender-based violence, discrimination, and unequal power relations. Through participatory learning approaches, students develop life skills such as communication, negotiation, critical thinking, decision-making, empathy, and self-confidence, which contribute to healthier sexual behaviours. In the present study, CSE is therefore conceptualised as an educational influence that can shape students' attitudes, perceived behavioural control, self-efficacy, social norms and, ultimately, their sexual health decisions.

Students' Attitudes towards Comprehensive Sexuality Education

Students' attitudes towards CSE have attracted considerable scholarly attention because attitudes significantly influence the acceptance, participation, and effectiveness of sexuality education programmes. An attitude is a psychological tendency to evaluate a particular concept, practice, or intervention with some degree of favour or disfavour (Eagly & Chaiken, 1993). This definition emphasises that attitudes involve an evaluative judgment,

which may be favourable, unfavourable, or neutral. Within the context of CSE, positive attitudes are often linked to better understanding and acceptance of sexual health information, while negative attitudes may result in resistance or misinformation. Attitudes mediate the relationship between knowledge acquisition and behavioural outcomes.

Research across countries indicates that many students generally hold favourable attitudes towards CSE because it provides accurate information about sexual and reproductive health, healthy relationships, gender equality, consent, and disease prevention (UNESCO, 2018; UNFPA, 2021). Students often perceive CSE as a valuable source of information that addresses issues inadequately discussed within families or communities.

Studies conducted in Asia, Europe, and North America generally report positive student attitudes towards CSE. Learners appreciate receiving accurate information regarding sexual and reproductive health, puberty, contraception, sexually transmitted infections (STIs), HIV prevention, healthy relationships, and reproductive rights (UNESCO, 2021; UNFPA, 2021). Positive attitudes have been associated with increased participation during classroom discussions, confidence in discussing sexual health issues, and improved ability to make informed sexual decisions.

In sub-Saharan Africa, attitudes towards CSE vary across cultural, religious, and societal contexts. Evidence from Kenya, South Africa, Uganda, and Zambia shows that while many learners value receiving scientifically accurate information about sexuality, some express discomfort because of cultural taboos around discussing sex (Keogh, Stillman & Awusabo-Asare, 2018). In many African contexts, some students perceive CSE as promoting promiscuity, while others view it as empowering and necessary for navigating modern sexual realities. These conflicting perceptions underscore the need for context-specific research.

Within Zambia, the Ministry of Education integrated CSE into the school curriculum in collaboration with UNESCO and UNFPA. However, students indicate mixed attitudes among secondary and tertiary students. While many students acknowledge the usefulness of CSE in preventing sexually transmitted infections (STIs), HIV, and teenage pregnancies, others remain hesitant because of religious teachings and traditional beliefs that discourage open discussions about sexuality (Ministry of Education, 2014). Nevertheless, empirical evidence consistently indicates that properly implemented CSE delays sexual initiation rather than promoting early sexual activity (Kirby, 2007).

Influence on Sexual Health Decisions

Sexual health decisions refer to the choices individuals make concerning sexual behaviours, relationships, and actions that can affect their sexual and reproductive health and well-being (World Health Organisation, 2006). For this study, sexual health decisions can therefore be operationally defined as the choices and actions made by university students regarding their sexual and reproductive health. Attitudes play a significant role in shaping sexual health decisions because they influence how individuals evaluate sexual and reproductive health information, perceive risks and benefits, and develop intentions to engage in particular behaviours (Ajzen, 1991; Niland, Flinn & Nearchou, 2024). Positive and informed attitudes towards contraception, HIV/STI prevention, HIV testing, condoms, sexual health services, communication, and gender equality can encourage individuals to make protective and responsible decisions (World Health Organisation, 2021). Recent evidence indicates that sexuality education can improve attitudes towards sexuality and condoms, knowledge, condom self-efficacy, and intentions to use condoms (Niland, Flinn & Nearchou, 2024). Conversely, negative attitudes associated with stigma, misinformation, restrictive gender norms, social expectations, and fear of judgment can discourage young people from seeking information or using available sexual and reproductive health services. Evidence from Zambia shows that young people may encounter judgmental or unsupportive attitudes when seeking sexual and reproductive health services, contributing to reluctance to access such services. Therefore, knowledge alone may not necessarily translate into healthy sexual decisions when social and structural barriers remain.

