

Role of Counseling Services in Mitigating Risky Sexual Behaviors among Undergraduate Students: A Case of Egerton and Kabarak Main Campuses in Nakuru County, Kenya

Julius Kiprono Langat and Gladys J. Kiptiony
¹School of Education, Kabarak University,
P.O Box Private Bag, Code- 20157, Nairobi, Kenya

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Abstract

This study's purpose was to identify the role of counseling services in mitigating risky sexual behaviors among undergraduate students of main campuses in Nakuru County. Social Learning Theory by Albert Bandura and Person-Centered Theory by Carl Rogers guided the study. The study was carried out among 3rd, 4th, 5th and 6th year undergraduate students from main campuses in Nakuru County. The study adopted a correlational research design. The target population was 18570 undergraduate students. The accessible population was 8456 3rd, 4th, 5th and 6th year undergraduate students whose sample was 367. Simple random sampling technique was used to select the respondents. The study included a sample of 10 peer counselors and 2 student counselors from the Egerton University and Kabarak University main campuses who were selected through purposive sampling. Data were obtained using questionnaire for undergraduate students, focus group discussions guide for peer counselors and interview schedule for student counselors. Validation of research instruments was done through peer and expert review and also through pilot testing which was done in Mount Kenya University (MKU) - Nakuru Campus. Both descriptive and inferential statistics were used to analyze quantitative data using SPSS Version 25 whereas the qualitative data was analyzed thematically. The analyzed data was presented in tables, graphs, and narratives. The researcher considered ethics of confidentiality and informed consent. The findings indicated that counseling services play a key role in universities in mitigating risky sexual behaviors among undergraduate students.

Keywords: Role, Counseling Services, Risky sexual behaviors, Undergraduate Students

Introduction

Risky sexual behaviors have become a predicament all over the world affecting youth and may lead to sexually transmitted diseases and unintended pregnancies (Amaranganie, Perera, & Abeysena, 2018). According to World Health Organization (WHO), youth are young people aged between 15-24 years old and studies reported that more than half of all new HIV infections occur among people between the ages of 15 and 24 years where most undergraduate students fall under (Kasahun, Yitayal, Girum & Mohammed, 2017). Risky sexual behaviors can have major effects on undergraduate students' experiences that may include negative academic performance, inability to progress through the university academic years, decision to remain at university and overall psychological well-being (Abels & Blignaut, 2011). Young-Powell and Page (2014) attributed risky sexual behaviors to many people viewing university as the best stage of one's life because students are generally thought to have more free time, more parties and more sex.

A research that was done in the USA found that 92% of men and 77% of women undergraduate students had masturbated, and on their lifetime experiences and frequency of recent experiences that most participants reported experience with accessing sexual information (89.8 %) and sexual entertainment (76.5 %) online. Almost half (48.5 %) reported browsing for sexual products, and a substantial minority

(30.8%) reported having engaged in cybersex (Döring & Pöschl, 2018). In Denmark 97.8% of males and 79.5% of females watched pornography among 1002 people aged from 18–30 years old (Hald, 2006). In Asia, researchers have noted that while university students are potential human resources, this population group is particularly involved in health risk behaviors and preventing risky sexual behaviors among them would contribute to prevention of HIV, sexually transmitted infections (STIs), and unwanted pregnancies, which have posed a great burden on population health (Yi, Te, Pengpid, & Peltzer, 2018; Zou et al., 2013; Yu, Guo, & Sun, 2013; Yang et al., 2019).

African universities have been called to respond to the social issues of trauma, adversity, injustice and inequality including risky sexual behaviors that trouble their embedding communities, their staff and their students (Coulter, & Rankin, 2017). Several studies particularly in Sub-Saharan Africa have documented high and increasing premarital sexual activities among undergraduate students as they face social, peer and cultural pressure to engage in risky sexual behavior that may expose them to the risk of unintended pregnancy, early marriage, abortion and STIs/HIV/AIDS (Teferra, Erena, & Kabede, 2015; Amare, Yeneabat, & Amare, 2019; Kabede, Molla, & Gerensea, 2018; Gebresillasie, Tsadik, & Berhane, 2015; Derbie, Assefa, Mekonnen, & Biadlegne, 2016; Berhan & Berhan, 2015; Fetene & Mekonnen, 2018; Onoya et al., 2015). Other studies which were done in Zambia and South Africa concurred that a large number of students were engaging in risky sexual behaviors, such as having multiple sexual partners, inconsistent contraceptives use, and intergenerational sex (Menon, Sidney, Thankian & Lwatula, 2016; Hoque, Ntsipe, & Mokhatle, 2012; Onoya et al., 2015).

In Kenya, Othieno, Okoth, Peltzer, Pengoid and Malla (2015) determined associations between HIV risky sexual behavior and depression among undergraduate students at the University of Nairobi and found that the percentage of those who had ever been diagnosed with sexually transmitted infections (STIs) was 9.71% (males 8.65%; females 11.01%); and for HIV 3.04% (males 2.02%; females 4.05%), and nearly 30% reported having had multiple partners in the previous 12 months, 27.4% of the students did not use condoms with sexual partners and 21% had engaged in sex after drinking within the previous 3 months (Othieno et al., 2015; Adam, & Mutungi, 2007; Waswa, 2006). Ochieng' (2013) observed that globally, the average age at which young people begin to have sex has steadily decreased. Ssewanyana et al. (2018) noted that a lack of research existed around the most common forms of sexual risk behaviors among young people, including their underlying factors and found that transactional sex, early sexual debut, coerced sex, and multiple sexual partnerships were prevalent. In agreement, Kabiru and Orpinas (2008) found that approximately 50% of the males and 11% of females were reported having had sexual intercourse at least once in their lifetime with a significant proportion reporting multiple sexual partnerships.

