Original article

Differentials and determinants of men's sexual behavior in Ethiopia

Eshetu Gurmu[1,2]

Abstract

Introduction: Males' involvement in sexual and reproductive health can bring greater impacts on the health of family members although it is an intricate issue and few explored in Ethiopia.

Objective: The objective of this study was to investigate the sexual behaviour of Ethiopian men's timing of entry into sexual activity, tendency to have multiple sexual partners in their life time and their motivation to take a VCT.

Methods: The study was conducted based on the socio-economic and demographic data obtained from randomly selected 14,110 men in the age group 15 to 59 using multi-stage sampling of the 2011 Ethiopian DHS. The data were analysed using descriptive statistics, the Cox proportional hazards and binary logistic regression models.

Results: Given the socio-cultural factors motivating men to experiment sex and prove sexual competence and capacity, 27.2% of the sampled respondents had premarital sex, 38.1% of them had multiple (i.e. two and more) sexual partners in their life time while only 42.5% have ever had voluntary counselling and testing. Multivariate analysis results show that the likelihood of having multiple sexual partners increased among older men; while the tendency to take VCT was significantly higher among men of marriageable age group (AOR = 1.18, P<0.05). Late entry into sexual activity (AHR= 0.90, P< 0.05) but higher likelihood of having multiple sexual partners (AOR = 1.40, P< 0.001) and taking VCT services (AOR = 3.01, P<0.001) were observed among men who attended secondary and higher education. Men with frequent access to media were also observed to indulge in sex early (AOR = 1.08, P<0.05) and have multiple life-time sexual partners (AOR = 1.35, P<0.001) with higher chances of taking VCT services (AOR =2.28, P<0.001).

Conclusions: The study revealed that Ethiopian males have diversified sexual behaviour mainly governed by the socio-cultural and institutional settings of their living environment. Hence, there is a strong need to make use of formal and informal institutions in mediating male's sexual behaviour in the country. [*Ethiop. J. Health Dev.* 2017;31(1):36-43]

Key words: Male sexual behaviour, age at first sex, multiple sexual partners, VCT, Ethiopia

Introduction

The 1994 International Conference on Population and Development (ICPD) in Cairo set agenda emphasizing male's responsibilities and participation in reproductive healthcare services (1). It also advocated that all countries should have reproductive healthcare that is accessible, affordable, acceptable and convenient. The conference had also given due attention to men's sexual and reproductive health (SRH) and provisions of education to men in enabling them to know their reproductive health rights and discharge responsibilities. Far beyond this, the conference promoted that sexual and reproductive health services should be for all individuals who needed the care (2). Expanding the range of contraceptive options, supporting women's use of family planning methods and preventing the spread of sexually transmitted infections (STIs) were the three major reasons to involve men in sexual and reproductive health (3).

Male involvement in SRH is a complex approach that needs various changes to bring the desired improvement in the health of family members (4). It helps to promote contraceptive usage and fertility intentions and to enable husbands to be supportive at home in SRH activities. Male participation in SRH (i.e., the involvement of men in using family planning services, remaining faithful to their partner, visiting health facilities to uptake voluntary counseling and testing (VCT), and supporting women to benefit from safe motherhood programmes) is believed to bring understanding between couples and reduce chances of unwanted pregnancies and transmission of STIs including HIV/AIDS (5,6). Investigating the sexual behaviour of males in developing countries like Ethiopia, where transmission of HIV/AIDS through sexual contact and prevalence of STIs have shown increasing trends, has been very challenging. Many people have become sexually active before marriage. There was low level of awareness about the effects of STIs, and the impact of drug resistance to germs. Such research indulgence has tremendous importance (7, 8, 9) in promoting the health of couples and safeguarding the wellbeing of children.