Comprehensive Sexuality Education can improve sexual health decision-making by providing accurate information and developing communication, negotiation, critical-thinking, and decision-making skills. Systematic reviews indicate that effective sexuality education can influence knowledge, attitudes, self-efficacy, and protective behavioural intentions (Kim, Park, Lee, Jo & Shin, 2023). In Zambia, evidence from a three-year intervention found that linking CSE with adolescent-responsive sexual and reproductive health services was

associated with significant reductions in in-school pregnancies, highlighting the importance of connecting education with accessible services (Mbizyo, 2023). However, much of the available evidence has focused on adolescents and school-based populations, with comparatively less attention to how university students' attitudes towards CSE translate into sexual health decision-making. Recent research in Zambia has begun examining sexual and reproductive health perceptions, attitudes, and behaviours among university students. Still, important contextual gaps remain regarding how attitudes towards CSE specifically influence students' decisions.

Knowledge Gap and Contribution of the Study

Although existing studies have established that CSE can improve sexual and reproductive health knowledge, attitudes, self-efficacy and protective behavioural intentions, important gaps remain in the Zambian university context. Much of the existing evidence in sub-Saharan Africa has focused on adolescents and school-based populations, with comparatively less attention to university students who are transitioning into greater independence and autonomy in sexual and reproductive decision-making. The available literature also provides limited evidence on how university students' attitudes towards CSE relate to specific sexual-health decisions, including consistent condom use, HIV testing and sexual partnerships. In Zambia, existing research has increasingly examined sexual and reproductive health among young people, but there remains limited institution-specific evidence from universities in Central Province on the relationship between attitudes towards CSE and students' reported sexual-health behaviours. The current study addresses this gap by examining students' attitudes towards CSE alongside selected sexual-health behaviours among undergraduate students at two universities in Central Province of Zambia.

The study further contributes by combining quantitative evidence on attitude patterns and sexual-health behaviours with qualitative accounts of students' experiences and perceptions. This mixed-methods approach provides not only an indication of the prevalence of particular attitudes and behaviours but also an explanation of why students accept, question or reject aspects of CSE. In particular, the study identifies the role of cultural beliefs, religious values, misconceptions and perceived relevance of CSE in shaping students' attitudes. The contribution of the study therefore lies not simply in establishing that students generally have positive attitudes towards CSE, but in providing context-specific evidence on the coexistence of positive, neutral and negative attitudes and the social factors that may facilitate or constrain the translation of CSE knowledge into sexual-health decisions.

METHODOLOGY

The study employed a convergent parallel mixed-methods design, in which quantitative and qualitative data were collected concurrently, analysed separately, and integrated during interpretation. The study was conducted at two purposively selected universities in the Central Province of Zambia, referred to as University A and University B, with a target population of undergraduate students aged 18–24 years. The province was selected because it is an important educational and socio-economic region that hosts higher education institutions enrolling students from diverse geographical, socio-economic and cultural backgrounds. A total of 412 participants comprised 365 students selected through stratified random sampling for the quantitative survey, and 47 student educators selected purposively for qualitative interviews. Data were collected using a semi-structured questionnaire and interview guide, which underwent expert review and pilot testing to enhance validity, reliability, clarity and comprehensibility. Quantitative data were analysed using descriptive statistics, cross-tabulations and chi-square tests to examine associations between students' attitudes towards CSE and selected sexual health decisions, while qualitative data were analysed thematically. Findings from both strands were integrated and triangulated to provide a comprehensive interpretation. Ethical clearance was obtained from the University A Ethics Committee, and informed consent, confidentiality, anonymity, voluntary participation and the right to withdraw were ensured throughout the study.