In Nakuru, Esho, Data, and Muniu (2018) did a study about the risky sexual behaviors among young people and found that it was but natural to exchange the half-baked feelings and experiences with peers and the environment that includes public media has sexually suggestive flavors. The study found that a large number of older adolescents wished that their parents had talked to them about sexual matters.

Psychosocial factors may shape sexual attitudes and behavior of young people either positively or negatively (Blanc, Byers & Rojas, 2018). Taghreed (2016) examined the social risks university students in Beirut associated with premarital sex, as well as explored the various strategies they employed when dealing with the risks and found that decisions about engaging in, or refraining from, premarital sex were shaped by social pressures and control, and dictated by social norms and moral values. University can be a challenging time for young adults, as many are experiencing life on their own for the first time, adjusting to new lifestyles, new social groups, and new ways to express their selves (Coulter, Marzell, Saltz, Stall &

Mair, 2016). While there are numerous studies expressing the influence of psychosocial factors on risky sexual behaviors among the young people in Western world and African countries, such investigations have been rare in different Kenyan campuses and specifically in Nakuru County focusing on the role of counseling services in mitigating risky sexual behaviors among undergraduate students, hence this study identified the role of counseling services in mitigating risky sexual behaviors among undergraduate students: A case of Egerton and Kabarak main campuses in Nakuru County.

Young people in campus require counseling services and educational initiatives to sensitize them on STI, methods of contraception and positive social behaviors and there is need to improve the accessibility of reproductive health services through strengthening of services provided at campus health clinics (Mbugua, & Karonjo, 2018). Njeri (2016) noted that high risk sexual behavior and its consequences among university students continues to be a serious concern for learning institutions, parents, researchers and policy makers. This concern has been marked by the increased number of reproductive health interventions worldwide aimed at ensuring young adults have access to reproductive health information and services therefore, this study identified the role of counseling services in mitigating risky sexual behaviors among undergraduate students in Nakuru County.

Literature Review/ Theoretical Background

The complexities and challenges of everyday living are experienced by all persons, both adults and students in developed and developing countries (Wango, 2015). In addition, there are increasing social, economic, personal and even educational challenges including risky sexual behaviors in the modern society among young people of both sexes (Wango, 2015). Sexual behavior among female university students has gradually changed during the last 25 years and behavior appears riskier today, as this may have consequences on future reproductive health, it is vital to inform women about consistent and correct condom use and about the limitations of the fertile window (Stenhammar et al., 2015). University life is associated with experience of significant stressors for students that include stress experienced by new life of transiting into a university life (Agunbiade, & Aransiola, 2016). Triggers to these stress factors can be linked to increased academic demands, constrained finances, lack of employment and personal relationships (Agunbiade, & Aransiola, 2016).

In mitigation of risky sexual behavior most universities including those in Kenya offer social support to students in form of counseling, financial assistance, health and academic. The provision of counseling services is thought to increase the likelihood of students continuing with their courses when they manage their sexual behavior. Thus, counseling is a significant service for university students (Commission for University Education, 2015; Cuhadaroglu, 2017; Mwangi, Ngure, Thiga, & Ngure, 2014). In light of importance attached to counseling in the Kenyan Universities the Commission for University Education (2015) included counseling as an essential service that must be provided to students in higher education as a condition for accreditation of an institution. Therefore, there is need to step up Reproductive health club and counseling services in universities to bring sexual behavior change among the students in order to detain the usual consequences of premarital sexual practices and risky sexual behaviors (Teferra et al., 2015).

On the contrary, some findings found that sex education and counseling services might not cause any sexual behavior changes (Bastien, Kajula, & Muhwezi, 2011). To deal with risky sexual behavior, effective utilization of counseling services needs to be based on a complete understanding and acceptance of students' experiences. The undergraduate students search, quite ardently for values that would give meaning to life after training. According to Mutie and Ndambuki (2004), counseling services are not crucial

for those students who deviate from the norms but for all undergraduate students including those who experience sexual behavior challenges. The students may seek counseling services individually or in groups in order to adjust to different situations and make appropriate decisions in life. The problems often encountered by the undergraduate students including sexual behavior issues, academics, interpersonal relationships, family problems, financial challenges, self-identity issues, feelings of loneliness, low self-esteem and anxiety or depression (Sikolia, & Lutomia, 2002). The above studies focused on the need of counseling services to deal with psychosocial challenges while this study sought to identify the role of counseling services in mitigating risky sexual behaviors among undergraduate students.

In Europe, Denno, Hoopes, and Chandra-Mouli (2015) noted that access to youth friendly health services is vital for ensuring sexual reproductive health (SRH), well-being of young people, and packages of interventions that train health workers, improve facility adolescent friendliness, and endeavor to generate demand through multiple channels ready for large-scale implementation. Svanemyr, Amin, Robles, and Greene (2015) provided a conceptual framework and pointed out the key elements for creating enabling environments for sexual and reproductive health (ASRH). An ecological framework was applied to organize the key elements of enabling environments for ASRH. At the individual level, strategies that were being implemented and seemed promising were those that empower girls, build their individual assets, and create safe spaces. At the relationship level, strategies that were being implemented and seemed promising included efforts to build parental support and communication as well as peer support networks. At the community level, strategies to engage men and boys and the wider community to transform gender and other social norms were being tested and may hold promise. Finally, at the broadest societal level, efforts to promote laws and policies that protect and promote human rights and address societal awareness about ASRH issues, including through mass media approaches, needed to be considered (Svanemyr et al., 2015; Haberland, & Rogow, 2015; Cordova-Pozo et al., 2015; O'Connor et al., 2014).

