

Students' Views on Access to Sexual and Reproductive Health Services on Campus

Nicholas Mwanza, Ganizani Mwale, Hellen Lukwesa

Zambia

***Corresponding Author:** Nicholas, Zambia

Abstract: No person must be refused access to health services necessary to save their life or to avert serious impairment to the individual. Student views on access to sexual and reproductive health services are not known.

The study aimed at getting the views of students on access to comprehensive sexual and reproductive health rights, information, and services.

The setting for the study was a public tertiary learning institution in Zambia on the Copper belt province that provides sexual and reproductive health services to young people.

This pragmatic study used a mixed method approach applying quantitative and qualitative methods to collect data from the students. Humanistic theory was used to analyse and discuss the data.

The findings indicated that the institution of learning was providing several sexual reproductive health services with condom distribution being highly accessible at 38% higher than other forms of contraceptives which were at 17%. The demand for morning after pill (14%) called for concern as it indicated that students were having unprotected sex. The study also unearthed barriers that included location of service centres, lack of awareness campaigns on SRHR services, and limited number of services that were available on campus.

The findings established the need to use peer educators and increasing the youth friendly spaces on campus. Recommendations based on the findings included an increase in training peer educators, so they lead student led campaigns and awareness programmes on campus.

1. INTRODUCTION

Every person has the right to access health services without discrimination. No person must be refused emergency medical treatment that is immediately necessary to save the individual's life or to avert serious impairment to the individual as enshrined in the (Human Rights Act 2019:4). This understanding dictates some of the underpinnings that should govern the way sexual reproductive health services and rights are made available to students in institutions of higher learning.

The Department for International Development – (DFID 2004:) wrote that '*sexual and reproductive health (SRH) is important to us all, at all stages of our lives. Yet far too many people are denied their right to sexual and reproductive health. The vast majority are poor women, men, and young people in developing countries.*' Giving young people access to sexual reproductive health services and rights would ensure that they have a chance to improve their lives and provide better family systems. Delacy (2019:) in a systematic scope literature review in western countries on sexual and reproductive health programming in tertiary institutions establishes the need for institutions to establish supportive campus environments, elimination of barriers to uptake of sexual and reproductive health, and the use of peers in the provision of SRH services. This calls for social and programmatic inclusion young people in finding solutions to their SRH problems.

Sexual reproductive health services and rights not only ensure that young people have a responsible and safe sexual life but also that they are free from coercion, discrimination, disease, and violence. This entails that young people need to have access to correct quality information and services on sexual and reproductive health as a starting point. Seldu et al (2022:) highlights that unintended or unplanned pregnancy is one of the major public health issues worldwide with around 44% of pregnancies being unplanned. In Zambia around 38% of pregnancies are mistimed and unwanted (ZDHS, 2018).

Namukonda et al (2020:) argues that it is estimated that 4.8% and 4.1% of adolescent girls and boys respectively aged 15 to 19 were living with HIV in Zambia, and that the HIV prevalence rate was four times higher among young women in the age range 20 to 24 at 8.6% compared to young men at 2.1% of the same age range. This is the age group mostly found in higher institutions of learning. Indeed, such percentages of HIV prevalence among young people there is need for improved access to sexual and reproductive health and rights services, and information in institutions of higher learning.

The views of the end user of the service, in this case the young people who are mostly the students in tertiary learning institution, would provide a perspective on how they see, think, and feel the services should be offered. According to Hapompwe et al (2020:287) young people must be included in SRH programming. This study investigated the gap in establishing the perspectives of students at a tertiary learning institution with SRH services readily available. From the literature reviewed there was need to explore and document students' views on access to sexual reproductive health services and rights at a public tertiary learning institution in Zambia.

It is undoubted that there are several benefits in accessing sexual reproductive health services and rights. Seldu et al (2022:) wrote that sexual reproductive health education has various reproductive health benefits among women and girls that include contraceptive use and knowledge, a higher chance of contraceptive use in a lifetime, and effectiveness in usage of contraceptives. Despite such notable benefits, it is not known how students view the access to sexual reproductive health services and rights in higher institutions of learning. This study attempted to document students' views on the access to sexual reproductive health services and rights at a public tertiary learning institution in Zambia.