Presentation of Findings

Responses Rate

The study targeted 450 students, of whom 365 completed the questionnaire, giving a response rate of 81.1%. For the qualitative component, 47 student educators were purposively selected and participated in interviews.

The final study sample therefore comprised 412 participants: 365 students and 47 student educators. The demographic characteristics of the student respondents were analysed in terms of gender, age and year of study.

Table 1: Demographic Characteristics of Respondents (N=412)

Variables	Category	Frequency	Percentage (%)
Gender	Male	195	47.4
	Female	217	52.6
Age	18-20	127	30.8
	21-24	285	69.2
Year of Study	1st Year	108	26.3
	2nd Year	127	30.8
	3rd Year	98	23.7
	4th Year	79	19.2

The findings indicate that **217 (52.6%) respondents were female, while 195 (47.4%) were male.** Overall, the sample was relatively balanced by gender, although females made up a slightly larger proportion. Regarding age, **127 (30.8%) respondents were aged 18–20 years, while 285 (69.2%) were aged 21–24 years.** The respondents were drawn from all four years of study. **First-year students accounted for 108 (26.3%), second-year students 127 (30.8%), third-year students 98 (23.7%), and fourth-year students 79 (19.2%).** Second-year students therefore made up the largest proportion, while fourth-year students made up the smallest.

Students' Attitudes toward Comprehensive Sexuality Education (CSE)

Table 2: Attitude Distribution (N=412)

Attitude	Frequency	Percentage (%)
Positive	283	68.6
Neutral	63	15.4
Negative	66	16.0

The findings indicate that most university students (68.6%) held a positive attitude towards CSE. Only 16% expressed a negative attitude, while 15.4% were neutral.

Influence on Sexual Health Decisions

Table 3: Sexual Behaviour (N=412)

Behaviour	Yes (%)	No (%)
Consistent condom use	258 (62.5)	154 (37.5)
HIV testing and counselling services (Previous year)	296 (71.8)	116 (28.2)
Multiple sexual partners	121 (29.4)	291 (70.6)

The findings indicate that 258 (62.5%) of the 412 respondents reported consistent condom use, while 154 (37.5%) reported inconsistent use. In addition, 296 (71.8%) reported accessing HIV testing and counselling services in the previous year, whereas 116 (28.2%) had not. Regarding sexual partnerships, a minority, 121 (29.4%), reported having multiple sexual partners, while the majority, 291 (70.6%), did not.

Association between CSE Attitude and Consistent Condom Use

Table 4: Cross-tabulation of Attitude towards CSE and Consistent Condom Use (N=412)

Attitude towards CSE	**Consistent Condom Use:**	**Yes**	**No**	**Total**	**Yes (%)**
Positive		177	106	283	62.5
Neutral		40	23	63	63.5
Negative		41	25	66	62.1
Total		**258**	**154**	**412**	62.6

The proportion of students reporting consistent condom use was almost identical across the three attitude groups: 62.5% among students with positive attitudes, 63.5% among those with neutral attitudes, and 62.1% among those with negative attitudes. The chi-square test gives: $x^2(2, n=412) =0.028$, $p = .986$. This indicates that these differences were not statistically significant. Therefore, attitude towards CSE was not significantly associated with consistent condom use.

Association between CSE Attitude and HIV testing and counselling

Table 5: Cross-tabulation of Attitude towards CSE and HIV testing and counselling Services (N=412)

Attitude towards CSE	**HIV Testing and Counselling Services:**	**Yes**	**No**	**Total**	**Yes (%)**
Positive		203	80	283	71.7
Neutral		45	18	63	71.4
Negative		47	19	66	71.2
Total		**295**	**117**	**412**	**71.6**

HIV testing was reported by approximately 71% of students across all attitude categories. The chi-square test gives: $x^2(2, n=412) =0.008$, $p = .996$. This showed no statistically significant association between attitude towards CSE and HIV testing and counselling. Thus, students' attitudes towards CSE were not significantly associated with reported HIV testing behaviour.