Kilwein, Kern, and Looby (2017) observed that alcohol-related risky sexual behaviors are common among college students. Findings suggested that interventions utilizing reminder cues or motivational interviewing-based techniques were largely found to be effective in increasing condom use behaviors among intoxicated individuals, while support for personalized normative feedback for the same outcome was mixed. However, PNF interventions were generally effective in reducing alcohol use in conjunction with sex. Lewis et al. (2014) evaluated the efficacy of personalized normative feedback on college student alcohol-related risky sexual behavior. The findings demonstrated that the combined alcohol and alcohol-related RSB intervention was the only intervention successful at reducing both drinking and alcohol-related RSB outcomes relative to control. The study highlighted the potential utility of a brief intervention that can be delivered via the Internet to reduce high-risk drinking and alcohol-related RSB among college students.

In Asia, Li et al. (2017) noted that a growing prevalence of unexpected pregnancies and younger age of sexual debut is observed among Chinese young people, while they lack formal sexuality education from schools and parents. Among the sexually experienced students ($n = 3639$, 20.2%), both males and females with higher SRH knowledge were less likely to report having experience of (partner's) pregnancy or abortion. Choi et al. (2016) in a study found a robust association between using dating apps and sexual risk behaviors, suggesting that app users had greater sexual risks and recommended interventions that can target app users so that they can stay safe when seeking sexual partners through dating apps.

In Africa, the role of counseling services among undergraduate students to mitigate risky sexual behaviors has been emphasized. Muchabaiwa and Mbonigaba (2019) noted that poor reproductive health among youth and adolescents threatens their future health and economic wellbeing in Zimbabwe amidst a high

HIV/AIDS prevalence. The study found that the ASRH strategy increased HIV testing amongst youth by 36.6%, whilst treatment of STIs also increased by 30.4%, and also found that the HIV prevalence trajectory was reduced by 0.7%. The findings also suggested that although HIV testing increased for all socio-economic groups that were investigated, the effect was not the same. The study recommended improvement of the strategy's coordination and monitoring, as well as aligning and enforcing government policies that promote sexual and reproductive health rights.

In Ethiopia, Tesfaye et al. (2019) noted that Risky Sexual Behaviors (RSB) and depression symptoms expose young people to various reproductive health problems including sexually transmitted infections and HIV/AIDS. To help students overcome the challenges, recommendation was given for concerted action from the university, governmental and NGO, and the surrounding community to establish support services and various reproductive and mental health awareness programs within the campus (Tesfaye et al., 2019, Adere et al., 2017). Woldeyohannes et al. (2017) assessed risky HIV sexual behaviors and utilization of voluntary counseling and testing services among undergraduate students at Addis Ababa Science and Technology University, Ethiopia. Among the study participants, 161 (26.8%) had sexual contact and the mean age of first sexual encounter was 17.4 (SD =2.3) years. About 443 (76%) of students knew that condoms can prevent Sexually Transmitted Infections (STIs). Among sexually active students, 74 (46%) had not used condom during first time sex. Among those responded, 488 (83.4%) had heard information about VCT; however, 52% had not ever used VCT service.

In Nigeria, Adeyeye, Bello and Gbadamosi (2016) noted that sex workers are heightened risk of HIV/AIDS because of their risky sexual behavior. Findings showed a high prevalence of risky behavior with about two-third (65.3%) consumed alcohol and 42% sometimes engaged in unprotected sex. Majority (86%) had gone for HIV testing prior to the survey but only seven in every ten went for HCT within six months prior to the study. Ikechukwu-Ilomuanya, Onyechi, and Iwuagwu (2018) examined youth advertising as a promoter of counseling against prostitution among undergraduates of tertiary institutions in Nigeria. The study found that youth advertising counseling intervention was a promising venture in the war against prostitution among female undergraduates of tertiary institution in Nigeria. In Ghana, Asante et al. (2016) recommended that behavioral change campaigns targeting university students should encourage condom use self-efficacy, as this would strengthen condom use, which is economically cheap and practically effective means of preventing STIs including HIV. The study concentrated on the undergraduate's condom use self-efficacy.

In Kenya, Mbugua, and Karonjo (2018) noted that reproductive health knowledge is vital in the growth and development of young people and this impact greatly on their educational and personal outcome as they proceed to adulthood and there was an increasing occurrence of sexually transmitted infections in institutions of higher learning. The study sought out the strategies used by university students to prevent unplanned pregnancy and determined their knowledge of contraception methods and sexually transmitted infections in Mount Kenya University, main campus. Stratified sampling was employed. Condom use was established as the most prevalent strategy in prevention of unplanned pregnancy at 48.5 and 46.4% in prevention of STI and HIV/AIDS. Almost two thirds (58%) of respondents reported that they were conversant with only one method of contraception, 60% had knowledge of more than two types of STIs, and 62.4% indicated that they were conversant with only hospitals as facilities providing reproductive health services (Mbugua, & Karonjo, 2018). The study concentrated on the undergraduate's knowledge of contraception methods and sexually transmitted diseases.

Young people in college require educational initiatives to sensitize them on STI, methods of contraception and positive social behaviors and there is need to improve the accessibility of reproductive health services through strengthening of services provided at campus health clinics (Mbugua, & Karonjo, 2018). Njeri (2016) noted that high risk sexual behavior and its consequences among university students continues to be a serious concern for learning institutions, parents, researchers and policy makers. This concern has been marked by the increased number of reproductive health interventions worldwide aimed at ensuring young adults have access to reproductive health information and services.

