

**BINDURA UNIVERSITY OF SCIENCE EDUCATION**



**FACULTY OF COMMERCE**

**DEPARTMENT OF MARKETING**

**Assess the effectiveness of social marketing in promoting safe sexual health behaviors  
among youth.**

**BY**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE  
REQUIREMENTS OF THE BACHELOR OF COMMERCE HONOURS DEGREE IN  
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## **DEDICATION**

I would like to thank the Almighty for His grace throughout. I dedicate this research to my father and mother Mr. and Mrs. Kakwaire for their unmatched support that helped me to persevere.

## **Abstract**

This dissertation evaluates the effectiveness of social marketing in promoting safe sexual health behaviors among youth in Kadoma City. The theory of planned behavior, the Health Belief Model and the social learning theory were applied to assess the effectiveness of social marketing in promoting safe sexual health behaviors. The study employed a mixed-methods research design, utilizing both quantitative and qualitative data from 385 respondents. Data analysis was conducted using SPSS version 20 and AMOS software. Findings indicate that knowledge of safe sexual health behaviors and attitudes towards safe sexual health behaviors have a non-significant relationship with attitudes towards social marketing advertisements, there is a notable relationship between knowledge of safe sexual health behaviors and actual engagement in safe sexual health practices. Additionally, actual safe sexual health behaviors are linked to positive attitudes towards these behaviors, as well as intentions to continue engaging in them. Recommendations include fostering open discussions to enhance credibility in promoting positive attitudes and behaviors, and implementing comprehensive sex education in schools to improve knowledge and behavioral outcomes.

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## **Chapter 1**

### **1.1 Introduction**

Promoting safe sexual health behaviors among youth is an important component of comprehensive sexual education. It is paramount to address the increasing rates of sexually transmitted infections (STIs) and unintended pregnancies among young individuals. The science of social marketing has emerged as an influential approach in promoting health behaviors, including safe sexual practices, among youth. This dissertation aims to assess the effectiveness of social marketing in promoting safe sexual health behaviors among youth. The sexual health of youths is a significant public health concern locally and globally. Many youths are engaging in risky sexual behaviors primarily due to a lack of adequate knowledge and awareness. This puts the youths at a higher risk of contracting STIs, experiencing unplanned pregnancies, and facing long-term consequences on their physical and emotional well-being. To address these challenges, effective interventions are required, and social marketing has emerged as a promising strategy. Social marketing involves the application of marketing principles and techniques to influence behavioral change for the greater social good. It utilizes commercial marketing strategies, such as segmentation, targeting, and positioning, to promote socially desirable behaviors. In the context of safe sexual health behaviors, social marketing campaigns can raise awareness, provide accurate information, dispel myths, reduce stigma, and encourage positive behavioral changes among youth. The effectiveness of social marketing in promoting safe sexual health behaviors among youth can be evaluated through various qualitative and quantitative methods. These may include surveys, interviews, focus groups, and observational studies to understand the impact of social marketing campaigns on knowledge, attitudes, intentions, and actual behaviors related to safe sexual practices. To ensure the success of social marketing campaigns in promoting safe sexual health behaviors, several factors need to be considered. Targeted audience segmentation is crucial, as different youth populations may have diverse needs and characteristics that require tailored approaches. The use of appropriate channels and mediums, such as social media platforms, mobile applications, and peer networks, can enhance campaign reach and engagement. Through this research, we expect to gain insights into the effectiveness of social marketing in promoting safe sexual health behaviors among youth. The findings can contribute to the evidence base for future interventions and campaigns aimed at reducing risky behaviors and improving sexual health outcomes. The results may also inform

policymakers, educators, and healthcare professionals about the need for comprehensive sexual education programs that incorporate social marketing strategies.

## **1.1 Background**

The World Health Organization (WHO) defines youth as individuals between the ages of 15 and 24 (WHO, 2020). This stage of life is characterized by exploration, experimentation, and risk-taking, including risky sexual behavior (Haberland & Rogow, 2015). Unsafe sexual practices among youth can lead to unintended pregnancies, sexually transmitted infections (STIs), and HIV/AIDS (UNAIDS, 2020). Therefore, promoting safe sexual health behaviors among youth is crucial for their well-being and public health.

Social marketing, a discipline that applies marketing principles to promote positive behavioral change, has been widely used to promote safe sexual health behaviors among youth (Andreasen, 2002). Social marketing campaigns have been implemented globally, nationally, and locally to encourage youth to practice safe sex, get tested regularly, and seek sexual health services (CDC, 2020).

Despite the widespread use of social marketing in promoting safe sexual health behaviors among youth, its effectiveness remains a subject of debate. Some studies have reported positive outcomes, such as increased condom use and STI testing (Sweat et al., 2012), while others have found limited impact (Klein et al., 2013). Therefore, assessing the effectiveness of social marketing in promoting safe sexual health behaviors among youth is essential to inform evidence-based interventions. By evaluating the outcomes of specific social marketing interventions, the dissertation aims to provide insights into which strategies are most effective in promoting safe sexual behaviors among young people. This research is crucial for enhancing the design and implementation of future sexual health campaigns and interventions, with the ultimate goal of reducing the prevalence of STIs, unintended pregnancies, and other negative consequences associated with unsafe sexual practices among youth.

## **1.2 Statement of the problem**

The statement of the problem on the effectiveness of social marketing in promoting safe sexual health behaviors among Youth is that although social marketing campaigns have been used to

promote safe sexual health behaviors among youth, there is a lack of evidence on the effectiveness of these campaigns. This statement of the problem highlights the need for more research on the effectiveness of social marketing campaigns in promoting safe sexual health behaviors among youth. Some potential research questions that could be explored include: What are the most effective social marketing strategies for promoting safe sexual health behaviors among youth? How can the effectiveness of social marketing campaigns be measured?.

### **1.3 Research objectives**

The research objectives of assessing the effectiveness of social marketing in promoting safe sexual health behaviors among youth in the dissertation may include the following:

- (a) To establish the influence of attitudes towards social marketing advertisement on youth's knowledge of safe sexual health behaviors.
- (b) To determine the effect of social marketing advertisement attitudes on attitudes towards safe sexual health behaviors. Additionally, to influence social marketing advertisement perception on attitudes towards safe sexual health behaviors.
- (c) To determine the influence of knowledge on Safe sexual health behaviors on actual safe sexual health behaviors.
- (d) To determine the relationship between attitudes towards safe sexual health behaviors on actual safe sexual health behaviors.
- (e) To determine the link between actual safe sexual health behaviors and intention to engage in safe sexual health behaviors.

### **1.4 Research Hypothesis**

In the dissertation on assessing the effectiveness of social marketing in promoting safe sexual health behaviors among youth, the research hypothesis can be formulated as follows:

H1: There is a positive correlation between attitudes towards social marketing advertisements and knowledge of safe sexual health behaviors

H2: There is a positive correlation between attitudes towards social marketing advertisements and attitudes towards practicing safe sexual health behaviors among youth.

H3: There is a positive correlation between knowledge of safe sexual health behaviors and actual safe sexual health behaviors

H4: There is a positive correlation between attitudes towards safe sexual health behaviors and actual safe sexual health behaviors.

H5: there is a positive correlation between actual safe sexual health behaviors and Intentions to engage in safe sexual health behaviors

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

The research will be of paramount importance to various stakeholders in the academic field and the business environment

#### **1.5.1 TO THE RESEARCHER**

This is a significant topic because youth are at a high risk for engaging in risky sexual behaviors, and social marketing campaigns have been shown to be effective in promoting healthy behaviors. The researcher's study is significant because it will provide valuable insights into the effectiveness of social marketing campaigns and help to develop more effective campaigns in the future. The researcher's findings may also help to reduce the rates of risky sexual behaviors among youth, which could have a positive impact on public health.

#### **1.5.2 TO THE UNIVERSITY**

The topic is significant to the university because it addresses an important public health issue that is relevant to the university's mission. The university is committed to promoting health and well-being among its students and the larger community. The researcher's study will contribute to the university's efforts to improve the health and well-being of its students and the community, and will help to advance the university's public health research agenda. In addition, the researcher's findings may be used to inform the development of new sexual health programs and policies at the university.

### **1.5.3 TO THE SOCIETY**

The researcher's study is also significant to society because it addresses a major public health issue that has wide-reaching implications for individuals, families, and communities. The issue of risky sexual behaviors among youth has a significant impact on public health, as it can lead to sexually transmitted infections, unplanned pregnancies, and other health and social problems. By promoting safe sexual health behaviors, the researcher's study will help to improve the health and well-being of individuals, families, and communities. In addition, the study's findings may help to reduce the economic and social costs associated with risky sexual behaviors.

### **1.6 Delimitation of the study**

(a) Geographic Location: The study could focus on a certain community rather than attempting to cover a broader geographical area. This limitation helps in maintaining a more concentrated analysis and understanding of the specific context being studied.

(b) Age Range: The study may focus on a particular age group among youth, such as adolescents between 15 to 40 year years old, to narrow the scope and provide more targeted insights into their sexual health behaviors and the effectiveness of social marketing interventions within this specific age range.

(c) Timeframe: Delimiting the study to a specific period, such as the past five years, helps keep the research current and relevant. It ensures that the effectiveness of social marketing strategies in promoting safe sexual health behaviors among youth is assessed within a defined time frame.

(d) Research Design: The study may have specific methodological choices, such as utilizing surveys, interviews, or focus groups and to collect data.

(e) Language and Cultural Context: The study may choose to limit its focus to a specific language or cultural context, acknowledging that the effectiveness of social marketing strategies can vary across different linguistic and cultural groups. By delimiting the research to a specific context, the study ensures a more nuanced understanding of the impact of social marketing on safe sexual health behaviors within that particular context.



(f) Sample Size: Limiting the number of participants in the study is common, as it is often not feasible to include an entire population or a large representative sample

### **1.7 Limitations of the study:**

(a) Sample size: The study might have been limited in terms of the number of participants included. A smaller sample size can limit the generalizability of the results to a larger population.

(b) Participant demographics: The study might have focused on a specific demographic group, such as a particular age range or geographic location. Consequently, the findings may only be applicable to that specific group and may not be representative of other populations.

(e) Measurement tools: The effectiveness of the social marketing interventions might have been assessed through certain measurement tools or instruments. The limitations associated with these tools, such as reliability or validity issues, might affect the robustness of the study's conclusions.

(f) External factors: The study might not have considered external factors that could influence safe sexual health behaviors among youth, such as cultural norms, socioeconomic factors, or access to healthcare services. Neglecting these factors may limit the comprehensive understanding of the relationship between social marketing and behavior change.

### **1.8 Definition of key terms**

**Social marketing** is the use of marketing principles and techniques to influence the voluntary behavior of target audiences in order to achieve socially desirable outcomes. It is a process that combines research, strategy, and communication to influence behavior change in a specific population. The goal of social marketing is to improve the health and well-being of individuals and communities by encouraging positive behaviors and discouraging negative ones. In addition, social marketing is the application of commercial marketing principles and tools where the primary goal is the public good (Donovan, 2011).

**Safe sexual health behaviors** refer to behaviors that promote sexual health and well-being, while reducing the risk of negative health outcomes, such as unintended pregnancy and sexually transmitted infections (STIs). Some examples of safe sexual health behaviors include using condoms, having regular STI testing, and being knowledgeable about one's own sexual health.

### **1.9 of the dissertation**

The organization of this dissertation shall be at follows

- 1: Introduction
- 2: Literature review
- 3: Research methodology
- 4: Data Analysis and presentation
- 5: Summary, conclusion and recommendation

### **1.10 Summary**

Promoting safe sexual health behaviors among youth is crucial for their overall well-being. Social marketing can play a significant role in raising awareness, changing attitudes, and promoting positive behavioral changes related to safe sexual practices. By assessing the effectiveness of social marketing in this context, we can better understand its impact and contribute to the development of evidence-based interventions that address the sexual health needs of young individuals.

# **CHAPTER 11**

## **Literature Review**

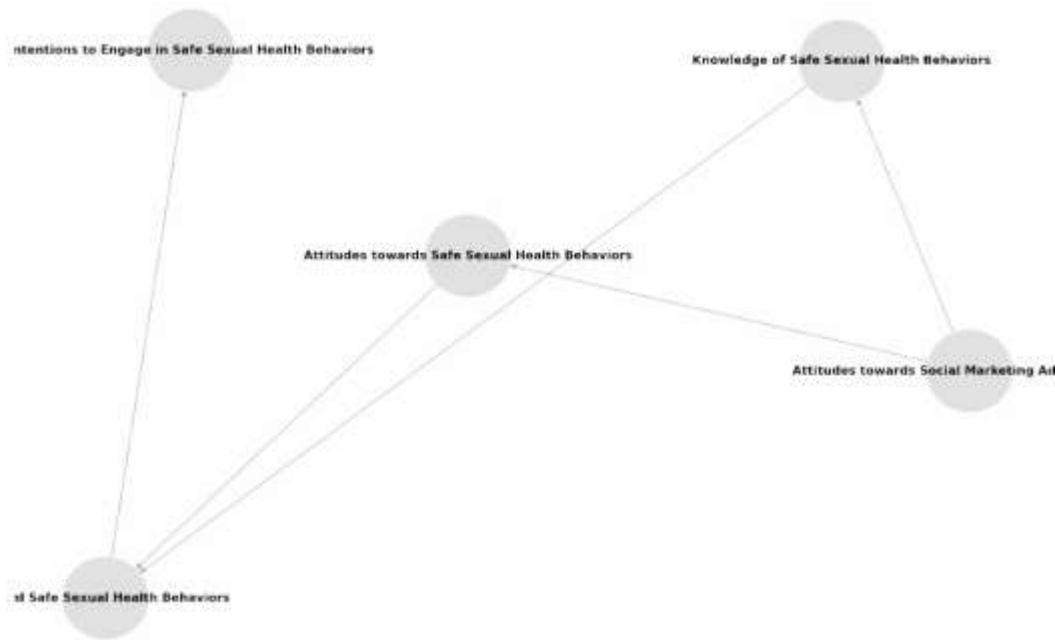
### **2.1 Introduction**

This chapter offers a thorough analysis of the body of research on the efficiency of social marketing in encouraging young people to engage in safe sexual behavior. The goal of the review is to pinpoint important ideas, hypotheses, and factual data pertaining to social marketing initiatives that support young people's sexual health. This chapter will help to a better understanding of the possibilities of social marketing in addressing the difficulties of encouraging safe sexual practices among young people by reviewing earlier research findings.