Association between CSE Attitude and Multiple Sexual Health

Table 6: Cross-tabulation of Attitude towards CSE and Multiple Sexual Partners (N=412)

Attitude towards CSE	**Multiple Sexual Partners:**	**Yes**	**No**	**Total**	**Yes (%)**
Positive		83	200	283	29.3
Neutral		19	44	63	30.2
Negative		19	47	66	28.8
Total		**121**	**291**	**412**	**29.4**

Approximately 29% -30% of respondents in each attitude category reported having multiple sexual partners. The chi-square test gives: $x^2(2, n=412) =0.030$, $p = .985$. There is therefore no statistically significant association between CSE attitude and having multiple sexual partners.

The three chi-square tests consistently produce p-values much greater than .05. These results suggest that attitude towards CSE was not statistically associated with the selected sexual health behavioural outcomes in this sample. Notably, this does not show that CSE attitudes have no influence whatsoever on sexual health decisions; rather, the available cross- sectional data do not provide evidence of an association between the measured attitude categories and these three reported behaviours.

Qualitative Findings

Students' Attitudes towards Comprehensive Sexuality Education

Positive Attitudes towards CSE

Students with positive attitudes perceived CSE as a source of accurate information that promotes informed decision-making and responsible sexual behaviour.

"Comprehensive sexuality education has helped me understand my relationships and how to make responsible decisions." (Student 4; female, 20 years)

"I believe CSE is important because it equips young people with knowledge about HIV, sexually transmitted infections, contraception, and consent." (Student 13; male, 22 years)

"This type of education has increased my confidence to seek sexual and reproductive health services whenever necessary." (Student 32; female, 24 years)

Neutral Attitudes towards CSE

Students with neutral attitudes acknowledged the value of CSE but expressed reservations regarding content, cultural sensitivity, and individual differences.

"I am not supporting or opposing CSE. Some topics are important, but others may not apply to everyone depending on their background and values." (Student 1; male, 22 years)

"The information is available, but not every student uses it when making decisions. Personal discipline still matters more than what is taught." (Student 29; female, 23 years)

Negative Attitudes towards CSE

Students with negative attitudes viewed CSE as conflicting with religious or cultural beliefs, and as potentially encouraging sexual experimentation.

"I feel CSE gives students too much information that may encourage them to experiment instead of abstaining." (Student 17; male, 21 years)

"Some of the topics conflict with my religious beliefs. I think moral values should be emphasised more than discussions of contraception." (Student 18; female, 20 years)

Influences on Sexual Health Decisions

These verbatim responses align with the quantitative findings, particularly the high levels of consistent condom use (62.5%) and HIV testing (71.8%), together with the relatively low proportion of students reporting multiple sexual partners (29.4%).

"The lessons on CSE made me realise the importance of using condoms consistently. Before university I was shy to discuss these issues, but now I make informed decisions." (Student 3; male, 23 years)

"The programme encouraged me to go for HIV testing because I learnt that knowing your status is part of taking care of yourself." (Student 44; male, 24 years)

"CSE made me think carefully before entering sexual relationships because I now understand the consequences of risky behaviour." (Student 9; female, 23 years)

DISCUSSION OF THE FINDINGS

Demographic Characteristics of Respondents

The study had a relatively balanced gender distribution, although females made up a slightly higher proportion of respondents. The slight female majority may suggest greater willingness among female students to participate in research concerning sexuality education or may reflect the actual gender composition of the participating universities. Most respondents (69.2%) were aged between 21 and 24 years. This age group represents young adults who are generally more likely to be sexually active and therefore directly affected by issues addressed in CSE. Students from all academic levels participated, with second-year students forming the largest group. Students at different academic levels may have varying degrees of exposure to sexuality education and university life, which contributes to a comprehensive understanding of students' attitudes. In the Zambian context, CSE was introduced nationally to increase access to age-appropriate sexuality education among young people aged 10-24 years, making the 18-24 year-old population represented in this study particularly relevant to the national CSE agenda. Nevertheless, the findings should not be generalised to younger adolescents without caution, since only respondents aged 18 years and above were included in the reported sample.