This study was anchored on the humanistic theory. Bland and DeRoberts (2019:17) wrote that humanistic psychology '*assumes that optimally functioning people are consciously aware, responsibly free to make choices in accordance with their values, goal-directed, meaning-making, and creative in relation to their experience*'. With this understanding the study presumed students to be optimally functioning individuals that are aware of their needs in relation to sexual and reproductive health services and rights. Additionally, the students are seen to have a level of creativity in relation to their experiences with access to sexual and reproductive health and rights that would go a long way to improve service delivery and bring about a student driven access to the services. The humanistic theory influenced the interpretation of the data that was collected from the institution of higher learning by viewing a learning environment to be one that promotes a sense of care, acceptance, respect towards individuality as they exist in society in this case on campus (Purswell 2019:).

This study was guided by the following study objectives:

1. Establish how students access sexual and reproductive health services and rights at a public tertiary learning institution.
2. Explore how students view their access to sexual and reproductive health services and rights on campus.

2. RESEARCH METHODS AND DESIGN

Yawson (2009:), states that a research design is the plan used for collecting data to answer research questions. In relation to this study, a mixed method was adopted to collect data that enabled the study to explore the respondents' views, feelings, facts, and attitudes.

The study was conducted at an institution of learning within the Copper belt province in Zambia. This setting was picked because of the target population the study was investigating. The institution accommodates more than 5000 students and provides sexual and reproductive health services within campus.

Borg and Gall (1985) states that the target population may consist of all the members of a real or hypothetical set of people, events, or objects for which a researcher wishes to generalize the results of the research study. The target population was students from the institution of learning. The sample size was calculated using finite population formula considering the institution was on recess and only 90 students were available to participant in the study. After applying the finite population sample size calculation, a sample size of 74 was obtained at 95% confidence level and 5% margin of error.

The study however, only obtained a total of 69 student respondents for the quantitative arm of the research and 10 respondents from the qualitative arm of the study. The 69 students responded closed ended questions, while the 10 students responded to open ended questions in an interview.

The questionnaire developed by the research team was initially piloted then rolled out to the target student population. The students were briefed on the purpose of the research and given a chance to ask questions. The questionnaire was then distributed to 74 students available on campus however, only 69 questionnaires were returned.

The study sort ethical approval from the Institutional Research Ethics Committee and ethics consent was granted, attached as annex 1. To ensure that autonomy and respect for the dignity of persons is observed, written voluntary informed consent was obtained from all participants using an information sheet and consent form. Participants were informed that they had the right to withdraw from the study at any point if they felt any emotional discomfort. The data collection from participants performed in the study was in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

3. RESULTS

The study explored how students viewed their access to sexual and reproductive health services and rights access on campus. The available products/services on campus were identified and scored on how student viewed them to be easily accessible. Several views were given that are recorded here.