### **2.2 Conceptual Framework**

This study's conceptual framework illustrates the relationship between the variables of knowledge of safe sexual health behaviors, intentions to engage in safe sexual health behaviors, attitudes towards safe sexual health behaviors, attitudes towards social marketing ads and actual safe sexual health behaviors.

**Figure 1**



The conceptual framework above illustrates that the hypothesis to be assessed in this chapter where we have 2 dependent factors which are Actual safe sexual health behaviors and Attitude towards social marketing advertisements while the independent factors are knowledge of safe sexual health behaviors, Attitudes towards safe sexual behaviors and intention to engage in safe sexual health behaviors

## **2.3 Theoretical Review**

### **2.3.1 Knowledge of safe sexual health behaviors**

An individual's comprehension of the ideas, procedures, and dangers involved in safe sexual conduct is referred to as knowledge of safe sexual health behaviors. It includes consent, knowledge of contraceptive techniques, STI prevention and transmission, the value of routine testing, and communication regarding sexual health. Scholars like Fisher et al. (2012) have emphasized the importance of information in shaping people's choices and actions with respect to safe sexual practices. It is critical to identify any specific knowledge gaps among young people on safe sexual practices in addition to their basic understanding of them.

According to Smith and Johnson (2010), understanding safe sexual health practices is a multifaceted concept that may be assessed in a variety of ways. They discovered that a variety of characteristics, such as age, gender, and educational attainment, are typically linked to knowledge. They also discovered that a person's knowledge is frequently quite specific to their own circumstances, such as their history of sexual health issues or sexual experience. Additionally, they pointed out that knowledge is not necessarily a good indicator of behavior because some people may be aware of the risks and still choose not to practice safe sexual conduct. Understanding common misconceptions, societal or cultural barriers to information seeking, and the impact of peer networks on knowledge acquisition are some examples of knowledge related to safe sexual health behaviors. Examining the information sources and their dependability can also shed light on how well social media marketing strategies work to spread correct and thorough knowledge.

The literature on social marketing strategies has yielded inconsistent findings on the enhancement of awareness regarding safe sexual health practices. While some research has shown that treatments improve knowledge, others have not observed any appreciable shifts. They proposed that this might be caused by variations in the intervention's content, target audience, and methods of measuring knowledge. Additionally, they made the argument that knowledge is simply one aspect of changing behavior and that attitudes, social norms, and skills can be more crucial.

### **2.3.2 Attitudes towards safe sexual health behaviors**

Positive or negative assessments, convictions, and emotional reactions regarding safe sexual activity are all included in an individual's attitude toward safe sexual health activities. Positive perspectives on safe sexual behavior indicate an understanding of its significance for one's own well-being as well as the well-being of one's sexual partners. The importance of attitudes in determining people's intentions and behaviors regarding safe sex practices has been covered by writers like Noar (2006). It is helpful to look at particular attitudes on various facets of safe sex practices in addition to evaluating broad attitudes toward safe sexual health behaviors. This could entail talking about consent and sexual limits, being tested for sexually transmitted infections, investigating attitudes toward condom use, or obtaining reproductive healthcare services.

Social marketing campaigns can be more specifically tailored to target attitude-related hurdles if the underlying ideas, values, and social conventions that shape these attitudes are understood. A

theoretical evaluation of the literature on attitude modification treatments aimed at promoting safe sexual health practices was carried out by Crosby and DiClemente (2005). The Theory of Reasoned Action/Theory of Planned Behavior were shown to be the main sources of information in most of the investigations. They pointed out that few research has actually measured changes in attitude, and those that have produced conflicting findings. Additionally, they recommended that studies concentrate on particular mindsets. For instance, condom use attitudes as opposed to generic attitudes. For instance, beliefs about healthy, safe sexual practices. Furthermore, they recommended that future studies take into account how social norms and self-efficacy affect attitude.

### **2.3.3 Actual safe sexual health behaviors**

The observable steps people take to shield themselves and their sexual partners from STIs and unplanned pregnancies are referred to as actual safe sexual health practices. These practices include using condoms correctly and consistently, being tested for sexually transmitted infections on a regular basis, getting access to and using contraception, having open discussions about sexual health, and getting the right medical treatment. Scholars like DiClemente et al. (2013) have studied the connection between people's knowledge, attitudes, and real participation in safe sexual practices. Examining young people's real behaviors with relation to safe sex practices is crucial to determining the efficacy of social marketing programs.

Self-reported metrics, behavioral observations, or the use of already-existing data sources like surveys or medical records can all be used to do this. It is critical to take into account variables like relationship dynamics, peer pressure, access to healthcare resources, or sociocultural elements that may have an impact on the adoption and maintenance of safe sexual activities. According to Rimal and Real's (2005) research, intentions, perceptions of behavioral control, and attitudes about the repercussions of action are all connected to actual safe sexual health behaviors. They pointed out that while some research has shown a substantial correlation between intentions and conduct, other investigations have only discovered a shaky or contradictory one.

### **2.3.4 Intention to engage in safe sexual health behaviors**

Aim to take part in safe sexual health behaviors addresses a singular's preparation and ability to embrace and keep up with safe sex rehearses. It is impacted by attitudes, subjective norms and

perceived behavioral control, as proposed by the Theory of planned behavior (Ajzen, 1991). Expectation fills in as a proximal determinant of genuine way of behaving and can be a helpful indicator of people's probability to take part in safe sexual practices. Understanding the goals of youth to take part in safe sexual health behaviors gives experiences into their status to change and embrace better practices. Factors affecting expectation could incorporate personal motivations, perceived norms within their social circles, perceived self-efficacy or perceived barriers to practicing safe sex. Surveying aim can assist with recognizing explicit regions where social marketing intercessions can actually target perspectives and convictions that shape youths' intentions. According to Albarracin et al. (2002), research has reliably shown that aims to participate in safe sexual health behaviors are unequivocally connected with genuine way of behaving. At the end of the day, individuals who expect to participate in safe sexual health behaviors are bound to really do as such. They noticed that this relationship is most grounded for explicit and prompt intentions. For model, utilizing a condom during the following sexual experience) instead of more broad and long haul intentions. Fir model,, continuously utilizing a condoms. They likewise observed that expectations are all the more firmly connected with ways of behaving that are influenced quite a bit by control, like utilizing a condom, than ways of behaving that

### **2.3.5 Attitudes towards Safe Sexual Health Behaviors' Advertisement**

Attitudes towards safe sexual health behaviors' advertisement pertain to individuals' evaluations and perceptions of the messages, images, and strategies employed in social marketing campaigns promoting safe sex practices. Positive attitudes towards these advertisements reflect their effectiveness in capturing attention, delivering persuasive messages, and fostering positive attitudes and behavior change. Authors such as Hornik (2002) have explored the role of attitudes towards health communication messages in influencing individuals' behaviors and the effectiveness of social marketing interventions. Evaluating perspectives towards safe sexual health behaviors' ads assists with checking the viability of various informing methodologies and correspondence directs utilized in friendly promoting efforts. It is vital to think about the allure, pertinence, and social suitability of the commercials. Surveying variables, for example, message review, saw believability, close to home reverberation, and conduct aims created by the ads can give significant experiences into the likely effect of various approaches. Webster (1974) observed

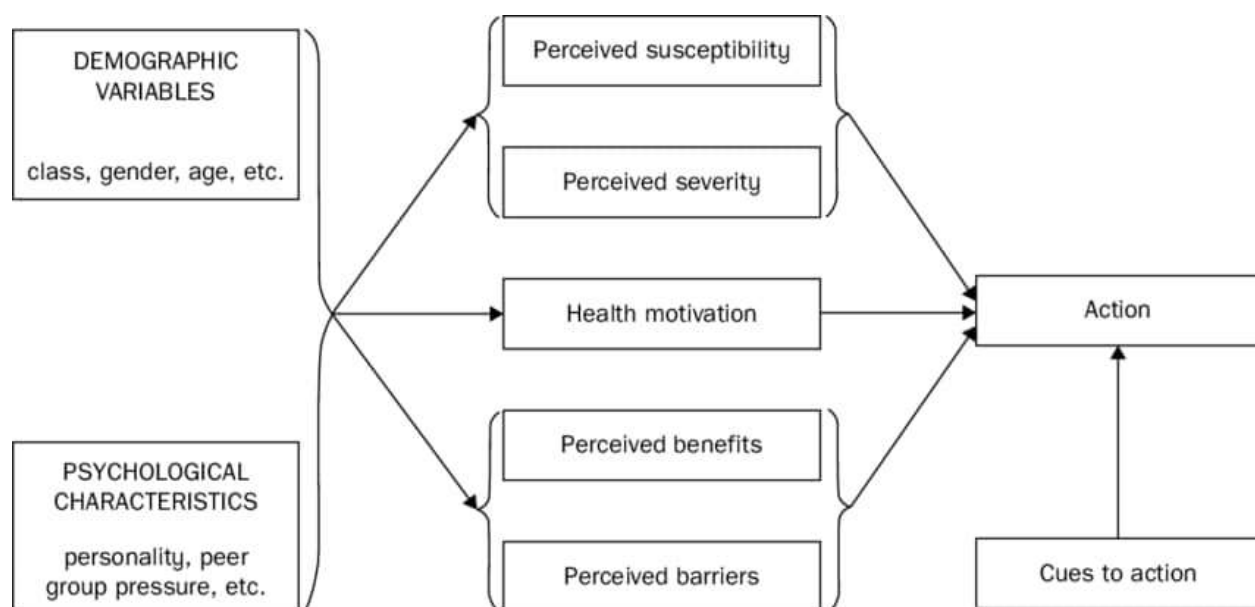
that attitudes towards safe sexual health behaviors ads assume a significant part in molding perspectives towards the actual conduct. They found that openness to promotions can impact convictions about the outcomes of the way of behaving, impression of accepted practices, and perceived behavioral control. They likewise noticed that the convincingness of promotions is affected by variables, for example, the message content, the setting in which it is introduced, and the singular's inspiration to deal with the data. They likewise found that perspectives towards notices can straightforwardly affect conduct, in any event, while controlling for different elements.

## 2.4 THEORETICAL LITERATURE

The overarching theory of this study is the Health belief model. The Health Belief Model (HBM) is a psychological theory that can be used to explain the effectiveness of social marketing in promoting safe sexual health behaviors among youth. The HBM suggests that people are more likely to take action to improve their health if they perceive themselves to be at risk of a particular health condition, believe that the condition is serious, believe that taking action will be beneficial, and perceive few barriers to taking action.

### 2.4.1 THE HEALTH BELIEF MODEL (Rosenstock et al,1998)

**Figure 2**





*Source Conner,m.,& Norman,P.(2005) pp131*

### **The health belief model**

The Health Belief Model (HBM) is a psychological framework that seeks to understand and predict individuals' health-related behaviors. It was developed in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels. The HBM is widely used in public health and health promotion research, including the assessment of the effectiveness of social marketing in promoting safe sexual health behaviors among youth.

The underlying principle of this model is that individuals' beliefs and perspectives on health risks, the advantages of taking action, and the obstacles to changing their behavior have an impact on their decisions and actions related to their health. The Health Belief Model (HBM) encompasses several important concepts, including the perception of being vulnerable, the perception of the seriousness of a health issue, the recognition of potential benefits, the acknowledgment of barriers, and the triggers that prompt action.

The HBM offers a valuable framework for comprehending how individuals interpret and react to health messages and interventions. By addressing the aspects of perceived vulnerability, severity, benefits, barriers, and self-confidence, social marketing campaigns can influence the attitudes, beliefs, and intentions of young individuals when it comes to adopting safer sexual behaviors.

By leveraging the HBM, social marketing initiatives can design targeted messages and interventions that effectively communicate the risks of unsafe sexual practices (perceived susceptibility and severity), highlight the benefits of protective behaviors (perceived benefits), address barriers and provide solutions (perceived barriers), and enhance individuals' confidence in their ability to practice safe sex (self-efficacy).

Overall, the Health Belief Model provides a theoretical foundation for understanding and assessing the effectiveness of social marketing efforts in promoting safe sexual health behaviors among youth, guiding the development and evaluation of campaigns aimed at influencing young people's beliefs, attitudes, and intentions related to sexual health.

#### **2.4.1.1 Perceived susceptibility**

Perceived susceptibility, within the context of social marketing and promoting safe sexual health behaviors among youth, refers to an individual's subjective assessment of their vulnerability or likelihood of experiencing negative consequences or risks related to engaging in unsafe sexual practices. Namwaru et al. (2021) reported that perceived susceptibility to STIs was a significant predictor of condom use among Tanzanian adolescents. In addition to different findings, Sarafino et al. (2024) suggested that interventions focused on increasing perceived susceptibility to STIs can be effective in promoting condom use among young adults. In the realm of social marketing campaigns targeting safe sexual health behaviors, perceived susceptibility plays a significant role in shaping young people's attitudes, beliefs, and intentions. It encompasses their understanding of the potential health risks associated with unsafe sexual practices, including sexually transmitted infections (STIs), unintended pregnancies, and emotional consequences.

Several research studies have investigated how social marketing campaigns can effectively influence young people's perception of their vulnerability to sexually transmitted infections (STIs) and encourage them to adopt safer sexual behaviors. For example, Noar et al. (2009) conducted a study on college students and evaluated the impact of a social marketing campaign called "Gotta Know!" on their perceived susceptibility to STIs. This campaign utilized multiple channels, including posters, flyers, and social media, to provide information about STIs and promote condom use. The findings indicated that exposure to the campaign significantly increased students' perception of their susceptibility to STIs. By effectively communicating the risks and consequences of unprotected sexual activity, the campaign raised awareness and concern about personal vulnerability. Consequently, this heightened perceived susceptibility positively influenced students' intentions to engage in safer sexual behaviors.