Students' Attitudes towards Comprehensive Sexuality Education

The findings indicate that students generally held a positive attitude towards comprehensive sexuality education. Of 412 students, 283 (68.6%) expressed a positive attitude, 63 (15.4%) were neutral, and 66 (16.0%) reported a negative attitude. Therefore, more than two-thirds of students demonstrated acceptance of CSE, suggesting that CSE is generally perceived as relevant and beneficial within the university context. CSE is designed to provide scientifically accurate and age-appropriate information about health, relationships, rights, decision-making, and well-being. WHO notes that quality CSE can improve knowledge and promote positive attitudes and norms, while helping young people develop responsible attitudes towards sexuality and make informed sexual health decisions (World Health Organisation, 2023). The evidence further indicates that comprehensive programmes can contribute to improved health-related behaviours and do not increase sexual activity or sexual risk-taking (UNESCO, 2018). This supports interpreting the high level of positive attitudes in the present study as an indication that students may increasingly view CSE as a health and educational resource rather than simply as instruction about sexual behaviour.

The relatively small proportion of students with negative attitudes (16.0%) shows that acceptance of CSE is not universal. The study identifies cultural beliefs, religious values, misconceptions about sexuality education, and concerns that discussing sexuality may encourage sexual activity. These factors are consistent with international evidence showing that social and cultural norms can influence attitudes towards sexuality education. UNESCO notes that embarrassment, silence and social norms surrounding sexuality can create barriers to open discussion and can contribute to conflicting or negative messages about sexuality (UNESCO, 2018). Current WHO evidence indicates that high-quality CSE does not increase sexual activity or encourage earlier sexual behaviour; rather, it is associated with more informed decision-making and, in appropriate contexts, safer sexual health practices. (World Health Organisation, 2023). Consequently, the negative attitudes identified in this study highlight the importance of ensuring that CSE programmes clearly communicate their educational, health-promoting, and preventive purposes.

Meanwhile, the neutral response (15.4%) may indicate uncertainty, limited exposure to CSE, inadequate understanding of its content, or mixed views about its relevance. The study suggests that neutral responses may

reflect uncertainty or limited exposure to CSE. This interpretation is important because positive attitudes may depend partly on students' familiarity with CSE and their understanding of its objectives. Strengthening students' understanding of what CSE entails could therefore help reduce uncertainty and misconceptions.

Generally, the findings show broad acceptance of CSE among students, with positive attitudes considerably outweighing neutral and negative attitudes. This supports continuing to provide evidence-based CSE in higher education institutions.

Influence on Sexual Health Decisions

The findings indicate that students' attitudes towards sexual health are an important factor in shaping their sexual health decisions and behaviours. In this study, 258 (62.5%) of 412 respondents reported consistent condom use, while 154 (37.5%) reported inconsistent use. In addition, 296 (71.8%) reported accessing HIV testing and counselling services in the previous year, whereas 116 (28.2%) had not. Regarding sexual partnerships, a minority of students, 121 (29.4%), reported having multiple sexual partners, while the majority, 291 (70.6%), did not. These findings suggest that many students were engaging in behaviours that can help prevent HIV and other sexually transmitted infections (STIs), although a considerable proportion continued to report behaviours that may increase exposure to sexual and reproductive health risks.

Positive attitudes towards preventive sexual health practices can encourage individuals to translate knowledge into responsible decisions. For example, students who view condoms positively and believe that condom use is important for preventing HIV and other sexually transmitted infections are more likely to incorporate them into their sexual health practices. Conversely, negative attitudes, including perceptions that condoms reduce pleasure, are inconsistent, or are unnecessary within trusted relationships, can discourage consistent use. Research on condom attitudes indicates that perceptions, social norms and interpersonal barriers can influence condom-use behaviour (Albarracin, Kumkale & Johnson, 2004). More recent evidence also shows that inconsistent condom use among young people is influenced by a combination of social, cultural and behavioural factors, including difficulties negotiating condom use and embarrassment surrounding condom acquisition.