A number of universities have developed policies and set up programs to curb student high risk sexual behavior. However, this has not resulted in a decrease in high risk sexual behavior among students. In addition, there was scarcity of literature on studies assessing students' uptake of reproductive health interventions in Kenyan universities (Njeri, 2016). Research findings show that 44.4% of the students' had utilized the available reproductive health services in Kenyatta University and Chi square results revealed significant relationships between uptake of reproductive health services and students attitude to abstinence till marriage, attitude in condom use, maintenance of confidentiality, friendly service providers, students engagement in inconsistent condom use, multiple sexual partners, sex under influence of alcohol and sex for favor (Njeri, 2016).

Njeri (2016) concluded that students' engagement in high risk sexual behavior and their attitudes towards service provision influenced uptake of reproductive health services whereas students' social demographic characteristics and their awareness of high-risk sexual behavior practices did not influence uptake of reproductive health services. The study recommended reengineering of the way students are sensitized of about reproductive health services. Such strategies would include: use of social networks, increasing number of student peer counselors and provision of information on available reproductive health services during students' admission. It was envisaged that these strategies will increase students' awareness and uptake of reproductive health services (Njeri, 2016). Kabiru and Orpinas (2008) suggested that youth may benefit from sex education programs addressing multiple factors that may predispose youth to sexual activity, and that take into account gender differences. In Kilifi, a study on young people's risky sexual behavior showed that transactional sex, early sexual debut, coerced sex, and multiple sexual partnerships were prevalent, and an urgent need existed to develop measures to counter sexual risk behaviors. The results contributed to understanding the range of risks and protective factors in differing contexts, tackling underlying issues at individual, family, local institutional, wider socio-economic, and political levels (Ssewanyana et al., 2018).

Nydegger et al. (2017) noted that it was essential for researchers and public health practitioners to create programs for female adolescents to reduce or avoid risky situations, such as inability to negotiate condom use with older sex partners and that programs must be developed for both female and male gang members to help them understand and identify unequal gender norms, and interpersonal and sexual coercion.

In Nakuru, Ayugi, Cheruiyot, Opondo, and Oloshore (2017) noted that voluntary HIV counseling and testing (VCT) is one of the key tools in the HIV/AIDS prevention and control programs in Kenya. But utilization of VCT services among out of school youth is low. The study investigated health service-related factors associated with VCT utilization among out of school youth in a rural setting since though they are a risk group in Kenya, they are less likely than other groups to be offered this service. A cross sectional study design was done among 369 out of school youth aged 18-35 drawn from three rural divisions of Nakuru County, Kenya, using proportionate and purposive sampling technique. The study sample consisted of 56.1% males and 43.9% females and the mean age for those who had utilized VCT was 24 for men and 23

for females. The majority of the out-of-school youth (62.6%) had not utilized VCT. Poor utilization of VCT services was found to be associated with perception of quality of VCT services. It was shown that VCT utilization was significantly associated with competence of VCT counselors and youth friendliness of the services.

Pauline, Migosi, and Mwanja, (2013) noted that risky sexual practices are rampant among young people in Kenya. The study sought to assess the levels of awareness and perceptions of condom use among secondary school students in the prevention of STDs in Bahati division of Nakuru North District, Kenya. One of the findings was that the students expected the Guidance and Counseling departments in their schools to play an assertive role in creating awareness on sexuality issues affecting them. Following the finding, the study recommended that the Guidance and Counseling programme be strengthened in the schools to enhance the awareness of sexual behavior and its related consequences. These studies show that counseling services should be enhanced in universities in order to mitigate risky sexual behaviors among undergraduate students. Therefore, this study sought to identify the role of counseling services in mitigating risky sexual behaviors among undergraduate students: A case of Egerton and Kabarak main campuses in Nakuru County.

Methodology

The researcher applied correlational research design. The researcher applied positivist research philosophy. The location of the study was Nakuru County, where undergraduate students in two main campuses within the County were targeted, namely: Egerton University- Njoro Campus and Kabarak-Main Campus. The study's target population was the undergraduate students of the above named main campuses. The researcher focused on 3rd, 4th, 5th and 6th year undergraduate students thus constituted the accessible population. Also, ten peer counselors participated in the focus group discussions and two student counselors were interviewed each representing the main campuses. The two campuses were selected using a purposive sampling technique based on the records of those students who were in session at the Registrar of Academics office of the two main campuses. The researcher used proportionate sampling to identify the number of respondents required per main campus. The researcher used undergraduate students' questionnaire, peer counselors' focus group discussions guide and student counsellors' interview schedule for soliciting data from the respondents. To ensure the reliability and validity of the research instruments, a pilot study was done at Mount Kenya University (MKU)-Nakuru campus. Both qualitative and quantitative data were analyzed. Descriptive and inferential statistics were employed in data analysis with the aid of Statistical Package for Social Sciences (SPSS) version 25. The analyzed data was presented in tables, graphs and narratives systematically so as to draw useful conclusions and recommendations.

Results and Discussion

The objective of this study was to identify the role of counseling services in mitigating risky sexual behaviors among undergraduate students with special reference to Egerton and Kabarak main campuses in Nakuru County. In this section, the study identified the role of counseling services in mitigating risky sexual behaviors among undergraduate students. The students were required to fill the questionnaires, the peer counselors were asked to give information through focus group discussion (FGD), whereas the student counselors were asked to give information through the interview schedule.

Undergraduate Students' Responses on the Influence of Self-efficacy on Risky Sexual Behaviors

The undergraduate students were asked to give information on their perceptions of the role of counseling in mitigating risky sexual behaviors among undergraduate students. The findings are shown in Table 1.