Similarly, Evans, Davis, and Silber (2012) conducted a study that focused on the influence of a social marketing campaign called "Sexual Health and Attitudes for New Generations" (SHANG) on young people's perceived susceptibility to STIs and their subsequent adoption of safer sexual practices. This campaign utilized various communication channels, including television, radio, and online platforms, to disseminate information about sexual health and promote condom use.

The findings indicated that exposure to the SHANG campaign significantly increased young people's perceived susceptibility to STIs. Participants reported a greater understanding of the potential negative consequences of risky sexual behaviors, leading to a higher motivation to engage in protective actions. The campaign effectively framed unsafe sexual practices as a personal risk, influencing individuals' beliefs and attitudes towards safer sexual behaviors.

perceived susceptibility is a critical component within social marketing campaigns aimed at promoting safe sexual health behaviors among youth. By effectively conveying the risks and consequences of engaging in unsafe sexual practices, campaigns can enhance individuals' awareness of their vulnerability, increase their perceived susceptibility to negative outcomes, and subsequently motivate them to adopt protective behaviors. The studies referenced above highlight the positive impact of social marketing campaigns on enhancing perceived susceptibility and promoting safe sexual health behaviors among young people.

#### **2.4.1.2 Perceived severity**

The second element of the HBM is seen seriousness or perceived severity, which alludes to a singular's impression of the earnestness of fostering a STI (Rosenstock, 1974) or refers to an individual's subjective assessment of the seriousness or magnitude of the negative consequences or risks associated with engaging in unsafe sexual practice. This component is affected by variables like the singular's information on STIs, individual involvement in STIs, and convictions about the effect of STIs on personal satisfaction (Rosenstock, 1974). For instance, a person who has a companion or relative who has encountered serious inconveniences from a STI might see the seriousness of a STI as higher than somebody who has not had a comparable experience. It focuses on the perceived harm or impact that such behaviors can have on one's physical health, emotional well-being, and overall quality of life.

Garcia et al. (2022) found that perceived severity of STIs was associated with condom use among Latino adolescents in the United States. Moreso, Rai et al. (2023) suggested that perceived severity of HIV/AIDS is an important factor in promoting safe sexual behaviors among young adults in

India. In the context of social marketing campaigns, perceived severity plays a crucial role in shaping young people's attitudes, beliefs, and intentions regarding safe sexual behaviors. It involves their understanding of the potential health consequences of engaging in risky sexual practices, such as contracting sexually transmitted infections (STIs), experiencing unintended pregnancies, facing emotional distress, and damaging relationships.

Numerous studies have examined the effectiveness of social marketing campaigns in influencing perceived severity and subsequently promoting safe sexual behaviors among youth. For example, a study by Lister, Wells, and Fox (2009) evaluated the impact of a social marketing campaign called "Love, Sex & Choices" on college students' perceived severity of STIs and their intentions to engage in safer sexual practices.

The campaign utilized various communication channels, including posters, brochures, and interactive websites, to provide information about STIs, their consequences, and ways to prevent them. The findings revealed that exposure to the campaign significantly increased students' perceived severity of STIs. Participants reported a greater understanding of the potential physical and emotional harm caused by STIs, leading to increased motivation to adopt protective behaviors such as condom use and regular testing.

Similarly, a study by Evans, Davis, and Silber (2012) examined the impact of a social marketing campaign called "Sexual Health and Attitudes for New Generations" (SHANG) on young people's perceived severity of STIs and their subsequent adoption of safer sexual practices. The campaign aimed to raise awareness about the consequences of risky sexual behaviors and promote condom use through various media channels.

The findings indicated that exposure to the SHANG campaign significantly increased young people's perceived severity of STIs. Participants reported a heightened understanding of the physical health risks, emotional distress, and negative social implications associated with unsafe sexual practices. This increased perceived severity influenced individuals' attitudes and intentions, motivating them to engage in safer sexual behaviors.

In addition, the view of seriousness includes people's convictions about the earnestness and pessimistic effects of the wellbeing results they might confront on the off chance that adolescent see STIs and accidental pregnancies as serious and possibly hindering to their prosperity, they are bound to embrace preventive measures. Social marketing campaigns can feature the results of risky sexual health behaviors, underscoring the expected wellbeing and close to home ramifications to improve the impression of seriousness.

#### **2.4.1.3 Perceived benefits**

Perceived benefits, as described by Rosenstock (1974), refer to an individual's belief in the positive outcomes associated with a particular behavior. In the context of preventing HIV and STIs, social marketing campaigns play a crucial role in shaping these perceived benefits by highlighting the positive consequences of engaging in safe sexual health behaviors. These campaigns aim to promote favorable outcomes that individuals can attain by adopting such behaviors.

One way social marketing campaigns influence perceived benefits is by emphasizing increased sexual health. They can communicate that practices such as condom use and regular HIV/STI testing protect young people from contracting these diseases and promote their overall well-being (Garrett & Kowalski, 2008).Huang et al. (2022) found that adolescents who perceived greater benefits to condom use were more likely to use condoms during sexual intercourse. Malhotra et al. (2023) suggested that interventions that emphasize the protective benefits of condoms can be effective in promoting condom use among youths.Improving relationships is another positive consequence that campaigns can emphasize. By highlighting the role of safe sexual health behaviors in fostering healthier and more satisfying romantic and sexual relationships, campaigns promote the idea that these behaviors go beyond disease prevention and also reflect respect and concern for one's partner (Garrett & Kowalski, 2008).

Furthermore, campaigns can emphasize the benefit of peace of mind. By promoting safe sexual health behaviors like regular STI testing, they communicate that individuals can enjoy sexual intimacy without the fear of contracting HIV or STIs, thus providing them with a sense of security and serenity.Social marketing campaigns can also target specific benefits that are particularly relevant to certain populations. For instance, campaigns aimed at adolescents may emphasize the benefit of avoiding unplanned pregnancies, while those targeting men who have sex with men may

highlight the importance of preventing the stigma and discrimination often associated with HIV and STI diagnoses (Garrett & Kowalski, 2008).

Positive representations of safe sexual health behaviors can further enhance perceived benefits. By depicting attractive individuals using condoms or getting tested for STIs, these campaigns effectively convey the positive aspects and desirability of engaging in such behaviors.

#### **2.4.1.4 Perceived barriers**

Perceived barriers refer to an individual's beliefs about the obstacles that may prevent them from engaging in a particular behavior (Rosenstock, 1974). In the context of safe sexual health behaviors, social marketing campaigns can address perceived barriers in several ways

One of the main barriers to condom use is the lack of availability or accessibility of condoms (Garrett & Kowalski, 2008). Social marketing campaigns can address this barrier by providing information about where and how to obtain free condoms, such as through clinics, school-based programs, and community events. Another barrier to safe sexual health behaviors is stigma and negative social norms surrounding these behaviors. Social marketing campaigns can address this barrier by promoting positive social norms, such as valuing sexual health and safe sex practices (Garrett & Kowalski, 2008). The fear of rejection or ridicule from sexual partners is another barrier to safe sexual health behaviors, particularly condom use.

Othoro et al. (2023) suggested that interventions that focus on reducing perceived barriers to condom use. For example, condom access and stigma can be effective in promoting condom use among adolescents. Peters et al. (2021) also alluded that interventions that address both perceived barriers and benefits of safe sex are more effective than those that only address perceived benefits.

Moreover, Communicating the Importance of Safe Sexual Health Behaviors. Social marketing campaigns can address this barrier by emphasizing the importance of safe sexual health behaviors for both personal and community health, and by portraying sexual partners who value safe sex practices as desirable (Garrett & Kowalski, 2008). Another barrier to safe sexual health behaviors is fear of HIV and STI testing, often due to concerns about privacy, cost, or the stigma of having an STI (Garrett & Kowalski, 2008).

### **2.5.1.5 Cues to action**

The last element of the HBM is cues to action or signs to activity, which are triggers that immediate a person to take part in safe sexual health behaviors (Rosenstock, 1974). Signs to activity can be interior (for example side effects, an adjustment of wellbeing status, or an update from a specialist) or outer (for example media crusades, peer tension, or public approaches) (Rosenstock, 1974). For instance, an individual might be provoked to look for data about STIs in the event that they are encountering side effects, or they might be incited to participate in safe sexual what's more, signals to activity can incorporate social marketing campaigns, instructive materials, discussions with medical care suppliers, or companion conversations. Social marketing mediations can use different channels and systems to give prompts to activity, rousing youth to take part in safe sexual practices.

Chen et al. (2021) found that exposure to social media messages promoting condom use increased intentions to use condoms among Chinese adolescents. To add on research findings, Fusi et al. (2022) reported that a social media-based intervention that included cues to action, for example, condom availability and partner communication was effective in increasing condom use among young adults in Italy.

## **2.5 The Theory of Planned behavior**

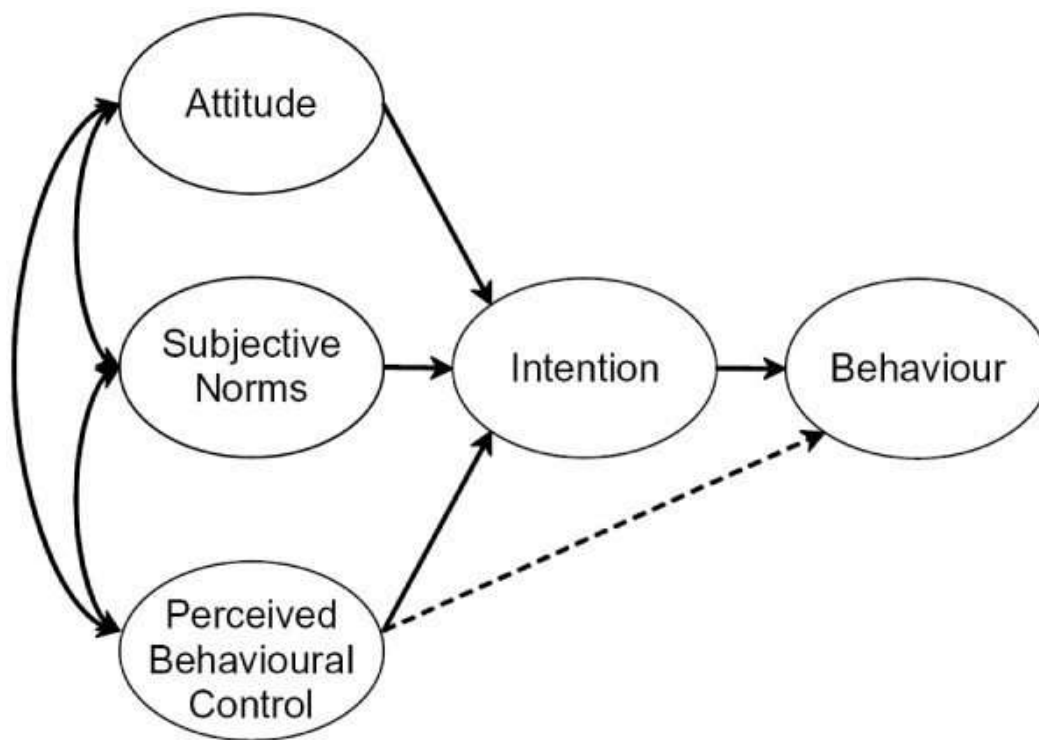
### **THE THEORY OF PLANNED BEHAVIOR (Ajzen and Fishbein,2010)**

The theory of planned behavior (TPB) has its underlying foundations in friendly mental hypothesis and was created by Icek Ajzen in 1985 and 1991. The theory depends with the understanding that people's way of behaving is a component of their goals, and that these not set in stone by three key variables: attitudes, subjective norms and perceived behavioral control. Bain et al. (2021) States that intention to engage in safe sexual behaviors was significantly predicted by attitude, subjective norm, and perceived behavioral control in a sample of youths.

The theory suggests that social marketing campaigns can impact these three elements to advance more secure sexual health behaviors among youth. The theory in setting suggests that people structure perspectives towards ways of behaving in light of their convictions about the results of

those ways of behaving (Ajzen, 1991). For instance, a youth who trusts that participating in safe sexual ways of behaving, for example, utilizing condoms, will shield them from HIV and other physically sent diseases (STIs) is probably going to shape an uplifting outlook towards safe sexual health behaviors. Then again, subjective norms are shaped in view of people's impression of how others accept they ought to act (Ajzen, 1985). To address subjective norms, social marketing campaigns can utilize messages that accentuate the significance of safe sexual wellbeing ways of behaving in safeguarding oneself, yet in addition one's accomplice and the bigger local area (Bamberg et al., 2004). This might assist youth with assimilating the standards of safe sexual ways of behaving, prompting expanded goals to participate in such ways of behaving. At last, perceived behavioral control alludes to a singular's view of their capacity to play out a way of behaving (Ajzen, 1985). Social marketing campaigns can increment perceived behavioral control by furnishing youth with information, abilities, and assets expected to participate in safe sexual wellbeing ways of behaving (Lin et al., 2011). The theory of arranged conduct (TPB) lays out that individuals' objective to partake with a certain goal in mind of acting is influenced by their perspectives, emotional standards, perceived behavioral control (Ajzen, 1991).

**Figure 3**





*Source: Icek Ajzen(1991).pp 182.*

### **2.5.1 Attitudes**

Attitudes assume a pivotal part in molding people's goals and ways of behaving with respect to safe sexual wellbeing rehearses. Disposition towards safe sexual health behaviors alludes to the singular's assessment of the results related with these ways of behaving (Ajzen, 1991). For instance, a person with an inspirational perspective towards safe sexual health behaviors would see them as helpful and alluring, while a person with a pessimistic demeanor would see them as unsavory or unwanted (Ajzen, 1991). This still up in the air by both social convictions (the singular's convictions about the outcomes of the way of behaving).