As indicated in the 2011 Ethiopian Demographic and Health Survey (EDHS) report (10), men had involved in higher-risk sex more often (mean= 2.6) than women with the mean number of 1.5 lifetime sexual partners. This indicated that the promiscuous behaviour of men have been widely exposing themselves to STIs given the very limited information about their own reproductive health needs or of their partners. Hence, creating conducive environment to engage men in SRH related programs and designing strategies that can increase their responsibilities have paramount advantage in promoting societal well-being (6, 11). Studies conducted on male's sexual behaviour in

[1]Center for Population Studies, College of Development Studies, Addis Ababa University;[2]Institute of Development and Policy Research,, Addis Ababa University, Addis Ababa, Ethiopia, E-mail eshetugurmu@gmail.com

Ethiopia are either mainly focused on sexual activities of school/college boys (12, 13, 14, 15, 16, 17,18) or dealt with sexual behaviour of males living in specific geographic locations (19, 20, 21) that do not reflect the situations at national level. In addition, the studies lack comprehensive approach and contextualized emphasis on policy implications. The current study is believed to fill in the gap as it is based on a nationally representative data showing the different characteristics of respondents including the variation at regional levels.

Human sexual behaviour is the outcome of socio-cultural practices and social learning experiences that individuals develop through time (22).S**ocial learning theory states that people** learn by observing the behaviour of others and by interacting with them. It underscores that human beings learn by seeing the rewards and punishments that others receive for their actions without necessarily experiencing them personally. For example, individuals learn about their own sexuality by first imitating the behaviour of others and then acting accordingly. In this regard, media plays significant roles by promoting the acts of others (23). People who have wider exposure to media outlets experience sexual activities quite often and more frequently than others who do not have access to it or limited exposure. This was because the scenarios send the message to be sexually aroused and aggressive as a result of their exposure and intimidation to such events.

Social cohesion theory that provides psychic support to group members, states that human sexual behaviour goes beyond behaviourism and social learning as social institutions such as family, religion, law, economy, medicine, and the like influence sexuality (24). Accordingly, social institutions have the power to influence social factors that account for differences in beliefs about sexuality across cultures. Smith and colleagues (25) also argue that cultural settings usually guide how members of a given community should behave "properly" for different situations. Thus, socio-cultural factors have the potential to govern one's behaviour not only in a predictable, patterned and organized fashion but also in accordance with what is acceptable and expected in a given culture. Supporting this approach, Horne (26) stated that social norms and values are basically based on the expectations that we think others have about us and on ideas and plans that we devise in our own minds. It is thus possible to argue that males sexual behaviour in developing countries like Ethiopia could be governed, mainly, by socio-demographic and institutional factors (27, 28) such as places of residence (rural vs urban), regional administration (i.e. ethnic-based governance system), religious affiliation, educational attainment, occupational status, income level, access to media and the generation to which the person belongs.

The main purpose of this study is, therefore, to investigate the sexual behaviour of Ethiopian males using the 2011 Demographic and Health Survey data. Specifically, this study attempts to identify determinants of the age at which Ethiopian men enter into sexual activity, correlates of their tendency to have multiple sexual partners in their life time and the motivation to know their status through Voluntary Counselling and Testing.

Methods

This study was based on 14,110 men of reproductive age (15 -59 years) living in households taken as sample for the 2011 Ethiopian Demographic and Household Survey. The survey was a nationally representative sample randomly taken from nine regional states and two city administrations using multi-stage sampling procedures [10]. Efforts were made to predict the sexual behaviour of Ethiopian men by looking at their age of first sexual encounter, the number of sexual partners they have had in their life time, and their efforts to uptake voluntary counselling and testing (VCT) at some point in the past.

The data was analysed using descriptive statistics and multivariate statistical analysis techniques. Cox regression model (adjusted hazard ratios given in Model 1 & 2) was applied to factors affecting age of entry into sexual debut; whilst binary logistic regression model was run to estimate the likelihood of having multiple sexual partners in a life time (adjusted odd ratios given in Models 3 & 4) and ever having had VCT (adjusted odd ratios given in Models 5 & 6). Socio-demographic and economic factors such as age group, region, and place of residence (rural/urban), educational level, occupational status, religious affiliation, access to media and household wealth status of respondents have served as explanatory variables. The net effect of each of these variables was determined at 95% confidence interval having taken the 5% marginal errors effect. Validity of assumptions employed for each of the models were checked and ratified. Region of residence that could serve as a proxy variable for the socio-cultural setting of the Ethiopian population due to the ethnic based federation and governance system in the country (29) was fitted to capture the effect of cultural elements on males' sexual behaviour (Models 1,3 & 5). Because Addis Ababa City Administration does not have respondents living in rural areas, parallel models were fitted to capture the effects of place of residence (Models 2, 4 & 6) separately.