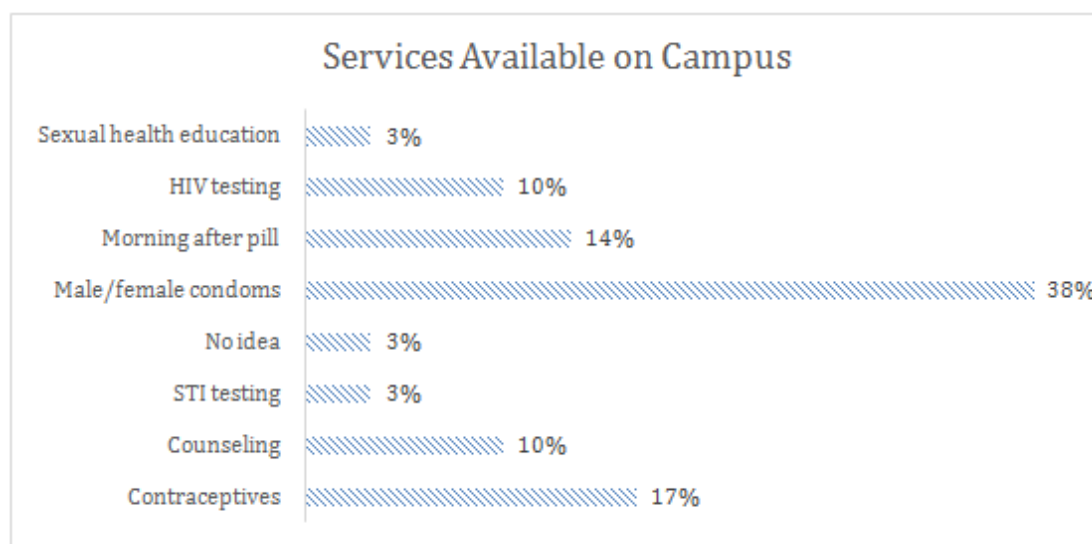


Figure1. Services Available on Campus

Many of the respondents (38%) indicated that male/female condoms were the most available SRH services on campus followed by contraceptives (17%).

The findings showed that condoms were the product that was easily accessed by most of the students on the SRHSR package on campus. The reasons for this were due to what a student stated as *'because they are provided freely to students by the clinic'* and another student added that *'the place where the condoms are available is located within the hostels and there is no need of explaining when getting'*. From the two statements it shows that the condoms were easily accessed from the clinic and from within the hostels, and they were given freely without a question or explanation needed.

The other reason given was what a student stated, that *'information about the availability of condoms is done by fellow students and it easily circulates among students'*. This showed that this was a student driven distribution that might have influenced the highest numbers in terms of access.

The other factor that contributed to easy access was the visibility of the services to the public. A student stated that *'the condoms were easily displayed in places that were visible and the users can easily access'*.

The number of promotions and organisations that were promoting condom use was high. A student noted that *'different organisations are providing the condoms to the students and are even displayed in ablution blocks at visible areas so anyone that visits the ablution has access to them'*.

Another student stated that *'more students were aware of the testing and counselling for HIV unlike the place for counselling for issues of students.'* The awareness of the service on HIV counselling was higher than that of general counselling. More students were aware of the place to access HIV counselling and testing unlike where to get general counselling.

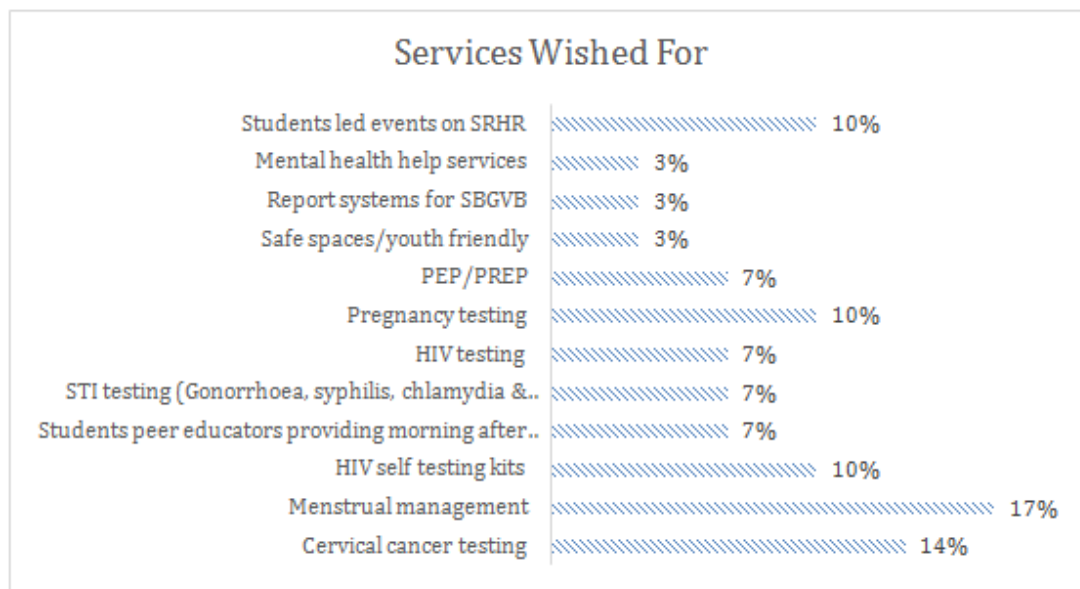


Figure2. Services wished for by Students

Most respondent's (17 %) proposed menstrual management as the preferred addition to the proposed services on campus, followed by cervical cancer testing (14 percent).

