

Introduction: This study assessed the Health Belief Model Strategy on Safe Sex Practices: A case study of International Health Sciences University (IHSU) Undergraduates. The main objective was to establish the effect of the Health Belief Model Strategy on young people's safe sex practices and the specific objectives were: to determine the perceived health value of safe sex practices to IHSU undergraduates; to establish the perceptions of susceptibility to HIV, STDs and unwanted pregnancies of IHSU undergraduates; to establish the perceptions on severity of HIV, STDs and unwanted pregnancies to IHSU undergraduates; to determine the perceived benefits of safe sex practices to IHSU undergraduates and to determine the perceived barriers of safe sex practices to IHSU undergraduates.

Methodology: A cross sectional study design with a 35-item valid and reliable questionnaire based on pillars (constructs) of HBM was administered to a sample of 263 undergraduates. The simple random sampling procedure was used.

Results: Ninety percent of the respondents were below 30 years of age. Forty eight percent were male and 52% female. Sixty nine percent were sexually active, 8% of whom were having multiple sexual partners concurrently. Thirty one percent were abstaining at the time of the study.

**Predicting safe sex practice using Logistic Regression .**

**Logistic Regression model with Safe Sex Practice as the dependent Variables**

HBM dimension	Bivariate		Multivariate	
	OR (95% CI)	P-value	OR (95% CI)	P-value
Health Values	5.00 (1.93 – 12.97)	0.001	1.55 (0.34 – 7.06)	0.57
Severity	6.77 (2.63 – 17.40)	0.000	4.45 (1.35 – 14.73)	0.014
Susceptibility	6.01 (2.06 – 17.55)	0.001	0.69 (0.12 – 3.94)	0.673
Benefits	9.18 (3.28 – 25.70)	0.000	6.60 (1.43 – 30.47)	0.016
Barriers*	0.44 (0.15 – 1.34)	0.148		

*\*not used in the multivariate regression because it is insignificant in the bivariate model*

The model effectively predicts safe sex practices in IHSU undergraduates and can be used to develop health promotion messages and interventions for them. Recommendations: Based on the findings: i) the IHSU student dean should organize for public health specialists with expertise in HIV/AIDS to give fine tuned messages stressing the severity of HIV, STDS and unwanted pregnancies as well as the benefits of safe sex practices to the students during the guild (student) week. He should also have fine

tuned IEC materials for the students ii) the ministry of health (MOH) Uganda should fine tune health promotion messages for young people using the Health Belief Model (HBM) constructs. iii) Health campaign designers and HIV counselors should consider all the HBM constructs when they design and implement campaign messages because people may disregard messages if they fail to enhance feelings of susceptibility/severity and fail to provide evidence that perceived benefits outweigh perceived barriers. iv) Future HIV/AIDS risk reduction programs among other university undergraduates can be designed based on the HBM. v) The MOH should advocate for sex education curriculum in schools with approaches which emphasize the severity of the consequences of unsafe sexual practices and demystify the barriers so that perceptions of safe sex practices are strengthened. vi) Other academicians should use the HBM strategy as frame work for studies among other most at risk populations (MARPS) so as to fine tune health promotion messages targeting them.