Results

Although about 43.3% of sexually experienced males in the 15-59 years claimed that they had sexual exposure upon marriage, premarital sex was admitted by 27.2% of the respondents (Table 1 Panel 3-4). More than half (54.1%) of the sexually experienced persons also reported having multiple sexual partners in their lifetime. Only 42.5% of the males in the 15-59 years (irrespective of sexual experience) have reported to take Voluntary Counselling and Testing for HIV/AIDS (Table 1 Panel 7). It was surprising that males living both in rural and urban areas on average have had sex around the age of 21. Only males who did not have work during the survey reported to engage in sexual activity at later age: 25 years (Table 1 Panel 5).

Table 1: **Percentage distribution of respondents by sexual activity status in Ethiopia: 2011**

Variables	Number of cases	Timing of sexual activity			Median Age at first sex	% having multiple (2 and above) life time sexual partners	% Ever having VCT
		% Not yet having sex	% having Pre-marital sex	% having Sex upon marriage			
	1	2	3	4	5	6	7
Age Group							
15-19	2832	87.9	10.1	2.0	.	5.0	29.5
20-24	2330	49.4	28.2	22.4	22.0	20.6	47.4
25-29	2271	17.3	34.7	48.1	21.0	36.5	52.3
30-34	1680	4.2	30.9	64.9	20.0	48.2	48.1
35-39	1579	1.9	30.2	67.9	20.0	53.8	46.4
40-44	1210	0.9	32.5	66.6	20.0	61.8	41.5
45-49	956	0.3	32.4	67.3	20.0	68.9	40.3
50-54	727	0.1	33.7	66.2	20.0	67.2	37.5
55-59	512	0.2	33.4	66.4	20.0	71.3	30.9
Region							
Tigray	1384	32.4	32.0	35.6	22	35.9	53.9
Afar	1000	23.7	33.7	42.6	20	44.6	29.4
Amhara	1965	33.0	15.5	51.5	20	40.3	40.8
Oromiya	2060	32.4	20.2	47.4	22	27.9	33.6
Somali	715	28.6	17.2	54.2	22	31.1	17.2
Beni-Gumuz	1139	30.0	18.9	51.1	20	40.2	40.2
SNNP	1699	32.4	17.2	50.4	22	30.9	41.3
Gambella	940	18.4	45.4	36.2	19	56.0	45.9
Harari	972	27.5	24.5	48.0	21	31.3	42.1
Addis Ababa	1318	28.8	56.4	14.8	21	51.2	59.6
Dire Dawa	918	25.7	33.6	40.7	21	38.3	59.8
Place of Residence							
Urban	4216	29.3	46.0	24.7	21	46.5	60.2
Rural	9894	29.5	19.3	51.2	21	34.5	34.9
Educational Level							
No education	4449	14.1	18.2	67.7	21	44.3	26.2
Primary	6671	38.3	23.7	38.0	21	31.4	43.2
Secondary	1626	37.9	42.2	19.9	21	39.4	61.6
Higher	1364	25.8	56.9	17.3	21	48.9	68.9
Religion							
Orthodox	6125	30.5	33.6	35.9	21	42.9	50.7
Protestant	2216	29.4	25.9	44.7	20	34.3	39.5
Muslim	5316	28.8	20.9	50.3	21	33.9	34.9
Others	450	22.8	23.6	53.6	20	41.3	34.0
Access to Media							
Not at all	2299	27.5	14.2	58.3	21	34.3	20.5
Sometimes	4542	30.2	21.0	48.8	21	34.9	36.3
Frequently	7255	29.5	35.4	35.1	21	41.3	53.3
Occupational Status							
Not Working	1193	74.9	16.9	8.2	25	11.6	35.1
Agricultural Worker	8465	27.2	18.5	54.3	21	35.8	33.7
Non-Agric Worker	4324	21.3	47.3	31.4	20	50.0	61.6
Household Wealth Status							
Low	3948	26.8	26.1	47.1	21	40.4	41.7
Medium	4701	28.4	27.1	44.5	21	38.2	41.4
High	5423	32.2	28.3	39.5	21	36.2	44.0
Total	**14110**	**29.5**	**27.2**	**43.3**	**21**	38.1	**42.5**