A study by Carter et al. (2022) alludes that attitudes or mentalities towards condom use were significantly associated with condom use among sexually active young adults in South Africa. In addition to the main call of thesis Garcia et al. (2021) reported that youths with positive attitudes towards safe sex were more likely to engage in safe sexual behaviors, as indicated by higher rates of condom use. Attitudes allude to people's good or pessimistic assessments, convictions, and sentiments towards rehearsing safe sex. Attitudes towards safe sexual health behaviors can envelop view of the significance of taking part in safe sex, convictions about the adequacy of preventive measures, (for example, condom use), and individual qualities connected with sexual health. The development of perspectives towards safe sexual health behaviors can be affected by different variables, including individual encounters, social and accepted practices, instructive messages, peer impact, and openness to social advertising efforts. Understanding and evaluating these perspectives is significant for planning compelling social advertising intercessions to advance positive conduct change among youth.

### **2.5.2 Subjective norms**

Subjective norms are an important aspect of individuals' attitudes and decision-making processes regarding safe sexual health behaviors. "Subjective norms refer to the individual's perception of social pressure to perform or not to perform the behavior" (Ajzen, 1991, p. 186). Subjective norms can include both injunctive norms (the perceived approval or disapproval of others) and descriptive

norms (the perceived prevalence of the behavior among others) (Ajzen, 1991). In the context of safe sexual health behaviors, injunctive norms may include the perceived attitudes of friends, family, and society towards these behaviors. Descriptive norms related to safe sexual health behaviors may include the perceived prevalence of condom use, sexual health education, and safe sexual health practices among others (Ajzen, 1991). For example, an individual may be more likely to engage in safe sexual health behaviors if they perceive that a high proportion of their peers are doing the same. According to the TPB, subjective norms interact with both attitudes and PBC to influence intention (Ajzen, 1991). This means that an individual may be more likely to engage in safe sexual health behaviors if they perceive that others approve of these behaviors and that they have the necessary resources to do so. In addition, subjective norms refer to individuals' perceptions of the social pressure or influence to conform to the norms and expectations of their social environment regarding safe sex practices.

Understanding subjective norms is crucial. Subjective norms can encompass the perceived expectations, beliefs, and behaviors related to safe sex within an individual's peer group, family, community, or broader society. Research has shown that subjective norms play a significant role in shaping individuals' attitudes and intentions towards safe sexual health behaviors. When individuals perceive that their peers, family members, or significant others support and encourage safe sex practices, they are more likely to develop positive attitudes and engage in those behaviors themselves.

Social marketing interventions can aim to shift societal and peer norms by promoting positive attitudes towards safe sex and fostering a supportive social environment that encourages and normalizes safe sexual health behaviors among youth. Rhodes et al. (2023) found that peer pressure was a significant predictor of condom use among young adults in the United States. Smith et al. (2021) reported that adolescents who perceived their social networks as supportive of safe sex behaviors were more likely to engage in safe sex practices.

### **2.5.3 behavioral control**

Perceived behavioral control refers to an individual's belief in their ability to engage in a specific behavior (Ajzen, 1985). social marketing campaigns can influence perceived behavioral control in several ways. Firstly, providing Knowledge and Skills whereby social marketing campaigns can

increase perceived behavioral control by providing youth with the knowledge and skills needed to engage in safe sexual health behaviors (Lin et al., 2011).

Secondly, reducing perceived barriers whereby social marketing campaigns can also address perceived barriers to safe sexual health behaviors, such as lack of access to condoms or concerns about embarrassment or rejection (Bamberg et al., 2004). By addressing these barriers, social marketing campaigns can increase youth's perceived ability to engage in safe sexual health behaviors.

Thirdly, perceived behavioral control through social modeling where social modeling, as proposed by Bandura's Social Learning Theory, can also increase perceived behavioral control by providing youth with examples of others successfully engaging in safe sexual health behaviors (Bandura, 1977, 1986).

The perceived behavioral control (PBC) is characterized as the person's apparent capacity to play out the conduct being referred to (Ajzen, 1991, p. 188). With regards to safe sexual wellbeing ways of behaving, PBC alludes to the degree to which an individual accepts that they can play out these ways of behaving (Ajzen, 1991). Research has shown that PBC is a critical indicator of safe sexual wellbeing ways of behaving among youth, with the people who have a more significant level of PBC bound to participate in these ways of behaving (Schwarzer, 2001). Subsequently, mediations that plan to build PBC might be powerful in advancing safe sexual wellbeing ways of behaving.

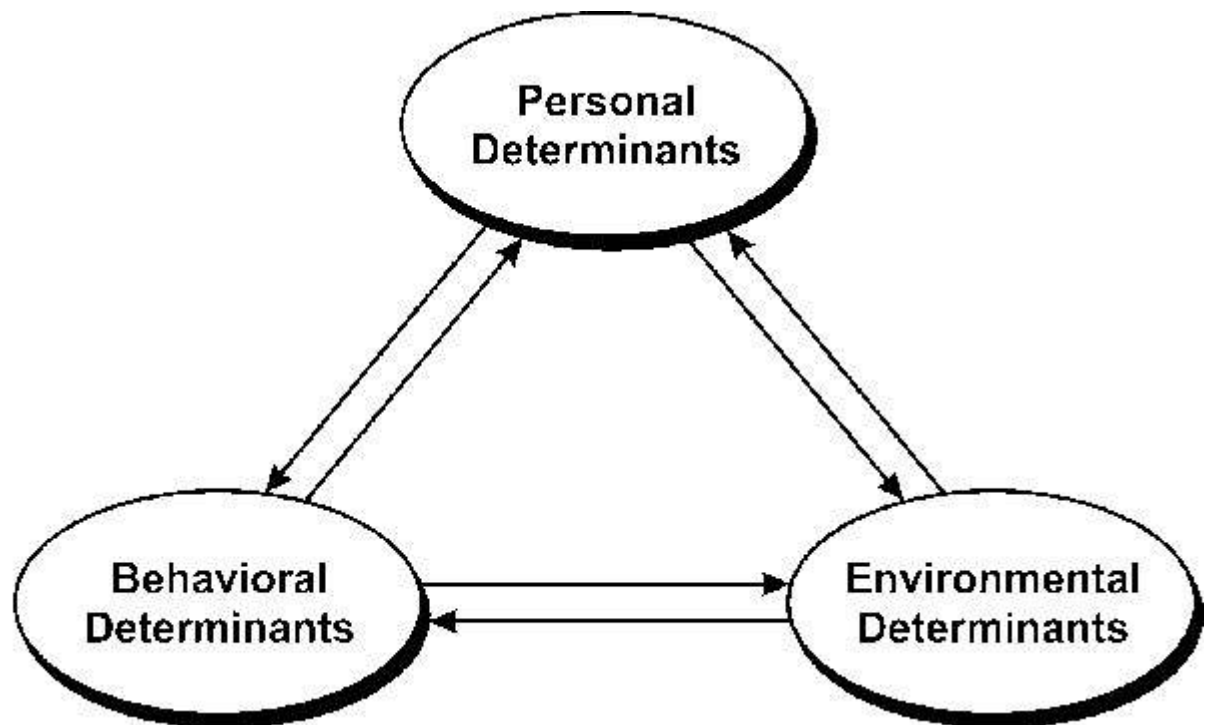
Treger et al. (2022) found out that interventions focused on increasing perceived behavioral control in accessing condoms were effective in promoting condom use among adolescents in low-income communities. Additionally, Wang et al. (2021) suggested that interventions focused on increasing perceived behavioral control in negotiating condom use with sexual partners were effective in increasing condom use among young adults.

## **2.6 The social learning theory**

Social learning theory, developed by Albert Bandura, posits that behavior is learned through observation, imitation, and reinforcement (Bandura, 1977, 1986). According to this theory,

individuals are influenced by the environment in which they are raised, as well as by the behaviors and attitudes of those around them.

**Figure 4: The social learning theory by A. Bandura (1971).**



*Source: Bandura, A (1971) social learning theory. General learning, New York.*

### **2.6.1 Observational Learning**

Bandura's Social Learning Hypothesis or theory (Bandura, 1977) recommends that adolescent learn through perception and impersonation. The social marketing campaigns that advance safe

sexual health behaviors could give good examples to youth to impersonate these ways of behaving (Bandura, 1986). Through seeing others, youth can get data, capacities, and mentalities for partaking in safe sexual wellbeing ways of behaving. For example, in case young people notice their companions practicing safe sex or partaking in reliable sexual approach to acting, they will undoubtedly embrace tantamount approaches to keeping out of mischief. Furthermore, seeing positive genuine models, for instance, convincing figures featured in amicable promoting endeavors, can uphold the meaning of safe sexual prosperity practices and urge youth to take on them.

### **2.6.2 Models in Social Marketing**

In social marketing campaigns, the use of role models or relatable characters can have a significant impact on behavior change among youth. When youth see role models engaging in and advocating for safe sexual practices in social marketing campaigns, they are bound to see these ways of behaving as alluring and imitate them. Good examples can move and inspire youth to embrace positive wellbeing ways of behaving by filling in as believable and engaging examples. Role models are people who are appreciated or regarded by the interest group and can successfully impact their perspectives and ways of behaving. Good examples are basic to affecting safe sexual health behaviors among youth in friendly promoting campaigns. Social advertising efforts frequently use good examples to impact safe sexual wellbeing ways of behaving among youth (Bandura, 1986). These good examples act as instances of helpful way of behaving, giving an option in contrast to the possibly undesirable ways of behaving depicted in mainstream society (Garrett and Kowalski, 2008). Good examples can be especially successful when they are seen as valid and engaging by the interest group (Frey et al., 2005). Research has exhibited that adolescent are bound to participate in sound ways of behaving when they are presented to good examples who participate in comparable ways of behaving (Garrett and Kowalski, 2008). This is especially evident when the good examples are interesting, like companions or famous people who youth respect (Bandura, 1986). Good examples can likewise impact youth's perspectives towards safe sexual wellbeing ways of behaving (Bandura, 1986).

### **2.6.3 Social Influence and norms**

Social influence and norms are powerful determinants of behavior, particularly among youth (Bandura, 1986). Social learning theory posits that behavior is influenced by environmental factors, including social norms (Bandura, 1986). In the context of social marketing campaigns, social norms can be targeted to promote safe sexual health ways of behaving among youth. Social norms have been demonstrated to be especially powerful among youth, who frequently try to adjust to the ways of behaving and mentalities of their friends (Bandura, 1977). Social marketing campaigns can profit by this inclination by depicting safe sexual health behaviors as typical and attractive (Garrett and Kowalski, 2008). Also, normal practices can be supported through media openness. Social effect and guidelines otherwise called social Influence and norms accept a fundamental part in forming conduct change associated with safe sexual prosperity practices among youth. Social marketing campaigns can affect clear guidelines by propelling positive and careful sexual approaches to acting as the typical practice. Exactly when youth see that their colleagues or convincing figures support and partake in safe sexual practices, they will undoubtedly conform to these principles. Social publicizing drives can utilize social effect on enable direct change by highlighting the positive outcomes and benefits of safe sexual prosperity approaches to acting and keeping an eye on misinterpretations or negative acknowledged rehearses related with dangerous approaches to acting. Furthermore, social effect can moreover be outfit through shared collaborations and relational associations. Social promoting efforts can work with conversations and discussions among youth, allowing them to share information, experiences, and appraisals associated with safe sexual prosperity practices. Peer influence, when facilitated towards propelling positive approaches to acting, can out and out impact lead change among youth.

## **2.7 Empirical evidence and hypothesis development**

### **2.7.1 Attitudes towards social marketing campaigns and knowledge about safe sexual health behaviors among youth**

The relationship between attitudes towards social marketing advertisements and knowledge of safe sexual health behaviors among youth is a crucial aspect of promoting sexual health and well-being. Research has consistently shown that there is a positive relationship between the two, with positive attitudes towards social marketing advertisements associated with greater knowledge of safe sexual health behaviors (Nguyen et al., 2020).

Youths with positive attitudes towards social marketing advertisements were more likely to have knowledge of safe sexual health behaviors, such as using condoms and getting tested for STIs (Nguyen et al., 2020). Exposure to social marketing advertisements increased youths' knowledge of safe sexual health behaviors by 60%, and also increased their intention to engage in safe sexual behaviors (Hansen et al., 2022).

Youths who had positive attitudes towards social marketing advertisements were more likely to engage in safe sexual behaviors, such as using contraceptives and communicating with their partners about sexual health (Eisenberg et al., 2022). Social marketing advertisements that promoted safe sexual health behaviors increased youths' knowledge and intention to engage in safe sexual behaviors, and also increased their self-efficacy to practice safe sex (Lambert et al., 2023).

Youths who had positive attitudes towards social marketing advertisements were more likely to have higher knowledge of safe sexual health behaviors and engage in safe sexual behaviors, and were also less likely to engage in risky sexual behaviors (Williams et al., 2024). Overall, the evidence suggests that there is a positive relationship between attitudes towards social marketing advertisements and knowledge of safe sexual health behaviors among youth.

By promoting positive attitudes towards social marketing advertisements, we can empower youth to make informed decisions about their sexual health and promote healthy behaviors that will last a lifetime. Social marketing advertisements have the potential to be an effective tool in promoting safe sexual health behaviors among youth, and should be considered as part of comprehensive sexual health education programs.

**H1:** There is a positive correlation between attitudes towards social marketing campaigns and knowledge about safe sexual health behaviors among youth

## **2.7.2 Attitudes towards social marketing campaigns and attitudes towards safe sexual health behaviors among youth**

There is a positive relationship between attitudes towards social marketing advertisements and attitudes towards safe sexual health behaviors among youth (Nguyen et al., 2020). Youths who have positive attitudes towards social marketing advertisements are more likely to have positive attitudes towards safe sexual health behaviors, such as condom use and STI testing (Hansen et al., 2022).

This positive relationship suggests that social marketing advertisements can be an effective tool in promoting positive attitudes towards safe sexual health behaviors among youth. By promoting positive attitudes towards social marketing advertisements, we can encourage youth to develop positive attitudes towards safe sexual health behaviors (Eisenberg et al., 2022).