Table 1 Likert Scale Score of Undergraduate Students' Perception of the Role of Counseling Services in Mitigating Risky Sexual Behaviors

Likert Items	SD	D	N	A	SA
Orientation of first year students is available to counter risky sexual behaviors	31(9.0%)	34(9.9%)	17(5.0%)	127(37.0%)	134(39.1%)
Mentorship programs are available to counter risky sexual behaviors.	21(6.1%)	48(14.0%)	40(11.7%)	139(40.5%)	95(27.7%)
Public lectures and discussions are available to counter risky sexual behaviors	44(12.9%)	59(17.3%)	45(13.2%)	130(38.1%)	63(18.5%)
Counseling outreach services are available to counter risky sexual behaviors.	27(7.9%)	39(11.4%)	39(11.4%)	137(40.1%)	100(29.2%)
One on one psychosocial support services are available to counter risky sexual behaviors.	34(10.0%)	40(11.8%)	52(15.3%)	136(40.1%)	77(22.7%)
Group psychosocial support services are available to counter risky sexual behaviors	40(11.8%)	50(14.7%)	62(18.3%)	111(32.7%)	76(22.4%)
Peer counseling psychosocial support services are available to counter risky sexual behaviors.	22(6.5%)	23(6.7%)	40(11.7%)	146(42.8%)	110(32.3%)
Referral for VCT services is available to counter risky sexual behaviors.	20(5.9%)	40(11.8%)	39(11.5%)	125(36.8%)	116(34.1%)
Referral for psychiatric Services is available to counter the psychological effects of risky sexual behaviors.	38(11.1%)	47(13.7%)	89(26.0%)	106(31.0%)	62(18.1%)
Referral for medical Services is available to counter the physiological effects of risky sexual behaviors.	31(9.0%)	37(10.8%)	64(18.7%)	104(30.3%)	107(31.2%)

The scores in Table 1 show the perceptions of undergraduate students to the examined role of counseling services in mitigating risky sexual behaviors are expounded in the following statement: Orientation of first year students is available to counter risky sexual behaviors. The undergraduate students who indicated strongly disagree and disagree were 31(9.0%) and 34(9.9%) respectively, those who indicated neutral were 17(5.0%) while those who indicated agree and strongly agree were 127(37.0%) and 134(39.1%) correspondingly. The results indicate that the proportion of students who belief that orientation of first year students was available to counter risky sexual behaviors was 261(76.1%). This indicates that there is sufficient evidence to conclude that majority of undergraduate students believe that orientation of first year students is available to counter risky sexual behaviors.

The study also sought to find out the role of counseling services in mitigating risky sexual behaviors among undergraduate students through undergraduate students' response to the following statement: Mentorship programs are available to counter risky sexual behaviors. The undergraduate students who indicated

strongly disagree and disagree were 21(6.1%) and 48(14.0%) respectively, and those who indicated neutral were 40(11.7%) and those who indicated agree and strongly agree were 139(40.5%) and 95(27.7%) in that order. The findings indicate that 234(68.2%) of the respondents agree that mentorship programs were available to counter risky sexual behaviors. This means that there is sufficient evidence to conclude that a bulk of undergraduate students in campus perceive that mentorship programs are available to counter risky sexual behaviors.

The study also sought to find out the role of counseling services in mitigating risky sexual behaviors among undergraduate students through undergraduate students' response to the following statement: Public lectures and discussions are available to counter risky sexual behaviors. The undergraduate students who indicated strongly disagree and disagree were 44(12.9%) and 59(17.3%) respectively, those who indicated neutral were 45(13.2%) while those who indicated agree and strongly agree were 130(38.1%) and 63(18.5%) in that order. The findings indicate that public lectures and discussions were available to counter risky sexual behaviors as shown by the larger number 193(56.6%) of the respondents in agreement.

The study also sought to find out the role of counseling services in mitigating risky sexual behaviors among undergraduate students through undergraduate students' response to the following statement: Counseling outreach services are available to counter risky sexual behaviors. The undergraduate students who indicated strongly disagree and disagree were 27(7.9%) and 39(11.4%) respectively, those who indicated neutral were 39(11.4%) while those who indicated agree and strongly agree were 137(40.1%) and 100(29.2%) in that order. The results show that the proportion of the respondents with perception that counseling outreach services were available to counter risky sexual behaviors was 237(69.3%). This means that there was sufficient evidence to conclude that the proportion of students who belief that counseling outreach services are available to counter risky sexual behaviors was large.

The peer counselors and student counselors were requested to provide information on the methods used to create awareness on risky sexual behaviors among undergraduate students. The peer counselors and student counselors from both main campuses reported on the methods they were using to create awareness on risky sexual behaviors among undergraduate students. The methods Campus 'A' peer counselors used to create awareness on risky sexual behaviors among their peers were: posters, notices, health awareness programs, one on one talk, digital platforms including tweeter, WhatsApp, face book and website. The student counselor shared also the methods they use to create awareness on risky sexual behaviors among undergraduate students as follows: Social media platform like WhatsApp, tweeter, SMS, and Facebook, notices, class reps, and faculty. The methods that peer counselors and student counselors used at Main Campus 'B' to create awareness on risky sexual behaviors among their peers were as follows: Health talks, Online platforms like WhatsApp, Facebook, website, Posters and notices, Chapel notices, Counseling outreach services, and One on one counsellors' outreach.