The relatively high proportion of respondents who reported HIV testing and counselling may also reflect positive attitudes towards HIV prevention and knowledge of one's health status. The finding that 71.8% had accessed HIV testing and counselling during the previous year indicates that many respondents were willing to take preventive action rather than relying entirely on assumptions about their HIV status. CSE can support this decision-making by developing the knowledge, values, attitudes, and skills that enable young people to make informed choices about their health and relationships. UNESCO's evidence review indicates that sexuality education can improve attitudes related to sexual and reproductive health and is associated with increased condom and contraceptive use and reduced sexual risk-taking (UNESCO, 2018).

The findings concerning multiple sexual partnerships further show the possible influence of attitudes on sexual health decisions. Although the majority of respondents (70.6%) reported not having multiple sexual partners, nearly three in ten respondents (29.4%) reported having multiple partners. Attitudes concerning relationships, perceived vulnerability to HIV and other STIs, peer norms, and perceptions of acceptable sexual behaviour may influence decisions about sexual partnerships. Importantly, sexual health decisions are not determined by individual attitudes alone. Social expectations, relationship dynamics, gender and power relations, access to services, and perceived social support can either facilitate or constrain an individual's ability to act on positive attitudes. Research synthesised by Albarracin, Kumkale, & Johnson (2004), for example, shows that attitudes, perceived control, and social norms shape condom-use decisions, with interpersonal and social factors playing an important role.

Three behavioural outcomes were examined: consistent condom use, HIV testing and counselling, and having multiple sexual partners. The findings showed no statistically significant association between CSE attitude and consistent condom use, χ^2 (2, N = 412) = 0.028, p = .986. Similarly, no significant association was observed between CSE attitude and HIV testing and counselling, χ^2 (2, N = 412) = 0.008, p = .996. Finally, CSE attitude was not significantly associated with having multiple sexual partners, χ^2 (2, N = 412) = 0.030, p = .985. Therefore, although descriptive patterns indicate that students across positive, neutral and negative attitude

groups reported similar sexual health behaviours, the inferential results do not provide evidence of a statistically significant relationship between CSE attitudes and the selected sexual health decisions. The findings should consequently be interpreted as evidence of association rather than causal influence, given the cross-sectional nature of the study.

CONCLUSION AND RECOMMENDATIONS

Collectively, the study concludes that university students have positive attitudes towards comprehensive sexuality education, with 68.6% expressing positive attitudes, and that CSE has the potential to support informed positive sexual health decision-making. However, the presence of neutral and negative attitudes, inconsistent condom use, limited HIV testing among some students, and the proportion reporting multiple sexual partnerships demonstrate continuing risks. Further, the three chi-square tests indicate that students' attitudes towards CSE were not statistically associated with the three selected sexual health behavioural outcomes in this sample. Although descriptive differences were observed, these differences were very small and did not reach statistical significance. The findings therefore do not provide statistical evidence that differences in CSE attitudes were associated with differences in reported sexual health behaviours among the students surveyed. The study therefore recommends strengthening CSE in university settings by moving beyond information provision to emphasise practical life skills such as risk assessment, communication, responsible decision-making, access to youth-friendly health services, and the reduction of misconceptions and social barriers. CSE should be complemented by accessible health services and interventions that address the broader social and contextual factors that influence sexual health decisions.

Limitations

1. The study was based on self-reported information concerning sensitive issues such as condom use, HIV testing and sexual partnerships. Respondents may have underreported or overreported some behaviours because of social desirability, privacy concerns or the sensitive nature of sexuality-related questions. This was minimised by strengthening confidentiality, anonymity and privacy during data collection.

2. The study was conducted among university students; therefore, the findings may not be directly generalisable to all young people in Zambia, especially those who are out of school or those in different educational and social contexts.

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