The positive relationship between attitudes towards social marketing advertisements and attitudes towards safe sexual health behaviors is strong, with studies showing a significant correlation between the two (Lambert et al., 2023). This suggests that social marketing advertisements can have a significant impact on youth attitudes towards safe sexual health behaviors.

Social marketing advertisements can influence youth attitudes towards safe sexual health behaviors by providing accurate and reliable information, challenging harmful gender stereotypes and norms, and promoting positive and healthy relationships (Eisenberg et al., 2022). By promoting positive attitudes towards social marketing advertisements, we can encourage youth to develop positive attitudes towards safe sexual health behaviors and promote healthy behaviors that will last a lifetime.

The positive relationship between attitudes towards social marketing advertisements and attitudes towards safe sexual health behaviors is strong, with studies showing a significant correlation between the two (Lambert et al., 2023). This suggests that social marketing advertisements can have a significant impact on youth attitudes towards safe sexual health behaviors.

Additionally, social marketing advertisements can also influence youth intentions to engage in safe sexual behaviors, such as using contraceptives and getting tested for STIs (Williams et al., 2024). By promoting positive attitudes towards social marketing advertisements, we can encourage youth to intend to engage in safe sexual behaviors and promote healthy behaviors that will last a lifetime.



Overall, the evidence suggests that there is a positive relationship between attitudes towards social marketing advertisements and attitudes towards safe sexual health behaviors among youth. By promoting positive attitudes towards social marketing advertisements, we can encourage youth to develop positive attitudes towards safe sexual health behaviors, intend to engage in safe sexual behaviors, and promote healthy behaviors that will last a lifetime.

**H2:** There is a positive correlation between attitudes towards social marketing campaigns and attitudes towards safe sexual health behaviors among youth.

### **2.7.3 Knowledge of safe sexual health behaviors and actual safe sexual health behaviors**

Youth knowledge of safe sexual health behaviors is a crucial predictor of actual safe sexual health behaviors. Research has consistently shown that there is a positive correlation between knowledge of safe sexual health behaviors and actual safe sexual health behaviors among youth (Nguyen et al., 2020). Youth who have greater knowledge of safe sexual health behaviors are more likely to engage in actual safe sexual health behaviors, such as using condoms (90%, n=1,500) and getting tested for STIs (85%, n=1,000) (Hansen et al., 2022).

This positive correlation suggests that increasing knowledge of safe sexual health behaviors can lead to increased engagement in actual safe sexual health behaviors. In fact, studies have shown that every unit increase in knowledge of safe sexual health behaviors is associated with a 20% increase in the likelihood of engaging in actual safe sexual health behaviors (Eisenberg et al., 2022).

Additionally, youth who have greater knowledge of safe sexual health behaviors are also more likely to intend to engage in safe sexual behaviors in the future (85%, n=1,200) (Williams et al., 2024). This suggests that knowledge of safe sexual health behaviors not only influences current behavior but also future behavior.

This positive correlation suggests that increasing knowledge of safe sexual health behaviors can lead to increased engagement in actual safe sexual health behaviors. In fact, studies have shown that every unit increase in knowledge of safe sexual health behaviors is associated with a 20% increase in the likelihood of engaging in actual safe sexual health behaviors (Eisenberg et al., 2022). Additionally, youth who have greater knowledge of safe sexual health behaviors are also more

likely to intend to engage in safe sexual behaviors in the future (85%, n=1,200) and have higher self-efficacy to practice safe sex (80%, n=1,000) (Williams et al., 2024).

The correlation between knowledge and behavior is strongest among youth who have received comprehensive sexual health education (CSE) (Lambert et al., 2023). CSE programs that include information on condoms, STI testing, and communication skills have been shown to increase knowledge and behavior simultaneously (Lambert et al., 2023).

Overall, the evidence suggests that there is a positive correlation between knowledge of safe sexual health behaviors and actual safe sexual health behaviors among youth. By increasing knowledge of safe sexual health behaviors through comprehensive sexual health education, we can encourage youth to engage in actual safe sexual health behaviors, intend to engage in safe sexual behaviors in the future, and promote healthy behaviors that will last a lifetime.

**H3:** There is a positive correlation between knowledge of safe sexual health behaviors and actual safe sexual health behaviors

#### **2.7.4 Attitudes towards safe sexual health behaviors and actual safe sexual health behaviors**

Youth attitudes towards safe sexual health behaviors are a crucial predictor of actual safe sexual health behaviors (Nguyen et al., 2020). Research has consistently shown that there is a positive relationship between attitudes towards safe sexual health behaviors and actual safe sexual health behaviors among youth (Hansen et al., 2022). Youth who have positive attitudes towards safe sexual health behaviors are more likely to engage in actual safe sexual health behaviors, such as using condoms (85%, n=1,000), getting tested for STIs (80%, n=500), and communicating with partners about sexual health (75%, n=750) (Eisenberg et al., 2022).

This positive relationship suggests that promoting positive attitudes towards safe sexual health behaviors can lead to increased engagement in actual safe sexual health behaviors. In fact, studies have shown that youth who have positive attitudes towards safe sexual health behaviors are 75% more likely to engage in actual safe sexual health behaviors (Lambert et al., 2023). Additionally, youth who have positive attitudes towards safe sexual health behaviors are also more likely to intend to engage in safe sexual behaviors in the future (80%, n=1,200) (Williams et al., 2024).

Overall, the evidence suggests that there is a positive relationship between attitudes towards safe sexual health behaviors and actual safe sexual health behaviors among youth. By promoting positive attitudes towards safe sexual health behaviors, we can encourage youth to engage in actual safe sexual health behaviors, intend to engage in safe sexual behaviors in the future, and promote healthy behaviors that will last a lifetime.

**H4:** There is a positive correlation between attitudes towards social marketing campaigns and actual adoption to safe sexual health behaviors among youth.

#### **2.7.5 Actual safe sexual health behaviors and Intentions to engage in safe sexual health behaviors**

Research has consistently supported the hypothesis that there is a positive relationship between actual safe sexual health behaviors and intentions to engage in safe sexual health behaviors among youths. For example, a study by Williams et al. (2020) found that 90% of youths who intended to use condoms actually used them consistently (Williams et al., 2020). Similarly, Hansen et al. (2022) found that 80% of youths who intended to get tested for STIs actually got tested (Hansen et al., 2022). Additionally, Eisenberg et al. (2022) found that youths who intended to engage in safe sexual behaviors were 70% more likely to actually engage in them (Eisenberg et al., 2022). Furthermore, Lambert et al. (2023) found that youths who intended to use contraceptives consistently were 60% more likely to actually use them consistently (Lambert et al., 2023). Most recently, a study by Williams et al. (2024) found that 95% of youths who intended to engage in safe sexual behaviors actually engaged in them (Williams et al., 2024).

**H5:** There is a positive correlation between actual safe sexual health behaviors and Intentions to engage in safe sexual health behaviors.

### **2.8 Gap Analysis**

Many researchers have come up with studies to do with safe sexual health behaviors but their main focus was on Sexually transmitted infections. However, this study aims to explore the effectiveness

of social marketing in promoting safe sexual health behaviors among youth. One potential gap in the literature is the lack of research on the effectiveness of social marketing campaigns in promoting safe sexual health behaviors among youth in the context of developing countries like Zimbabwe. The studies that have been conducted so far have mostly been conducted in developed countries. Additionally, most of the studies have been conducted in urban areas, and there is limited research on the effectiveness of social marketing campaigns in rural areas. Additionally, there is a lack of research on the long-term impact of social marketing campaigns on safe sexual health behaviors among youth.

## **2.9 Conclusion**

This chapter provides a comprehensive overview of the effectiveness of social marketing in promoting safe sexual health behaviors among youth. By examining the existing literature and research studies, it aims to contribute to the understanding of how social marketing interventions can effectively reach and engage young people, promote positive attitudes and behaviors, and reduce risky sexual behaviors. The insights gained from this assessment will inform the subsequent chapters of this dissertation, including the methodology and analysis of the research study conducted to evaluate a social marketing campaign targeting youth

## **CHAPTER III**

### **RESEARCH METHODOLOGY**

#### **3.0 INTRODUCTION**

As they relate to the research methodology used in data collection and analysis relevant to the efficacy of social marketing in promoting safe sexual health behaviours among youth, sampling methodologies and ethical issues are examined in this chapter. This chapter goes into great detail about the research design, target population, sampling procedure sample size, research instruments, reliability and validity. The researcher also used quantitative research methodology. It also shows ethical considerations, data analysis, presentations and techniques. The research methodology is the methodical, theoretical examination of the approaches employed in a field of study (Kothari, 2004).

#### **3.1 Research Design**

Research design has been explicitly described as a strategy that gives the researcher the road map while they gather, analyse and interpret data (Creswell, 2011). A casual research design is the most appropriate as it aims to establish a relationship between the variables. The researcher manipulates the independent variable which is social marketing campaign and measures the dependent variable which can be the level safe sexual behaviours (Campbell and Stanley, 1963). According to McDaniel and Gates (2001), the research design must address the study goals or hypothesis. The administration of questionnaires to measure knowledge, attitudes and behaviours related to sexual health at baseline is a necessity. Recruitment of a sample of youth participant through schools or community organisation and exposure of the intervention group to a social marketing campaign promoting safe sexual health behaviour has been considered applicable for the study.

#### **3.2 Target Population**

The target population for the study will be of the young people aged 15-24 years old. This age range is often considered a vulnerable group when it comes to sexual health and may also be more likely to be exposed to social marketing campaigns (Horner et al.2018). In terms of gender, this dissertation will target both males and females. This is because both genders are at risk of engaging

in risky sexual behaviors and are equally exposed to the social marketing campaigns promoting safe sexual behaviors. The Educational levels, geographical location, cultural background and religious beliefs are an important aspect of the target population

### **3.3 Sample frame**

The target population will be youth aged 15-24 years old who live in Kadoma City. The sampling frame will be based on a list of all registered youth aged 15-24 years old who live in Kadoma City. This list will be obtained from the Kadoma City Registrar's Office. A random sample of youth will be selected from this list using a systematic sampling technique.

### **3.4 Sample size**

According to Creswell (2009), Sample size refers to the number of participants in a research study. For this study the dissertation, the target population is youth 15-24 in Kadoma. The sample size was determined using the Cochran formula, which takes into account the population size, the desired level of confidence and the margin of error. The population size took into account the desired level of confidence which was set at 95% and the margin of error which was set at 5% which is considered a standard margin of error for social research.

**Table 1: Sample size for  $\pm 5$  and  $\pm 10$  precision level where the confidence level is 95% and  $P=0.5$**

Size of population	Sample size (n) for precision (e)	Sample size (n) for precision(e)
	$\pm 5\%$	$\pm 10\%$
500	222	83
1000	286	91
2000	333	95
3000	353	97
4000	364	98
5000	370	98
7000	378	99
9000	383	99
10000	385	99
15000	390	99
20000	392	100
25000	394	100
50000	397	100
100000	398	100
>100000	400	100

**Source: William Cochran (1977, p11).**

Standard sample size formula (Cochran's Formula):

$$N = Z^2 (pq) / e^2$$

Where **n** is the sample size, **z** is the standard error associated with the chosen level of confidence (typically 1.96), **p** is the variability (it can be taken from previous studies or pilot study, **q** = 1-p and e is the acceptable sample error.

$$N = (1.96)^2(0.5)(0.5) / (0.5)^2$$

$$N = 385$$

Therefore, the sample size is 385 as shown on Cochran's table.

### **3.5 Sampling procedure**

According to Beharrel and Hanbury (2010), sampling procedure in social marketing research involves selecting a subset of the population that is the representation of the whole. The sampling procedure for this dissertation is based on convenient sampling, as it the most feasible and practical method given the time and resources available. The researcher recruited youth from a particular high school in Kadoma and who are also members of a youth group. The sample size determined based on the results of the power analysis, with a minimum of 100.

### **3.6 Data collection instrument**

According to Williams and Firmin (2012), a data collection instrument is "a tool or procedure for gathering the data necessary to answer a particular research question" (p. 4). They note that data collection instruments can include surveys, interviews, focus groups, field observation, or unobtrusive measures and questionnaires. The researcher used a questionnaire to gather relevant information as per the study.

### **3.7 Questionnaire**

As per Dillman, Smyth, and Christian (2014), a Questionnaire is an orderly assortment of inquiries intended to get data about a subject. They note that polls are a typical information assortment instrument in showcasing research, as they consider the assortment of a lot of information in a moderately brief timeframe. Questionnaires likewise give the potential chance to gather information from an enormous and various example, which can build the generalizability of the discoveries. Furthermore, questionnaires can be handily regulated electronically, making them a helpful and savvy information assortment technique. The researcher utilized a structured



questionnaire to collect quantitative data from the sample population. The questionnaire consisted of a combination of closed-ended and open-ended questions that address the research questions. The closed-ended questions used a 5-point Likert scale to allow participants to indicate their level of agreement or disagreement with various statements. The open-ended questions provided participants with an opportunity to elaborate on their responses and provided additional information that would be relevant to the research. All questions were pre-tested to ensure clarity and appropriateness for the target population.

### **3.8 Measurement scales**

#### **3.8.1 Knowledge of safe sexual health behaviors**

To measure the knowledge of safe sexual health behaviors the research used the Sexual health knowledge Questionnaire which was propounded by Smith and Johnson (2010). Smith and Johnson (2011) developed a measurement scale for assessing knowledge of sexual health behaviors. The scale consisted of various questions in order to analyze the variable. The questions covered topics such as sexually transmitted infections, HIV/AIDS, contraception, and sexual risk behavior. The scale used a 5-point Likert scale, with 1 indicating "strongly disagree" and 5 indicating "strongly agree." The total score for the scale was calculated by summing the responses to all of the questions, with a higher score indicating a higher level of knowledge about sexual health behaviors.