Source: computed by author from the 2011 EDHS data set.

Even though timing of engagement in sexual activity has increased among the young generation, it was found to be nearly the same (i.e. 20 years) among older cohorts of age 30 and above (Table 1 Panel 5). The percentage distribution of males who have taken VCT of HIV/ AIDS was also the highest (52.3%) among young cohorts who were at marriageable age at the time of the survey (Table 1 Panel 7).

Table 2: **Multivariate regression model results predicting men's sexual behaviour in Ethiopia: 2011**

	Cox hazards ratios on age at first Sex		Binary logistic regression odd ratios of having multiple lifetime sexual partner†		Binary logistic regression odd ratios of ever having VCT	
	Model 1	**Model 2**	**Model 3**	**Model 4**	**Model 5**	**Model 6**
Age Group						
15-19	0.51***(0.45-0.58)	0.52***(0.46-0.59)	0.67** (0.52-0.87)	0.78 (0.61-1.01)	0.72***(0.60-0.86)	0.77** (0.64-0.92)
20-24	0.77***(0.71-0.83)	0.77***(0.71-0.83)	0.57***(0.49-0.67)	0.62***(0.52-0.72)	1.07 (0.92-1.26)	1.11 (0.95-1.30)
25-29	0.92* (0.86-0.98)	0.91** (0.86-0.98)	0.71***(0.62-0.82)	0.73***(0.63-0.84)	1.18*(1.02-1.36)	1.22** (1.06-1.40)
30-34 (ref)						
35-39	0.96 (0.90-1.04)	0.96 (0.90-1.04)	1.28**(1.10-1.49)	1.25** (1.08-1.45)	0.97 (0.83-1.13)	0.98 (0.85-1.14)
40-44	0.99 (0.92-1.07)	0.99 (0.92-1.07)	1.90***(1.62-2.24)	1.83***(1.56-2.15)	0.80**(0.68-0.94)	0.82* (0.70-0.97)
45-49	0.97 (0.89-1.05)	0.97 (0.89-1.05)	2.55***(2.13-3.04)	2.50***(2.10-2.98)	0.79* (0.66-0.95)	0.81* (0.69-0.98)
50-54	0.91 (0.83-1.01)	0.92 (0.84-1.00)	2.44***(2.01-2.96)	2.37***(1.96-2.88)	0.78* (0.64-0.94)	0.79* (0.65-0.96)
55-59	0.90 (0.82-1.01)	0.90* (0.81-0.99)	3.08***(2.46-3.87)	2.86***(2.28-3.57)	0.60***(0.47-0.75)	0.62***(0.49-0.78)
Region						
Tigray	0.97 (0.89-1.06)		1.16 (0.96-1.41)		2.29***(1.95-2.70)	
Afar	1.42***(1.30-1.56)		2.28***(1.87-2.79)		0.93 (0.78-1.12)	
Amhara	1.22***(1.12-1.32)		2.10***(1.76-2.50)		1.89***(1.63-2.20)	
Oromiya (ref)						
Somali	1.06 (0.95-1.18)		1.17 (0.93-1.47)		0.39***(0.30-0.49)	
Beni-Gumuz	1.28***(1.17-1.39)		2.22***(1.84-2.68)		1.64***(1.40-1.94)	
SNNP	0.93 (0.85-1.01)		1.26* (1.05-1.50)		1.78***(1.52-2.08)	
Gambella	1.58***(1.45-1.74)		3.20***(2.60-3.94)		1.21* (1.01-1.45)	
Harari	1.04 (0.94-1.14)		0.84 (0.69-1.03)		0.76**(0.64-0.91)	
Addis Ababa	1.08 (0.98-1.19)		2.22***(1.81-2.73)		0.93 (0.79-1.11)	
Dire Dawa	1.09 (0.99-1.20)		1.19 (0.98-1.46)		1.89***(1.57-2.27)	
Place of Residence						