The study explored the views of students on what they saw to be barriers in the way they accessed sexual and reproductive health and rights. The following findings were recorded.

A student stated that *'most of the students are shy and some fear to be corrected/rebuked by the officers in the centre'* and another added that *'Stigma from health care providers when accessing such services. Being shy coupled with unwelcoming service providers was a barrier that was acting against the uptake of the product/service.'*

Information sharing was a barrier that some students noted. Some of the services being offered were not know to some students. A student noted that *'Lack of information about the services that are available'* another added that *'there is hardly any public sensitization'* and *'There is no sexual reproductive health rights communication to students', 'there are no sexual reproductive awareness programmes for students'*

The study also established that the range of services given was limited. Some of the needs of the students could not be met due to the few services that were readily available at the centre. *A student noted that 'They are not given other services, they are restricted'*

The study findings recorded the issues of privacy in the manner the services where being conducted to an issue. A student noted that *'the places are to open to the public and some people or students are not aware of the services'*

Another factor that was noted in the study as a barrier was to do with the interpersonal relationship and environment where the services where offered. A student reacted by saying *'A lot of stigma, ... not youth friendly environment'*.

Some of the findings equally showed a kind of lack of confidence and assertiveness of the seekers of the services. One student stated that *'fear of approaching the clinic, and feeling embarrassed about opening up'*

The location of the service centres was also a barrier that was noted in this exploration. A student echoed that there was an issue of *'the distance one must cover to access the SRH services, and unavailability of some SRH services'*

The following were the solutions that the students thought would apply to their situations and context.

The need to empower peer counsellors was noted as a possible solution. The reaction from a student was that *'give peer educators at the student drop-in centre the ability to provide the services through more training'*

The study also noted that there was need for youth friendly or youth safe spaces on campus. A student added that *'putting up more drop-in centres and youth friendly services on campus with adequate SRH services and products where the services can be easily accessed'*.

On the location of the service centres a student noted that *'make the service centres closer to students, should be private and adequate to students'*. The statement also brought out the aspect of privacy and tailored to students.

The need for health care providers to develop youth friendly attending skills was also seen to be a possible solution to the way students were accessing the services. A student noted that *'Health care providers need to be more professional as they relate to students'*

The study noted that there was need to raise awareness on the need and availability of sexual reproductive health services, and rights. A student added that *'Sensitizations, more youths to attend to students at the clinic'* this statement also showed that the students needed some youth face in the centre.

The study unearthed what students thought would increase awareness and information on SRHR.

The study showed that that the use of social platforms was a viable means to reach many students and young people. A student added that *'through social media platforms as almost every student has access to social media', 'use of visual aids, massive sensitization, more implementation of awareness programs', 'putting up posters that advertise the sexual reproductive health services available in school so that people are aware of them', and 'flyers, posters on main campus notice boards and advertise in groups of students'*

The other method noted to be effective was the use of fellow students. A student reacted to the question on best was to communicate *'through the peer educators from the student awareness society on campus', 'train more peer educators, engage them to communicate with fellow students', and 'involve students in campaigns to reach more students'*.

The presence of peer educators in clinics would go a long to sensitizing the youths. The presence of youths in the clinic would bring about a youthful face.

There was need to use innovative ways to raise awareness on SRHR on campus unlike the traditional way of communicating to young people. A student noted that *'there is need for more meetings, more interactions with students and outreach' and 'find a way of having fun while sensitizing the students on sexual right's'*.

Opinions on how students viewed their access on SRHR on Campus

The following were opinions on what the students thought about the services they were receiving. A student stated that *'it's not easily accessible, improvement should be done'*, another added that *'more centres that are youth friendly that provide discrete services'*

A student reacted also by saying that *'the access is very limited, because most of the students are not aware of the facilities or personnel which they can go to for help.'* and *'it's an area that has not been addressed and it is not very popular among students'*

4. DISCUSSIONS

The institution has available several SRH services on campus that are not fully utilised by students apart from a few which include condoms and contraceptives. The availability of these services has not really benefited the student population at large. Condoms are widely accepted and advertised by different civil society organisations in Zambia. Hence it is not surprising that condoms are one of

highly sort SRH product on campus followed by contraceptives. The reasons students attributed to high uptake of condoms were that condoms were freely given at the clinic, and that the students had a student health awareness society drop-in centre located within the halls of residence where the condoms were accessible without being questioned. The high score of condom uptake was associated with proximity to students living halls and that the students themselves had taken up the task of distributing to their fellows without question. Yeager et al (2018) adds that adolescents have shown a higher reactivity to experiences that tend to affect or challenge their status. With such an understanding the need for privacy when accessing such services cannot be over emphasized.