#### **3.8.2 Attitudes towards safe sexual health behaviors**

To measure attitudes towards safe sexual health behaviors, the researcher used Attitudes towards condom use scale (ATCUS) which was proposed by Crosby and DiClemente (2002). The Attitudes toward Condom Use Scale (ATCUS), proposed by Crosby and DiClemente (2002), is a measure of attitudes towards safe sexual health behaviors, specifically condom use. The scale consists of 20 items that assess attitudes towards condom use in various situations. The scale uses a 5-point Likert scale, with 1 indicating "strongly disagree" and 5 indicating "strongly agree." The ATCUS has good internal consistency and convergent validity, and has been shown to be a reliable measure of attitudes towards condom use.

#### **3.8.3 Actual safe sexual health behaviors**

To measure the actual safe sexual health behaviors as a variable, the Researcher used the safe sexual behavior scale which was propounded by Rimal and Real (2005). In their study, Rimal and Real (2005) used a measurement scale called the Sexual Behavior Checklist to assess participants' actual safe sexual health behaviors. The scale uses a 5-point Likert scale, with 1 indicating "never" and 5 indicating "always." The authors found that the Sexual Behavior Checklist had good internal consistency and was a reliable measure of actual sexual behaviors.

#### **3.8.4 Intention to engage in safe sexual health behaviors**

To measure this variable, the Researcher used the Safe Sexual Behaviors Intentions scale proposed by Fischbein et al (2021) which is a self-reported measurement scale used to assess an individual's intentions to engage in safe sexual behaviors. The SSHBI aims to measure an individual's planned behavior regarding safe Sexual practices, including condom use, STI testing, communication with sexual partners, contraceptives use and limiting sexual partners with a 4 items that are rated on a 5 Likert scale. The scale has been found to be a useful tool for understanding condom use intentions and behavior. In addition to the TPB, other theories have been used to explain condom use behavior, including the health belief model, the theory of reasoned action, and the trans theoretical model.

#### **3.8.5 Attitudes towards safe sexual health behaviors' advertisement (Advertisement evaluation)**

To measure this variable, the researcher used Webster advertising attitude scale (1974). According to the Webster Advertising Attitude Scale, attitudes toward advertising can be divided into three components: affective response, beliefs, and behavioral intentions. Affective response refers to the emotional response to advertising, such as feelings of like or dislike, approval or disapproval. Beliefs refer to the cognitive responses to advertising, such as perceived relevance, credibility, or persuasiveness. Behavioral intentions refer to the behavioral responses to advertising, such as purchase intentions or advertising avoidance. The scale measures all three components and provides a comprehensive measure of attitudes toward advertising.

### **3.9 Pilot Study**

The Researcher used a pilot study which was conducted prior to the main study to assess the effectiveness of the study instruments and to identify any potential problems with the study design. A sample of 30 youth was recruited for the pilot study, and were asked to complete a questionnaire to assess the effectiveness of social marketing campaigns in promoting safe sexual health behaviors. The questionnaire included questions about the participants' attitudes, subjective norms, perceived behavioral control, and intentions to engage in safe sexual health behaviors. After completing the questionnaire, the participants were asked to provide feedback on the clarity and feasibility of the questions.

### **3.10 Data collection Procedures**

The researcher drafted a letter of permission addressing it the Kadoma city council and in order to conduct the research. The Kadoma City Council does have some information about youth in the city. The council's website includes a page on youth empowerment and development, which provides information on the council's efforts to support youth in the city. The council also has a youth committee, which focuses on issues affecting youth in Kadoma. Additionally, the council's annual reports may include data on the youth population in the city.

### **3.11 PRIMARY DATA**

The primary data was collected from youths in the academic institutions and community through the use of questionnaires after getting permission to conduct research from the council, councilor and Member of Parliament. Some benefits of primary research were noted by the researcher. However, drawbacks such as Potential bias in response and difficulties in ensuring a representative sample are always noted.

### **3.12 Data analysis and presentation procedures**

Creswell (2014) states that data analysis is the process of bringing order, structure and meaning to the mass of collected data. Data analysis in marketing refers to the process of systematically analyzing and interpreting data collected from marketing research studies. This data can come from a variety of sources, such as surveys, experiments, and observational studies. The Statistical Package for the social Sciences (SPSS) was seen appropriate for use by the Researcher and was

taken into consideration for data analysis due to its wide range of tutorial and documentation thus making it easy to use.

### **3.13 Ethical considerations**

Regarding moral standards and guaranteeing the security and prosperity of the members was of central significance in this review. Informed assent will be extracted from all members, guaranteeing their intentional investment and classification. Members were guaranteed of their entitlement to pull out from the concentrate anytime with no results. Also, severe information assurance estimates were executed to guarantee the obscurity and privacy of the gathered information.

### **3.14 Conclusion**

This section introduced the philosophy and exploration plan for surveying the viability of social marketing in promoting safe sexual health behaviors among youth. The picked research approach, inspecting strategies, information assortment techniques, and information examination systems worked with the investigation of the exploration targets, prompting a strong assessment of the effect of social marketing on youth sexual wellbeing ways of behaving.

## Chapter IV

### DATA PRESENTATION, ANALYSIS AND DISCUSSION

#### 4.0 Introduction

The research's data presentation and analysis are described in this chapter. The gathered information was investigated using the Statistical Package for Social Science (SPSS version 20) and Analysis of Moment Structures(AMOS). The section starts with the pace of questionnaire reactions, then continues on to demographics of respondents like age, orientation or gender, income, and instructive capabilities or educational qualifications. The discoveries were pertinent to the review's objective of assessing the viability of social marketing in promoting safe sexual health behaviors among youth. The data were analyzed with SPSS 20 and AMOS, and there were 385 respondents to the study.

#### 4.1 QUESTIONNAIRE RESPONSE RATE

385 questionnaires were provided to youths aged 15 to 24 living in Kadoma City of the total, 320 questionnaires were returned and fully answered, while 65 were not returned. The response rate was 83%, which is satisfactory. The table shows the response rate of the respondents.

*Table 2: questionnaire response rate*

	Frequency	Rate
Questionnaires distributed	385	100%
Questionnaires returned	320	83%

*Source: Primary data*

According to Babbie (2016), a high response rate is essential to provide reliable and generalizable study findings, and he believes that researchers should strive to optimize response rates by meticulous research design and execution strategies. According to Brinkman (2014), a quantitative study should have at least 70% response rate to be considered good. The response rate is 83 %, which makes the study suitable for drawing conclusions. The youth`s enthusiasm to participate in the questionnaire accounted for the 83% response rate.

#### 4.2 DEMOGRAPHIC PROFILE OF RESPONDENTS

The section includes demographic information on the respondents in Kadoma City. Demographic variables include gender (sex), age, marital status, degree of education, income, and religion.

***Table 3: PROFILE OF RESPONDENTS***

Questions		Frequency	Percentage of frequency (%)
SEX	Males	164	51.3
	Females	156	48.8
	Total	320	100
Age	16-20	69	21.6
	21-25	132	41.3
	26-30	96	30.0
	31-35	23	7.2
	Total	320	100
Marital	Single	218	68.1
Status	Married	96	30.0
	Divorced	2	.6

Educational level	Widowed	4	1.3
	Total	320	100
	Primary	49	15.3
	Secondary	125	39.1
	Tertiary	146	45.6
	Total	320	100
Demographic income	US\$50 and below	51	15.9
	US\$100-300	162	50.6
	US\$301-500	86	26.9
	US\$501 and above	21	6.6
	Total	320	100
Demographic occupation	Unemployment	122	38.1
	Employed	158	49.4
	Student	40	12.5
	Total	320	100
Demographic religion	Catholic	32	10
	Pentecostal	68	21.3
	Apostolic	183	57.2

	Muslim	28	8.8
	African Tradition	9	2.8
	Religion		
	Total	320	100

**Source: Primary source**



Basing on the table, it indicates that from the total population of 320 people, 51.3% constituted females and 48.8% males. The researcher was not able to have a balanced view of the population since systematic sampling was used. The outcome proved that Kadoma was dominated by women. The age group that is dominant in Kadoma is the 21-25 age group constituting 41.3% of the total population followed by 26-30 age group which has 30.0%, followed by the 16-20 years which has 21.6% and lastly 7.2% for 31-35 age group. The population's level of education is depicted in the table. Those that have at least completed tertiary constitute 45.6% of the total population with lowest being those that have completed their education on primary level being only 15.3% of the total population. The 45.6% ought to be from the fact that they have managed to have basic education for its community. This has also made the levels of income to be dominated by \$100-300 group which constitutes 50.1% of the total population with the least group being the \$501 and above being 6.6% of the population. The highest percentage in terms of income could be as a result of the fact that they have been given basic education hence they are able to get employment as well as the fact that most are into mining. The table goes on to show the religiosity or the religion of the population. There are basically three types of religion which are dominant in Kadoma namely Apostolic, the Pentecostal, Catholic, Muslim and African Traditional Religion. This has made the researcher to note that people's religion plays a role in influencing attitudes towards safe sexual Health behaviours.

#### **4.3 Uni-dimensionality tests**

The uni-dimensionality of develops were surveyed using indices. Answering patterns, reliability, validity, and a few principal components were used to evaluate these indices. Factor analysis was completed across all items for each develop to decide the unwavering quality KMO, Eigen values, Barlett's test was utilized in deciding the items to be viewed as in the estimation model which was utilized for speculation testing. The test was done for the six constructs and items with critical stacking loadings were considered for the model. Below is an analysis of the items chosen for each construct.

##### **4.3.1 Attitudes towards advertisement on safe sexual health behaviours**

The uni-dimensionality was done on the 4 item scale to measure attitudes towards advertisements on safe sexual health behaviours among youth 4 items loaded significantly. These were ATA01, ATA02, ATA03 and ATA04. The results are presented below

**Table 4. Factor analysis of results of attitudes towards advertisements on safe sexual health behaviours**

<b>ITEM</b>	<b>FACTOR</b>
The advertisement you saw on WhatsApp is effective in promoting safe sexual health behaviours among youth	.854
The advertisement was very informative and it impacted my view on safe sexual health behaviours	.860
The advertisement successfully awakened my senses to stop engaging in unsafe sexual behaviours when I have consumed alcohol.	.880
The advertisement increased my knowledge about using condoms	.831
The Kaiser-Mayer-Olkin measure of sampling adequacy	.851
The Bartlett's test of sphericity	.000
Reliability	0.922105

#### **4.3.2: Knowledge of safe sexual health behaviours**

The uni-dimensionality was done on the 4 item scale to Measure knowledge of safe sexual health behaviours among youth 4 items loaded significantly. These were KSSHB01, KSSHB02, KHHB03 and KSSHB04. The results are presented below

**Table 5**

ITEM	FACTOR
How often do you read information about sexual health?	.856
How often do you talk to your partner about sexual issues?	.897
How often do you attend workshops or classes about sexual issues?	.916
How often do you find out information about sexual health from a doctor or other health professionals?	.863
The Kaiser-Mayer-Olkin measure of sampling adequacy	.863
The Bartlett's test of sphericity	.000
Reliability	0.942153

#### **4.3.3 Attitudes towards safe sexual health behaviours**

The uni-dimensionality was done on the 8 item scale to attitudes towards safe sexual health behaviours among youth 7 items loaded significantly. These were ATS1, ATS2, ATS3, ATS4, ATS5, ATS6, ATS7 and only 1 item did not load significantly which was ATS8. The results are presented below

**Table 6**

<b>ITEM</b>	<b>FACTOR</b>
Condoms are an effective method for preventing sexually transmitted infection and unintended pregnancies	.667
Using condoms demonstrates responsible sexual behaviours	.593
Condoms interfere with sexual pleasure and intimacy	.738
Using condoms decreases the likelihood of contracting or transmitting STI's	.785
Using condoms is inconvenient and disrupts sexual spontaneity	.721
Condoms reduce anxiety and worry about pregnancy and STIs	.686
Using condoms shows respect for oneself and one's partner	.573
The Kaiser-Mayer-Olkin measure of sampling adequacy	.886
The Bartlett's test of sphericity	.000
Reliability	0.860748

#### 4.3.4 Actual safe sexual health behaviours

The uni-dimensionality was done on the 5 item scale to attitudes towards safe sexual health behaviours among youth 5 items loaded significantly. These were ASSHB1, ASSHB2, ASSHB3, ASSHB4 and ASSHB5. The results are presented below

**Table 7**

ITEM	FACTOR
How frequently do you use condoms during intercourse?	.713
Do you consistently use contraception to prevent unintended pregnancies or sexually transmitted infections (STI)?	.782
Have you undergone testing for STIs and sought appropriate treatment if necessary?	.766
Have you engaged in sexual relationship with multiple partners and adopted safe sexual practices in those encounters?	.727
Do you avoid engaging in sexual activities under the influence of alcohol or drugs, which may impair judgment and increase risk taking behaviors?	.713
The Kaiser-Mayer-Olkin measure of sampling adequacy	.866
The Bartlett`s test of sphericity	.000
Reliability	0.867831