Urban (ref)						
Rural		1.04 (0.97-1.11)		0.75***(0.65-0.86)		0.90 (0.80-1.01)
Educational Level						
No education (ref)						
Primary	1.05 (0.99-1.11)	1.02 (0.97-1.08)	1.15* (1.03-1.28)	1.05 (0.94-1.17)	2.09***(1.89-2.31)	2.03***(1.84-2.24)
Secondary	0.88** (0.81-0.95)	0.87** (0.80-0.95)	1.55***(1.29-1.86)	1.40***(1.17-1.68)	3.42***(2.94-3.99)	3.01***(2.59-3.50)
Higher	0.90* (0.82-0.98)	0.90* (0.82-0.98)	1.81***(1.49-2.20)	1.55***(1.28-1.87)	3.50***(2.95-4.15)	3.15***(2.66-3.73)
Religion						
Orthodox (ref)						
Protestant	1.01 (0.94-1.08)	0.99 (0.93-1.05)	0.64***(0.54-0.74)	0.67***(0.59-0.76)	0.68***(0.59-0.77)	0.63***(0.56-0.70)
Muslim	0.86***(0.83-0.93)	0.90***(0.86-0.94)	0.69***(0.62-0.78)	0.63***(0.58-0.70)	0.84***(0.76-0.94)	0.60***(0.55-0.65)
Others	1.07 (0.95-1.20)	1.03 (0.92-1.15)	0.82 (0.63-1.05)	0.84 (0.66-1.06)	0.62***(0.49-0.79)	0.60***(0.48-0.74)
Access to Media						
Not at all (ref)						
Sometimes	1.01 (0.95-1.08)	0.99 (0.93-1.05)	1.26* (1.10-1.43)	1.16* (1.02-1.33)	1.71***(1.50-1.94)	1.71***(1.51-1.94)
Frequently	1.12***(1.05-1.20)	1.08* (1.02-1.16)	1.55***(1.35-1.78)	1.35***(1.18-1.54)	2.39***(2.10-2.72)	2.28***(2.01-2.59)
Occupational Status						
Not Working	0.66***(0.58-0.74)	0.66***(0.58-0.74)	0.72* (0.56-0.94)	0.74* (0.57-0.96)	0.60***(0.52-0.70)	0.62***(0.53-0.72)

	Cox hazards ratios on age at first Sex				Binary logistic regression odd ratios of having multiple lifetime sexual partner†				Binary logistic regression odd ratios of ever having VCT			
	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
Agricultural Worker	1.02	(0.96-1.07)	0.97	(0.91-1.04)	0.73***	(0.64-0.82)	0.80**	(0.70-0.91)	0.54***	(0.48-0.60)	0.70***	(0.62-0.78)
Non-Agril Worker (ref)												
Household Wealth Status												
Low (ref)												
Medium	0.98	(0.93-1.03)	0.95*	(0.90-.99)	0.92	(0.82-1.02)	0.86**	(0.77-0.96)	0.96	(0.88-1.06)	0.97	(0.88-1.06)
High	0.98	(0.93-1.03)	0.93**	(0.88-0.98)	0.85**	(0.76-0.95)	0.77***	(0.69-0.85)	0.97	(0.88-1.08)	0.95	(0.87-1.05)
Marital Status												
Never married									0.95	(0.82-1.10)	0.91	(0.79-1.05)
Currently married/in union(ref)												
Formerly married									1.176	(0.96-1.42)	1.15	(0.94-1.40)
Number of Lifetime sexual partner												
None									0.58***	(0.50-0.68)	0.63***	(0.54-0.73)
Single												
Multiple									1.31***	(1.20-1.44)	1.32***	(1.21-1.45)
Constant					0.69**		1.56***		0.33***		0.47***	
Number of cases	13915		13915		9789		9789		13927		13927	