The peer counselors and student counselors were requested to provide information on the role of counseling services in mitigating risky sexual behaviors among undergraduate students. In order to prevent fellow peers from engaging in risky sexual behaviors, Campus 'A' peer counselors were able to apply the following preventive measures: health talks, open forums, counseling outreach, first year orientations, and public lectures. According to the Campus 'A' SC preventive counseling services offered included orientation of first year students on sexuality matters among other topics of interest. They engaged first year students comprehensively because they needed psycho-education. The student counselor noted that first year orientation program took rigorous two weeks and student counselors played a critical role. During the orientation program they invite external facilitators including I Choose Life, NACADA and other youth

friendly organizations that help address the subject of sexuality comprehensively and other related topics. The student counselor also noted that they offer group counseling services to help address emerging issues including risky sexual behaviors. Some of these topics were derived from individual counseling services as various individual clients expressed their issues. The student counselor further shared that they also engage in counseling outreach services to address issues of self-esteem, loss and grief, financial matters, alcohol and drugs that could contribute to risky sexual behaviors among undergraduate students.

The following were the preventive counseling services the Campus 'B' peer counselors render to their peers in campus: Health talks and campus forums were useful in dealing with risky sexual behaviors. The peer counselors also participated during first years' orientation program to inform first year students about the risky sexual behaviors. The peer counselors also liaise with the student counselors to reach out with counseling services to their fellow peers especially on issues of relationships and risky sexual behaviors. The peer counselors further did one on one informal discussion with fellow peers on issues of sexuality and help them to know how to deal with them. Some peer counselors engage in online sending of information that promotes healthy sexual behaviors. The student counselor acknowledged the following preventive counseling services to counter risky sexual behaviors among undergraduate students: Health talks, open forums on sexual behaviors and relationships, focus group discussions, "She" and "He" talks programs to address sexual related issues affecting undergraduate students.

The findings concur with a study by Commission of University Education (2015) and Wango (2015) who noted that in mitigation of risky sexual behavior in most universities including those in Kenya offer social support to students in form of counseling, financial assistance, health and academic. The provision of counseling services is thought to increase the likelihood of students continuing with their courses when they manage their sexual behavior. Thus, counseling is a significant service for university students. Also the findings are in agreement with Teferra et al. (2015) who noted that there was need to step up reproductive health club and counseling services in universities to bring sexual behavior change among the students in order to detain the usual consequences of premarital sexual practices and risky sexual behaviors. Furthermore, the findings are in agreement with a study by Mbugua and Karonjo (2018) who noted that reproductive health knowledge is vital in the growth and development of young people and this impact greatly on their educational and personal outcome as they proceed to adulthood and there was an increasing occurrence of sexually transmitted infections in institutions of higher learning. Young people in college require educational initiatives to sensitize them on STI, methods of contraception and positive social behaviors and there is need to improve the accessibility of reproductive health services through strengthening of services provided at campus health clinics. Njeri (2016) noted that high risk sexual behavior and its consequences among university students continues to be a serious concern for learning institutions, parents, researchers and policy makers. This concern has been marked by the increased number of reproductive health interventions worldwide aimed at ensuring young adults have access to reproductive health information and services.

In the light of the findings above, there is need for universities to continually provide sexual reproductive health education programs that persuade young adults to adopt safe sexual practices, behavior change, abstinence and use of preventive strategies should be initiated, developed and sustained in all institutions of higher learning. This further justifies the need to assess student's uptake of preventive counseling services in order to mitigate risky sexual behaviors.

The study also sought to find out the role of counseling services in mitigating risky sexual behaviors among undergraduate students through undergraduate students' response to the following statement: One on one

psychosocial support services are available to counter risky sexual behaviors. The undergraduate students who indicated strongly disagree and disagree were 34(10.0%) and 40(11.8%) respectively, those who indicated neutral were 52(15.3%) while those who indicated agree and strongly agree were 136(40.1%) and 77(22.7%) respectively. The findings for personal belief that one on one psychosocial support services was available to counter risky sexual behaviors were 213(62.8%). This means that there was sufficient evidence to conclude that a large proportion of undergraduate students believe that one on one psychosocial support services are available to counter risky sexual behaviors.

The study also sought to find out the role of counseling services in mitigating risky sexual behaviors among undergraduate students through undergraduate students' response to the following statement: Group psychosocial support services are available to counter risky sexual behaviors. The undergraduate students who indicated strongly disagree and disagree were 40(11.8%) and 50(14.7%) respectively, those who indicated neutral were 62(18.3%) while those who indicated agree and strongly agree were 111(32.7%) and 76(22.4%) in that order. The findings from the respondents' personal belief that group psychosocial support services were available to counter risky behaviors were 187(55.1%). This means that there is sufficient evidence to conclude that a large number of undergraduate students in campus have a personal belief that group psychosocial support services are available to counter risky behaviors.

The study also sought to find out the role of counseling services in mitigating risky sexual behaviors among undergraduate students through undergraduate students' response to the following statement: Peer counseling psychosocial support services are available to counter risky sexual behaviors. The undergraduate students who indicated strongly disagree and disagree were 22(6.5%) and 23(6.7%) respectively, those who indicated neutral were 40(11.7%) while those who indicated agree and strongly agree were 146(42.8%) and 110(32.3%) in that order. The findings from the respondents' personal belief of peer counseling psychosocial support services availability to counter risky sexual behaviors were 256(75.1%). This means that there is sufficient evidence to conclude that the majority of the students in campus have a personal belief that peer counseling psychosocial support services are available to counter risky sexual behaviors.

Furthermore, the peer counselors and student counselors provided information of curative counseling services they provide in the main campuses in Nakuru in order to curb risky sexual behaviors among undergraduate students. Concerning curative counseling services, majority of Campus 'A' peer counselors who participated in FGD were in agreement in giving psychosocial support services to their peers who were experiencing the consequences of risky sexual behaviors. The peer counselors shared their counseling experiences about cases of clients who were in toxic relationships involving risky sexual behaviors. In some difficult cases the peer counselors would refer some clients to student counselors for further help. Majority of cases peer counselors handled were alcohol and drug related cases that could lead to risky sexual behaviors. The peer counselors tried to handle psychological and social effects of risky sexual behaviors. The campus 'A' SC interviewed acknowledged helping some students who had experienced the impact of risky sexual behaviors including those who had experienced unplanned pregnancies, attempted abortions, and those who had been infected with STIs. The student counselor further noted HIV & AIDS cases were rarely brought to their offices because of stigma, but in her eight years of counseling career experience, she had handled only one case of a client who voluntary came out and shared about her HIV status and she was able to help her. The counselor also referred depression and psychiatric cases to the psychiatrists and HTC cases to HTC counselors for those who had experienced the effects of risky sexual behaviors.