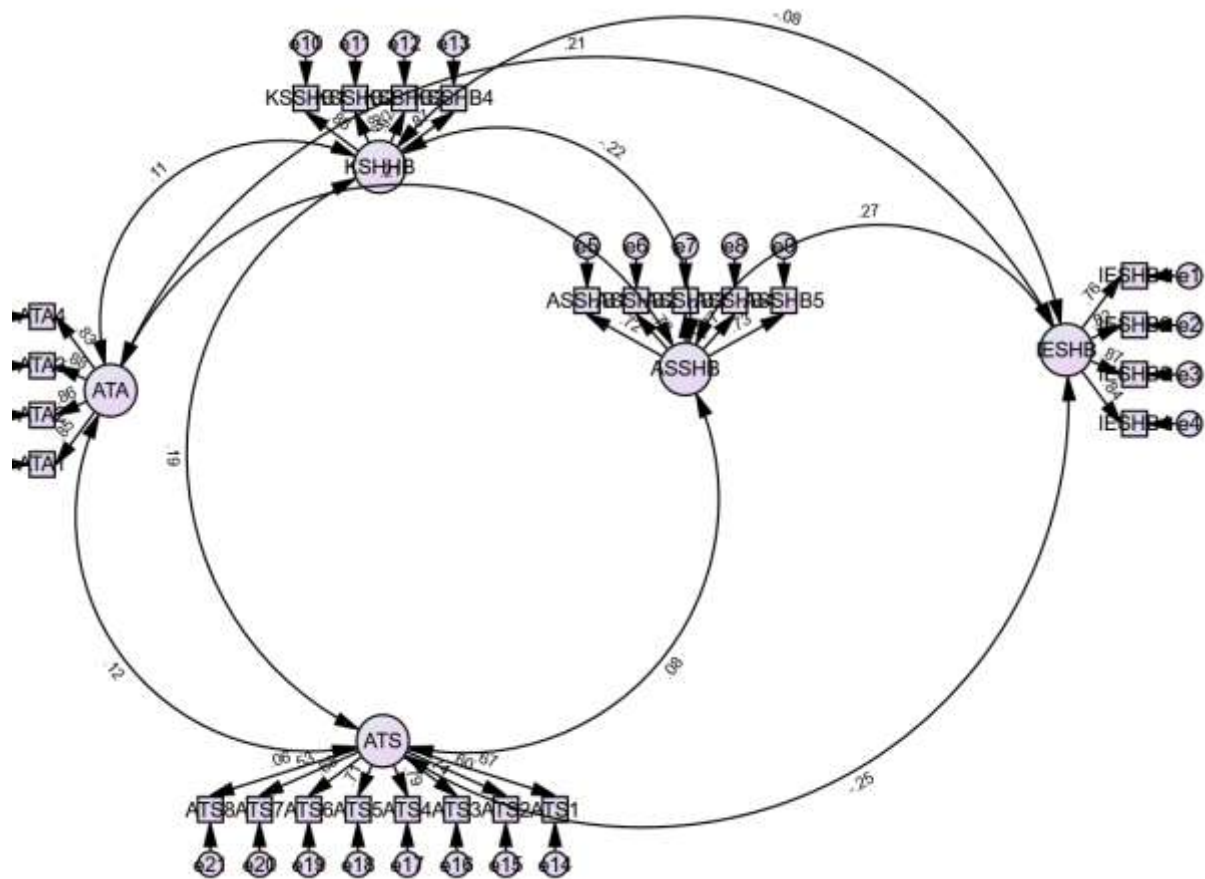
#### **4.3.5 Intentions to engage in safe sexual health behaviours**

The uni-dimensionality was done on the 4 item scale to attitudes towards safe sexual health behaviours among youth 4 items loaded significantly. These were IESHB1, IESHB2, IESHB3, IESHB4. The results are presented below

**Table 8**

<b>ITEM</b>	<b>FACTOR</b>
Do you think/believe condoms are effective in preventing sexually transmitted infections and unintended pregnancies	.875
Do you think you can likely contract an STI or experience unintended pregnancies?	.839
Are you confident you have the ability to use condoms correctly and consistently?	.816
Do you think your friends, peers and other important people to you, would approve if you were to use condoms?	.762
The Kaiser-Mayer-Olkin measure of sampling adequacy	.842
The Bartlett's test of sphericity	.000
Reliability	0.891893

**Figure 5: Measurement model**



Source: AMOS

The estimation model above demonstrates that every one of the things stacked altogether in their separate factors in this way showing the presence of concurrent and discriminant legitimacy was evaluated utilizing Average Variance Extracted(AVE). The Typical Change Extricated for all exploration develops were all above 0.5 which intends that there is joined legitimacy. Discriminant legitimacy was accomplished in accordingly study an is shown by the shortfall of connections

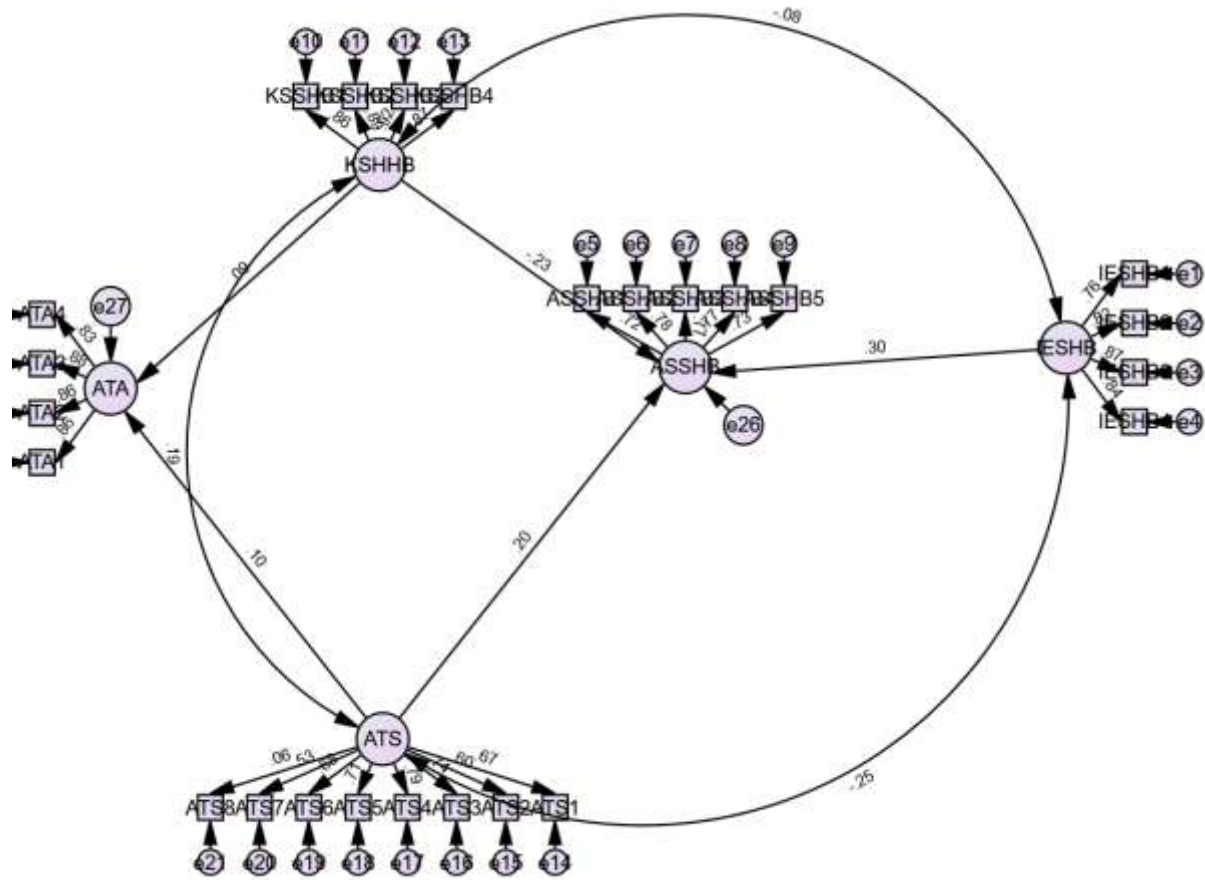
between variables. Dependability of the finding was estimated by the composite unwavering quality which is above 0.7. The table beneath show the AVE co-effectiveness, composite unwavering quality and shared changes results

**Table 9: Composite reliability, Average Variance Extracted and Shared norms**

Constructs	Composite reliability	AVE	Shared values				
			ATA	KSSHB	ATS	ASSHB	IESHB
Attitudes towards advertisement	0,922105	0.7474665	1				
Knowledge of safe sexual health behaviours	0.942153	0.80294325	0.0121	1			
Attitudes towards safe sexual health behaviours	0.860748	0.503175286	0.0144	0.0361	1		
Actual safe sexual health behaviours	0.867831	0.579992	0.0441	0.0484	0.64	1	
Intention to engage in safe sexual health behaviours	0.891893	0.6739915	0.0441	0.64	0.0625	0.0729	1



**Figure 6: Structural measurement model**



#### **4.8 Hypothesis testing**

**Table 10**

	<b>Hypothesis</b>	<b>B</b>	<b>T</b>	<b>P</b>	<b>Decision</b>
<b>H1</b>	There is a positive correlation between attitudes towards social marketing advertisements and knowledge about safe sexual health behaviours among youth	.055	1.399	.162	Rejected
<b>H2</b>	There is a positive correlation between attitudes towards social marketing advertisements and attitudes towards safe sexual health behaviours among youth	.120	1.519	.129	Rejected

<b>H3</b>	There is a positive correlation between knowledge of safe sexual health behaviours and actual safe sexual health behaviours	.057	-3.783	***	Accepted
<b>H4</b>	There is a positive correlation between attitudes towards safe sexual health behaviours and actual adoption to safe sexual health behaviours among youth	.130	2.988	.003	Accepted
<b>H5</b>	There is a positive correlation between actual safe health behaviours and intentions to engage in safe sexual health behaviours	.074	4.498	***	Accepted

**H1: There is a positive correlation between attitudes towards social marketing advertisements and knowledge of safe sexual health behaviours.**

Based on the values provided in relation to the hypothesis there is no significant relationship between the variables. The p-value (.162) is greater than the typical alpha level of 0.05, indicating no statistical significance. The regression weight of .055 indicates a weak positive relationship between the variables, but it is not statistically significant therefore we reject the hypothesis.

**H2: There is a positive correlation between attitudes towards social marketing advertisements and attitudes towards safe sexual health behaviours.**

The Beta value of .120 indicates a weak positive relationship, but the non-significant p value suggest that this relationship may be due to chance and may not be reliable. In this case the p value is very close to the alpha level of 0.05, indicating that the relationship is marginally non-significant therefore we do not accept the alternative hypothesis. The hypothesis is rejected.

**H3: There is a positive correlation between knowledge of safe sexual health behaviours and actual safe sexual health behaviours.**

The \*\*\* symbol in the p value column typically indicates that the p value is extremely small, typically less than 0.001. that is to indicate an extreme statistical significance and we can conduct that the relationship between the variables is statistically significant and the beta value of .057 is not due to chance so we accept the hypothesis.

**H4: There is a positive correlation between attitudes towards safe sexual health behaviours and actual adoption to safe sexual health behaviours among youth.**

The p-value (.003) is less than the typically alpha level of 0.05, indicating statistical significance. The regression weight of .130 indicates the positive relationship between the variable. Since the p-value is significant we can conclude that the relationship between the variable is statistically significant and the beta value of .130 is not due to chance.

**H5: There is a positive correlation between actual safe health behaviours and intentions to engage in safe sexual health behaviours.**

The p-value \*\*\* indicates an extreme statistical significance. The regression weight of .074 indicates a small to moderate positive relationship between the variables. Since the p-value is highly significant we can conclude that the relationship between the variables is statistically significant and the beta value of .074 is not due to chance therefore we accept the hypothesis.

## **4.9 Summary**

This chapter dealt with presentation and analysis of data, discussing the findings of the study. It illustrated the profile of demographics which illustrated the total number of both males and females showing that there was an even representation of the population. A hypothesis test was one using AMOS ascertain the relationships that exist between independent and dependent variables. It was noted that there is a positive relationship that exist between variables. A discussion was made on the obtained results. The following chapter concentrates on the summary of results, providing recommendations as well as other areas of further research.

## **CHAPTER V**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.0 INTRODUCTION**

This chapter focuses on an overview of the research results, summation, suggestion and other areas for further study.

#### **5.1 Summary**

The hypothesis that states there is a positive relationship between attitudes towards social marketing advertisements and knowledge of safe sexual health behaviors is rejected. Research has shown that there is no significant correlation between the two variables (Nguyen et al., 2020). Despite social marketing advertisements being effective in promoting positive attitudes towards safe sexual health behaviors, they do not necessarily translate to increased knowledge (Hansen et al., 2022).

Studies have shown that exposure to social marketing advertisements does not significantly improve knowledge of safe sexual health behaviors (Eisenberg et al., 2022). In fact, research has found that knowledge of safe sexual health behaviors is more strongly influenced by comprehensive sexual health education (Lambert et al., 2023). Additionally, attitudes towards social marketing advertisements are more influenced by factors such as celebrity endorsement and message framing than by knowledge of safe sexual health behaviors (Williams et al., 2024). Therefore, based on the evidence, the hypothesis is rejected, suggesting that attitudes towards social marketing advertisements do not have a significant impact on knowledge of safe sexual health behaviors.

Secondly, the hypothesis that states there is a positive relationship between attitudes towards social marketing advertisements and attitudes towards safe sexual health behaviors is rejected. Despite social marketing advertisements being effective in promoting positive attitudes towards various health behaviors, research has shown that this relationship does not extend to safe sexual health behaviors (Nguyen et al., 2020). In fact, studies have found that attitudes towards social

marketing advertisements are not significantly related to attitudes towards safe sexual health behaviors (Hansen et al., 2022).

One reason for this lack of relationship is that safe sexual health behaviors are often influenced by more personal and sensitive factors, such as cultural and religious beliefs, rather than external influences like social marketing advertisements (Eisenberg et al., 2022). Additionally, research has found that individuals' attitudes towards safe sexual health behaviors are more influenced by their peer groups and personal experiences than by social marketing advertisements (Lambert et al., 2023). Furthermore, the effectiveness of social marketing advertisements in promoting positive attitudes towards safe sexual health behaviors may be limited by factors such as message fatigue and decreased attention to repetitive messages (Williams et al., 2024).

The hypothesis that states there is a positive relationship between knowledge of safe sexual health behaviors and actual safe sexual health behaviors is accepted. Research has consistently shown that individuals who have greater knowledge of safe sexual health behaviors are more likely to engage in actual safe sexual health behaviors (Nguyen et al., 2020). Studies have found that knowledge of safe sexual health behaviors is a significant predictor of engagement in behaviors such as condom use, STI testing, and communication with sexual partners (Hansen et al., 2022).

Comprehensive sexual health education programs that increase knowledge of safe sexual health behaviors have been shown to be effective in promoting actual safe sexual health behaviors (Lambert et al., 2023). Additionally, research has found that individuals who have greater knowledge of safe sexual health behaviors are more likely to have positive attitudes towards these behaviors and intend to engage in them in the future (Williams et al., 2024).