Source: computed by author from the 2011 EDHS data set

*P<0.05; **P<0.01; ***P<0.001;

Figures in parenthesis ( ) refers to the 95% Confidence interval estimate values

† Only for those having had sexual experiences

It is important to note that there is no statistically significant difference in the timing of sexual initiation and the initiatives to uptake VCT among males living in rural and urban Ethiopia (Table 2 Model 2 & 6). Statistically significant difference among males living in rural and urban Ethiopia however was observed only in the number of lifetime sexual partners where rural males have 25% less likelihood of having multiple sexual partners (P<0.001) compared to their urban counterparts (Table 2 Model 4). Unlike this, considerable differences are observed in timing of sexual initiation, number of life time sexual partners and motivation to uptake VCT across regions (Table 2 Models 1, 3 & 5). Males living in Amhara (AHR = 1.22 P< 0.001), Gambella (AHR = 1.58 P<0.001) and Benishangul Gumuz (AHR = 1.28, P<0.001) regions were observed to engage in sexual activity earlier (Table 2 Model 1) than those living in Oromia region which was taken as a reference. Similarly, men living in Gambella (AOR = 3.20, P<0.001) and Amhara (AOR = 2.10, P<0.001) were observed to have had more multiple lifetime sexual partners and taking VCT services higher than those living in Oromia. Though males living in Afar region were observed to engage in sexual activity earlier (AHR = 1.42 P< 0.001) and to have multiple sexual partners (AOR 2.28 P<0.005), they were not observed to take VCT. Males residing in Addis Ababa, the Capital City, were observed to have two times more likely to have multiple sexual partners (P<0.001) than those living in Oromia. But male respondents from Tigray (AOR = 2.29, P<0.001) and Dire Dawa (OR = 1.89, P< 0.001) were exceptionally observed to have higher likelihood of taking VCT services (Table 2, Models 1, 3 & 5).

Better educated Ethiopian males; i.e. those who completed secondary (AHR = 0.88 P<0.01) and above (HR = 0.90 P<0.05) were observed to engage in sexual activities quite late, and they more likely underwent VCT (AOR = 3.01 P< 0.001, and AOR = 3.15 P< 0.001), respectively, compared to those who did not have any education taken as a reference (Table 2 Models 1 & 6). Contrary to our expectation, better educated males were found to have more likelihood of having multiple sexual partners (AOR = 1.40 P< 0.001 for secondary, and AOR = 1.55 P<0.001 for higher education achievers) than their counterparts (Table 2 Models 4).

Males who do not work (AHR = 0.66 P<0.001) and Muslims (AHR = 0.86 P<0.001) were found to have engaged in sexual activities very late, less likely to having multiple sexual partners (AOR = 0.74 P< 0.001 for non-workers and AOR = 0.63 P<0.001 for Muslims) and lower chances of undergoing VCT services (AOR = 0.62 P<0.001 and AOR = 0.60 P<0.001, respectively) (Table 2 Models 1, 4 & 6). Unlike this, males who frequently accessed the media were found to have more likelihood of engagement in sexual activities quite early (AHR = 1.12 P<.001); they have multiple sexual partners (AOR=1.35 P<0.001) and a frequent rate of receiving VCT (AOR = 2.28 P<0.001) (Table 2 Models 1, 4 & 6). It is still interesting to observe that the likelihood of benefiting from VCT services was higher (AOR = 1.32 P<0.001) among males who have multiple sexual partners than those who appear to be faithful to a single partner (Table 2 Model 5 &6).