The majority of Campus 'B' peer counselors on the other hand noted that curative counseling services were necessary in helping those who were experiencing the effects of risky sexual behaviors. Some of the clients they handled were addicted to sex since they began engaging in sex at an early age. The peer counselors encouraged their peers to redirect their energy to activities like sports. The peer counselors further encouraged their peers to get support system from friends in order to have a smooth transition from the previous broken relationships which was leading to risky sexual behaviors. Peer counselors referred some difficult cases to student counselors for further intervention on issues of sexuality among other issues. The Campus 'B' SC responded that psychosocial support was provided to clients who had experienced the consequences of risky sexual behaviors in their campus. Those infected with HIV & AIDS were encouraged to be positive about life and to utilize HTC services as they continued using ARVs. Those who required special attention were referred i.e. those depressed were referred to a psychiatrist and those who required medical attention were referred to the medical centre. The theories the counselor applied to help clients to counter risky sexual behaviors were as follows: CBT, humanistic therapies, and spiritual guidance where applicable.

The findings are similar to a study by Mutie and Ndambuki (2004) that counseling services are not only crucial for those students who deviate from the norms but for all undergraduate students including those who experience sexual behavior challenges. The students may seek counseling services individually or in groups in order to adjust to different situations and make appropriate decisions in life. The findings also agree with a study by Lewis et al. (2014) who evaluated the efficacy of personalized normative feedback on college student alcohol-related risky sexual behavior and found that the combined alcohol and alcohol-related RSB intervention was the only intervention successful at reducing both drinking and alcohol-related RSB outcomes relative to control. Also, Choi et al. (2016) in a study found a robust association between using dating apps and sexual risk behaviors, suggesting that app users have greater sexual risks and recommended interventions that can target app users so that they can stay safe when seeking sexual partners through dating apps should be developed, Kilwein et al. (2017) observed that alcohol-related risky sexual behaviors are common among college students and suggested that interventions utilizing reminder cues or motivational interviewing-based techniques were largely found to be effective in increasing condom use behaviors among intoxicated individuals, while support for personalized normative feedback for the same outcome was mixed. However, PNF interventions were generally effective in reducing alcohol use in conjunction with sex.

In the light of the findings above, majority of the respondents acknowledged the availability of one on one psychosocial support services, however, there is need for universities to continually provide one on one psychosocial support services that help undergraduate students to adopt safe sexual practices, behavior change, abstinence and use of preventive strategies should be initiated, developed and sustained in all campuses. This further justifies the need to assess student's uptake of counseling services in order to curb risky sexual behaviors and if students' indulgence in risky sexual behaviors influences uptake of counseling services.

The study also sought to find out the role of counseling services in mitigating risky sexual behaviors among undergraduate students through undergraduate students' response to the following statement: Referral for VCT services is available to counter risky sexual behaviors. The undergraduate students who indicated strongly disagree and disagree were 20(5.9%) and 40(11.8%) respectively, those who indicated neutral were 39(11.5%) while those who indicated agree and strongly agree were 125(36.8%) and 116(34.1%) in that order. From the results, it was observed that 241(70.9%) of the respondents agreed that referral for VCT services were available to counter risky sexual behaviors. This means that there was sufficient

evidence to conclude that majority of the undergraduate students perceived that referral for VCT services are available to counter risky sexual behaviors. The results of the study also indicate that majority of the students agreed that referral for psychiatric services were available to counter the psychological effects of risky sexual behaviors. The undergraduate students who indicated strongly disagree and disagree were 38(11.1%) and 47(13.7%) respectively, those who indicated neutral were 89(26.0%) while those who indicated agree and strongly agree were 106(31.0%) and 62(18.1%) correspondingly. From the results, it was observed that 168(49.1%) of the respondents agreed that referral for psychiatric services were available to counter the psychological effects of risky sexual behaviors. This means that there is sufficient evidence to conclude that the larger proportion of the students agree that referral for psychiatric services are available to counter the psychological effects of risky sexual behaviors.

The results also indicated that a large number of undergraduate students agreed that referral for medical services were available to counter the physiological effect of risky sexual behaviors. The undergraduate students who indicated strongly disagree and disagree were 31(9.0%) and 37(10.8%) respectively, those who indicated neutral were 64(18.7%) while those who indicated agree and strongly agree were 104(30.3%) and 107(31.2%) correspondingly. From the results, it was observed that 211(61.5%) of the respondents agreed that referral for medical services were available to counter the physiological effects of risky sexual behaviors. This means that there is sufficient evidence to conclude that majority of the undergraduate students agree that referral for medical services are available to counter the physiological effect of risky sexual behaviors.

Furthermore, the peer counselors were requested to provide information on how they were liaising with student counselors in order to counter risky sexual behaviors among undergraduate students. Majority of the Campus 'A' peer counselors noted that they liaised with student counselors to counter risky sexual behaviors among their fellow peers by referring difficult cases to student counselors, holding case conference meetings with student counselors, created awareness on risky sexual behaviors jointly with peer counselors, got peer counselors supervision services from student counselors, and being provided with refresher courses as well as team buildings and retreats meetings. The Campus 'B' peer counselors response was that they liaised with student counselors in order to counter risky sexual behaviors among their fellow peers in the following ways: Case conferencing, referral of difficult cases to student counselors, one on one consultation on psychosocial issues affecting their peers, peer counselor supervision program, and participation in first year orientation programs to address risky sexual behaviors among other issues affecting the undergraduate students.