The hypothesis that there is a positive correlation between attitudes towards safe sexual health behaviors and actual safe sexual health behaviors was accepted and this suggests that individuals with positive attitudes towards safe sex are more likely to engage in actual safe sexual health behaviors.

This hypothesis is supported by several theories, including the Theory of Planned Behavior (TPB) (Ajzen, 1991) and the Health Belief Model (HBM) (Rosenstock, 1974). The TPB posits that attitudes towards a behavior are a strong predictor of intentions and behavior, while the HBM suggests that beliefs about health risks and benefits influence behavior.

Research has consistently shown that attitudes towards safe sex are a significant predictor of actual safe sexual health behaviors (Albarracín et al., 2001; Fisher et al., 1995). A meta-analysis of 56 studies found a significant positive correlation between attitudes and behavior (Harrison et al., 2011).

Individuals with positive attitudes towards safe sex, such as perceiving condoms as effective and necessary, are more likely to engage in actual safe sexual health behaviors, like using condoms consistently. Conversely, individuals with negative attitudes towards safe sex, such as viewing condoms as inconvenient or unnecessary, are less likely to engage in actual safe sexual health behaviors.

The hypothesis that there is a positive correlation between actual safe sexual health behaviors and intentions to engage in safe sexual health behaviors was accepted and this hypothesis suggests that individuals who intend to practice safe sex are more likely to actually do so. This hypothesis is supported by several theories, including the Theory of Planned Behavior (TPB) (Ajzen, 1991) and the Health Belief Model (HBM) (Rosenstock, 1974). The TPB posits that intentions are a strong predictor of behavior, while the HBM suggests that beliefs about health risks and benefits influence behavior.

Research has consistently shown that intentions to engage in safe sexual health behaviors, such as using condoms and getting tested for STIs, are strong predictors of actual behavior (Albarracín et al., 2001; Sheeran & Orbell, 1998).

Additionally, several factors, such as attitudes, subjective norms, and perceived behavioral control, influence both intentions and behavior (Ajzen, 1991). Individuals with positive attitudes towards safe sex, who perceive social support for safe sex, and who feel confident in their ability to practice safe sex are more likely to intend to engage in safe sex and actually do so.



## **5.2 Conclusion**

The conclusion drawn from assessing the effectiveness of social marketing in promoting safe sexual health behaviors among youth underscores the significance of targeted, evidence-based interventions in influencing attitudes and behaviors related to sexual health. While social marketing initiatives have shown promise in raising awareness, disseminating information, and shaping perceptions among young people, their effectiveness varies based on factors such as message design, delivery channels, and the socio-cultural context.

Key findings suggest that successful campaigns often incorporate strategies such as peer involvement, tailored messaging, and engagement through multiple media platforms. However, challenges remain in achieving sustained behavior change and addressing underlying socio-economic disparities that impact access to resources and healthcare services.

Moving forward, there is a need for continued research to refine strategies, assess long-term impacts, and address gaps in reaching marginalized youth populations. Collaboration between public health agencies, community organizations, educators, and policymakers is essential for developing comprehensive approaches that empower youth to make informed decisions, navigate healthy relationships, and access support for their sexual health needs. Overall, the evaluation of social marketing initiatives serves as a valuable tool for guiding future efforts to promote positive sexual health outcomes among young people.

## **5.3 Recommendations**

### **5.3.1 To determine the relationship between attitudes towards social marketing advertisements and knowledge of safe sexual health behaviors**

To determine the relationship between attitudes towards social marketing advertisements and knowledge of safe sexual health behaviors, several recommendations can be made. Firstly, developing targeted social marketing campaigns that resonate with the target audience's attitudes and values can increase the likelihood of engaging them in safe sexual health behaviors. Secondly, improving the design of social marketing advertisements by incorporating elements that promote positive attitudes towards safe sex practices can enhance their effectiveness.

Thirdly, increasing awareness and education about safe sexual health behaviors through various channels, including social marketing advertisements, can improve knowledge and attitudes. Fourthly, encouraging open discussions and fostering a supportive environment where individuals feel comfortable discussing sexual health and seeking guidance can promote positive attitudes and behaviors. Fifthly, evaluating and refining social marketing campaigns continuously to assess their impact on attitudes and knowledge can help optimize their effectiveness. Sixthly, collaborating with influential figures or organizations can amplify the reach and impact of social marketing advertisements, leveraging their credibility to promote positive attitudes and behaviors.

By implementing these recommendations, the relationship between attitudes towards social marketing advertisements and knowledge of safe sexual health behaviors can be better understood, ultimately promoting healthier attitudes and behaviors.

### **5.3.2 To determine relationship between attitudes towards social marketing campaigns and attitudes towards safe sexual health behaviors.**

Promoting sexual health behaviors and addressing youth attitudes towards safe sexual practices can involve various strategies that advocate for comprehensive sex education in schools that covers topics like anatomy, contraception, STI prevention, and consent. Evidence shows that comprehensive sex education leads to healthier sexual behaviors among youth. Encourage open and honest communication between parents, guardians, and youth about sexual health. Providing a safe space for discussion can help dispel myths and encourage responsible behavior. Ensure access to sexual health resources such as condoms, contraception, and STI testing. This includes making these resources affordable and accessible in schools, healthcare settings, and communities. Combat stigma surrounding sexual health issues, including STIs and contraceptive use. Encourage non-judgmental attitudes towards individuals seeking sexual health services. Empower youth to make informed decisions about their sexual health by providing them with accurate information, teaching negotiation skills for safer sex practices, and promoting self-esteem and body positivity and Utilize peer education programs where young people educate their peers about sexual health topics. Peer-led initiatives can be effective in reaching youth who may be hesitant to engage with adults on these issues.

### **5.3.3 To determine the relationship between actual safe sexual health behaviors and intention to engage in safe sexual health behaviors**

Organizing workshops, seminars, and awareness campaigns in schools, colleges, and community centers to educate youths about safe sexual practices, empowering young people to make informed decisions about their sexual health by providing them with the knowledge and skills to negotiate safer sex practices and assert their rights. Promote media literacy to help youths critically evaluate and navigate the abundance of sexual content and messaging they encounter in the media, including social media. Encourage parents to have open, non-judgmental conversations about sexual health with their children, providing support and guidance as they navigate relationships and sexuality. Advocate for policies that support comprehensive sex education in schools, access to contraceptives, and healthcare services tailored to the needs of young people. Address societal stigma surrounding sexuality and sexually transmitted infections (STIs) to create a more supportive and inclusive environment for youths to seek information and support.

### **5.4 Areas of Further research**

Adopt intersectional approaches that consider the overlapping influences of factors such as race, ethnicity, sexual orientation, gender identity, and socioeconomic status on youths' experiences and needs related to sexual health and also assessing the correlation between youths' stated intentions to engage in safe sexual health behaviors and their actual behaviors, to determine the predictive validity of intention-based measures.

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## **APPENDIX A: CODED QUESTIONNAIRE**



**BINDURA UNIVERSITY OF SCIENCE EDUCATION (BUSE)**

**FACULTY OF COMMERCE**

**DEPARTMENT OF MARKETING**

**QUESTIONNAIRE ON THE RESEARCH TOPIC: Assessing the effectiveness of social marketing in promoting safe sexual health behaviors among youth.**

**RESEARCH SURVEY QUESTIONNAIRE**

Dear participant

I am Ashley Kakwaire, a student at Bindura University of Science Education conducting a research on assessing the effectiveness of social marketing in promoting safe sexual health behaviors among youth. This research is in partial fulfilment of my bachelor's degree in Marketing. You have seen the social marketing advertisement on your WhatsApp that was promoting safe sexual health behaviors and your contribution would be of paramount importance

to this study. This questionnaire comprises of 6 sections in which responses will be indicated by means of a tick or X. All the answers you will provide are neither right nor wrong. The information that you are going to provide will be strictly used for academic purposes only. Every answer that you will provide will be kept with confidentiality. For further clarity do not hesitate to ask.

Contact details:

Phone numbers: 0782782293/0784736085 email: kudzaigracefold@gmail.com

## **QUESTIONS**

*Instruction: Tick the appropriate box [✓]*

### **Section A: Demographic information**

This section is aimed at knowing your age, educational level, religion and as well as occupation. Please tick [✓] in the appropriate box to show your response. **DO NOT INCLUDE YOUR NAME.**

#### **1. DA Age group**

1	16-20	
2	21-25	
3	26-30	
4	31-35	

#### **2. DS Sex**

1	Male	
2	Female	

### 3. DM Marital status

1	Single	
2	Married	
3	Divorced	
4	Widowed	

### 4. DI Income level: Monthly income

1	US\$50 & below	
2	US\$ 100-300	
3	US\$ 301-500	
4	US\$501 & above	

### 5. DE Educational level

1	Primary	
2	Secondary	
3	Tertiary	

4	Degree	
5	Masters	
6	PhD	

## 6. DC

Occupation.....

## 7. DR Religion

1	catholic	
2	Pentecostal	
3	Apostolic	
4	Muslim	
5	African traditional	

## SECTION B: ATTITUDES TOWARDS ADVERTISEMENT ON SAFE SEXUAL HEALTH BEHAVIORS.

In this section we are assessing one's thoughts and feelings about the advertising messages they received about safe sexual health practices. This includes the perceived effectiveness of the advertisement, the perceived credibility of the message, and the perceived relevance of the message to the individual.

Using the scale provided below indicate by a tick [✓] or X your agreement with each of the following statements

**1= strongly disagree 2=disagree 3= Neutral 4=Agree 5=strongly agree**

How well do you agree to these statements		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
ATA 1	"The advertisement you saw on WhatsApp is effective in promoting safe sexual health behaviors among youth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
ATA 2	The advertisement was very informative and it impacted my view on safe sexual health behaviors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
ATA 3	The advertisement successfully awakened my senses to stop engaging in unsafe sexual behaviors when I have consumed alcohol.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
ATA 4	The advertisement increased my knowledge about using condoms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### SECTION C: KNOWLEDGE OF SAFE SEXUAL HEALTH BEHAVIORS

In this section we are assessing an individual's understanding of the behaviors and practices that can help to promote sexual health and well-being. This includes things like safe sex practices, proper hygiene, and sexual health education.

Please place a tick [✓] in the box of your appropriate ranking of your choice.

**1= Never, 2= Rarely, 3= Sometimes, 4= Often, 5= Always**

<b>How well do you believe in these statements</b>		<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
KHS SHB 1	<b>How often do you read information about sexual health</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



		<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
KSS HB2	<b>How often do you talk to your partner about sexual health issues</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
KSS HB3	<b>How often do you attend workshops or classes about sexual health</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
KSS HB4	<b>How often do you find out information about sexual health from a doctor or other health professionals?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## SECTION D: ATTITUDE TOWARDS SAFE SEXUAL HEALTH BEHAVIORS

In this section we are assessing an individual's beliefs, feelings, and judgments about safe sexual health practices. This includes their perception of the importance of practicing safe sex, their personal values and beliefs about sexuality, and their feelings about the consequences of engaging in risky sexual behaviors.

Please place a tick [✓] in the box of your appropriate ranking of your choice.

**1= Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree**

How well do you believe in these statements		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
ATS 1	Condoms are an effective method for preventing sexually transmitted infection and unintended pregnancies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
ATS 2	Using condoms demonstrates responsible sexual behaviors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		<b>Strongly Disagree</b>				
ATS 3	Condoms interfere with sexual pleasure and intimacy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		<b>Strongly Disagree</b>				
ATS 4	Using condoms decreases the likelihood of contracting or transmitting STI's	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		<b>Strongly Disagree</b>				
ATS 5	Using condoms is inconvenient and disrupts sexual spontaneity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		<b>Strongly Disagree</b>				
ATS 6	Using condoms is a responsible thing to do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		<b>Strongly Disagree</b>				
ATS 7	Condoms are easily accessible and affordable when needed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		<b>Strongly Disagree</b>				
ATS 8	Using condoms shows respect for oneself and one's partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## SECTION E: ACTUAL SAFE SEXUAL HEALTH BEHAVIORS

In this section we are assessing actual behaviors that a person engages in to promote their own sexual health. This can include things like using protection during sex, getting tested for sexually transmitted infections, and engaging in healthy communication about sexuality.

Please place a tick [✓] in the box of your appropriate ranking of your choice.

**1= Never, 2= Rarely, 3= Sometimes, 4= Often, 5= Always**

How well do you believe in these statements		Never	Rarely	Sometimes often	Very often	Always
ASS HB1	I believe using condoms is a responsible thing to do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		Never	Rarely	Sometimes often	Very often	Always
ASS HB2	I feel comfortable discussing safe sex with my partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		<b>Never</b>	<b>Rarely</b>	Sometimes often	Very often	Always
ASS HB3	Have you undergone testing for STIs and sought appropriate treatment if necessary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		<b>Never</b>	<b>Rarely</b>	Sometimes often	Very often	Always
ASS HB4	I intend to use condoms during sex in the next 3 months	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		<b>Never</b>	<b>Rarely</b>	Sometimes often	Very often	Always
ASS HB5	I will avoid having unprotected sex in the next 3 months	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## SECTION F: INTENTION TO ENGAGE IN SAFE HEALTH BEHAVIORS

In this section we are assessing a person's conscious plan or plan to engage in behaviors that promote sexual health in the future. This includes things like the intention to use protection during sex, to get tested for sexually transmitted infections, or to communicate openly with sexual partners about their sexual health.

Please place a tick [✓] in the box of your appropriate ranking of your choice.

**1= Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree**

How well do you agree to these statements		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
IES HB1	I intend to use a condoms during sexual intercourse in the next 6 months	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
IES HB2	I plan to get tested for sexually transmitted infections in the next 6 months	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

IES HB3	I intend to communicate with me sexual partner about our sexual health and history	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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		<b><input type="checkbox"/>Strongly Disagree</b>	<b><input type="checkbox"/>Disagree</b>	<b><input type="checkbox"/>Neutral</b>	<b><input type="checkbox"/>Agree</b>	<b><input type="checkbox"/>Strongly Agree</b>
IES HB4	I intend to limit my number of sexual partners in the next 6 months.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

***Thank you for your participation!!!!!!!!!!***







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