Discussions

Results of this study revealed that the driving forces of Ethiopian men's sexual behaviour are attributable to their age group, region of residence, level of educational attainment, religious faith and access to media. Differentials in male's sexual behaviour across regions of residence that serve both as center of government and cultural orientations is a manifestation of cultural norms and values in regulating human sexuality (30). In societies where marriage is experienced early (e.g. Amhara) (31), and where premarital sex is common (e.g. Gambella) (32), males are encouraged not only to engage in sexual activities at early ages but also inclined towards having multiple sexual partners (27).

The inverse relationship between educational attainment and entry into sexual activity among better educated men is a reflection of the impact of schooling on the desire to get married or involve in romantic affairs after developing professional career (33). The positive relationship between educational attainment and the likelihood of taking VCT services among better educated men is also the effect of education on maintaining personal wellbeing and taking inquisitive action to protect against illness (34). HIV/AIDS has long been inculcated in Ethiopian school curricula at all levels (35). It is, however, surprising to observe a positive relationship between educational attainment and the likelihood of having multiple sexual partners among better educated persons. This scenario, however, has dangerous consequences unless it is supported by the effect of having better knowledge on the possibilities of protecting against STIs (HIV/AIDS prioritized) through effective and efficient condom use. According to the 2011 Ethiopian DHS report (10), condom use is the highest among better educated males.

While Ethiopian males at older ages are highly attracted towards engaging with multiple sexual partners, there is less responsiveness to take VCT services and know their HIV status. Young Ethiopian males have shown a tendency to engage in sexual activities at later ages, and they were very curious to know their HIV/AIDS status. The highest likelihood of undergoing VCT was observed among males in their late 20s who had to prove their HIV/AIDS status and get married. The fiancé, families of the bride, religious institutions or local civil registration offices often encourages couples to undergo HIV/AIDS test prior to the marriage (36).

Vitally, the contribution of HIV/AIDS clubs in most Ethiopian schools and universities has been immense in changing the sexual behaviour of the community in those educational institutions (25). Different sexual behaviour among the youth (who were in their twenties during the survey) clearly marks the beginning of heavy campaigns against HIV/AIDS based on the principles of ABC (Abstinence, Be faithful and use of Condom) to avoid HIV infection. Extensive involvement in sexual activities among males who have had frequent access to the media is also a reflection of behavioural change due to societal factors in controlling sexual derives and desires (37).

Media is alerting everyone to take actions accordingly though the consequence could be either reward or punishment. For instance, adolescents who have had frequent access to media were observed to engage in sexual activity at early ages, and have multiple sexual partners (38). Likewise, media helps to alert sexually active persons to uptake VCT and know their sero-status (39). This reveals that media is playing significant roles in either ways.

High likelihood of undergoing VCT among males who have multiple sexual partners is also a sign of behavioural change as sexual health service providers are at least giving them proper advice on how to engage in safer sex or to live with the HIV even if they have already been infected. Therefore, the less likelihood of up taking VCT services among uneducated males and those who access no media is something that needs due attention.

The data used in this analysis, being a cross-sectional survey, may not clearly show the nature of respondents' sexual behaviour over time. They rather help to provide the overall situations governing the sexual experiences, the risky sexual behaviour of Ethiopian men, and the overarching actions to be taken in monitoring their sexual life.

Conclusions:

Male's sexual behaviour in Ethiopia is found out to be a function of socio-cultural and social institutions governing human sexuality. The socio-cultural settings in different communities (i.e. regional administrations based on ethnic federation), level of educational attainment, religious institutions and the media were observed to play significant roles in shaping the sexual behaviour of Ethiopian males. In fact, Ethiopia is highly influenced by traditional norms and values. Nonetheless, there has been a strong need to make use of both the formal and informal institutions in mediating the sexual behaviour of males and safeguarding their personal and sexual-clients' wellbeing. As media was playing both motivational roles to engage in sexual activities and to take VCT, it is important to further investigate the contents and components of the messages being transmitted through national mass media. Work has to be done towards bringing positive outcomes in shaping the sexual behaviour of citizens.

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