The findings concur with a study by Woldeyohannes et al. (2017) who assessed risky HIV sexual behaviors and utilization of voluntary counseling and testing services among undergraduate students at Addis Ababa Science and Technology University, Ethiopia. Among the study participants, 161 (26.8%) had sexual contact and the mean age of first sexual encounter was 17.4 (SD =2.3) years. About 443 (76%) of students knew that condoms can prevent Sexually Transmitted Infections (STIs). Among sexually active students, 74 (46%) had not used condom during first time sex. Among those responded, 488 (83.4%) had heard information about VCT; however, 52% had not ever used VCT service.

In summary, the role of counseling services in mitigating risky sexual behaviors is evident. Therefore, these findings continue to reveal the importance and the need of counseling services and more so measures to put in place for students to be informed about the availability of counseling services so as to avert the negative health outcomes associated with engaging in risky sexual behaviors. Deficits in strong self-efficacy, parental and peer support, school-based sex education programs, and community services

contribute to risky sexual behaviors. Therefore, parents, counselors, religious leaders and university management should embrace more counseling services in order to mitigate risky sexual behaviors among undergraduate students.

This study further sought to establish the significance of the role of counseling services in mitigating risky sexual behaviors among undergraduate students. A null hypothesis: H_0 : *Counseling services have no statistically significant role in mitigating risky sexual behaviors among undergraduate students* were generated. Undergraduate students' uptake of counseling services was conceptualized by means of various variables derived from non-missing responses on 10 items measuring the various domains of students' uptake of counseling services in order to mitigate risky sexual behaviors. Chi-square test was used to test the significance of this relationship at 0.05, significance level. The findings are presented in Table 2 and subsequently discussed.

Table 2 Chi-square Test Statistics on the Role of Counseling Services in Mitigating Risky Sexual Behaviors among Undergraduate students

Likert Items	Chi-Squ.	Df.	Asymp. Sig.	Exact Sig.	Point Prob.
Orientation of first year students is available to counter risky Sexual behaviors.	188.939 ^a	4.00	.000	.000	.000
Mentorship programs are available to counter risky sexual behaviors.	133.545 ^a	4.00	.000	.000	.000
Public lectures and discussions are available to counter risky sexual behaviors.	4.117 ^b	4.00	.000	.000	.000
Counseling outreach services are available to counter risky sexual behaviors.	133.731 ^c	4.00	.000	.000	.000
One on one psychosocial support services are available to counter risky sexual behaviors.	101.782 ^d	4.00	.000	.000	.000
Group psychosocial support services are available to counter risky sexual behaviors.	45.086 ^d	4.00	.000	.000	.000
Peer counseling psychosocial support services are available to counter risky sexual behaviors.	187.284 ^b	4.00	.000	.000	.000
Referral for VCT services is available to counter risky sexual behaviors.	139.441 ^e	4.00	.000	.000	.000
Referral for psychiatric Services is available to counter the psychological effects of risky sexual behaviors.	47.678 ^c	4.00	.000	.000	.000
Referral for medical services is available to counter the physiological effects of risky sexual behaviors.	75.236 ^a	4.00	.000	.000	.000

The chi-square results in Table 2 indicate that the p-value of the areas of the role of counseling services in mitigating risky sexual behaviors among undergraduate students were as follows: Orientation of first year students is available to counter risky sexual behaviors (.000), mentorship programs are available to counter

risky sexual behaviors (.000), public lectures and discussions are available to counter risky sexual behaviors (.000), counseling outreach services are available to counter risky sexual behaviors (.000), one on one psychosocial support services are available to counter risky sexual behaviors (.000), group psychosocial support services are available to counter risky sexual behaviors (.000), peer counseling psychosocial support Services are available to counter risky sexual behaviors (.000), referral for VCT services is available to counter risky sexual behaviors (.000), referral for psychiatric Services is available to counter the psychological effects of risky sexual behaviors (.000), referral for medical services is available to counter the physiological effects of risky sexual behaviors (.000). Since all the p-values are less than 0.05, the study rejects the null hypothesis and accepts the alternative hypothesis that there is statistically significant role of counseling services in mitigating risky sexual behaviors among undergraduate students. This finding implies that counseling services play a key role in mitigating risky sexual behaviors among undergraduate students and therefore should be given attention by parents, counselors, university administrators and all other stake holders in order to empower undergraduate students to curb risky sexual behaviors.

Conclusions

Concerning the role of counseling services in mitigating risky sexual behaviors among undergraduate students in Nakuru County, there is sufficient evidence to conclude that majority of the students belief that orientation of first year students, mentorship, counseling outreach, one on one and group psychosocial support services, and referral services are available to counter risky sexual behaviors among undergraduate students. A Chi-square test results indicated that all the p-values were less than 0.05 significance level, therefore the study rejects the null hypothesis and accepts the alternative hypothesis that there is statistically significant role of counseling services in mitigating risky sexual behaviors among undergraduate students. This finding implies that counseling services play a key role in mitigating risky sexual behaviors among undergraduate students and therefore should be given attention by parents, counselors, university administrators and all other stake holders in order to empower undergraduate students to curb risky sexual behaviors.

Recommendations

The university management and administrators, student counselors and peer counselors should enhance preventive counseling services in order to counter risky sexual behaviors among undergraduate students since prevention is better than cure.

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