A cause for concern on these findings is the need for the morning after pill that came on third score. Considering that the demand of condoms was high, it is conflicting that the morning after pill demand was also high. This could be interpreted as students still were engaging in unprotected sexual conduct exposing them not only to STIs but pregnancy too. This could be an indicator that more sensitization was needed to help encourage safer sex on campus, especially with the increase in prevalence of HIV and STIs among young people.

The students demanded other services that they thought the institution paid less attention to such as student led events on SRHR, mental health help services, report system for School based gender-based violence, safe spaces/youth friendly spaces, PEP/PREP, pregnancy testing, HIV testing, STI testing (Gonorrhoea, syphilis, chlamydia), Student peer educators providing morning after, HIV self-testing kits, menstrual management, and cervical cancer testing. This is a call to SRH health care providers to consider broadening their service provision to young people at institutions of learning. Of these additional services menstrual management speaks to the need to support female students with products that would help to ease the burden of meeting their monthly needs.

Students feared being harshly addressed and rebuked by service providers. Their right to access SRH services were being hindered by factors that could be addressed by a welcoming service provider. This is like Yeager et al (2018) findings that adolescents are influenced by adults and when rebuked for seeking SRH services, they take the risk than being disrespectful towards adults.

The students lamented that there were few to no sexual reproductive awareness programmes for students. This lack of information could make students resort to finding other ways of addressing their needs of SRHR that may not be scientifically proven hence putting their lives and those of others at risk. There was an urgent need to initiate SRHR awareness platforms and campaigns on campus if vices that come with the lack of awareness can be alleviated.

The limited number of services that were readily available was another barrier that was established in this study. The student perceived this challenge to be a barrier to access to SRHR services. Mbebe et al (2012) argues that the issue of lack of some equipment in the service delivery was a challenge. There was need to invest in those products and services that are a must have basing on the demand of the same services by the users. This will create timely and effectiveness in service delivery.

The location where these services are offered was another factor perceived to be a challenge to the meaningful uptake of SRHR services. The places were too open to the public as such did not give the students that needed privacy when walking into the clinic or centre to access the services. The fear of being seen to be entering such a place was a huge hindrance for some students. The study found the distance to cover for an individual to access the services was also a barrier. Mbebe (2012) argued the need to have service centres that provide privacy to clients.

Besides the location, the study established that there was stigma attached to the centre. The study echoed that the place was not so youth friendly as it created an impression that was stigmatising the seekers of the services. This coupled with the fear of being embarrassed about opening up to services providers as other students were seen to have reservations based on fear to approach the centres. Namukondo et al (2020) recommended the need to assess existing strategies to ascertain what was feasible for harmonizing SRHR interventions in institutions of learning. Such assessments of existing strategies would go a long way in instituting strategies that would meet the needs of the users of a service therefore increasing the uptake.

Based on the views of students, the following findings were the suggested solutions to the challenges of accessing SRHR services on campus. There was need to empower more peer counsellors to meet some of the requirements in SRH service provision. This would support the work of creating more

drop-in centres within the student halls of residence. These youth friendly spaces could reach many students within their areas of residence and would increase the uptake of several SRHR services and products. The recommendations of Delacy (2019) included institutions of learning needing to work with peer educators in the delivery of sexual reproductive health services.

This initiative would further solve the challenges of location and distance to reach the service centres. By this initiative most of the needed services in SRHR would be easily accessed within the student halls of residence.

The use of peer educators would go a long way even to increase awareness among students on the available services ranging from reproductive health education to the uptake of the services that were available on campus. This is also supported in the findings by Hapompwe et al (2020) who made a recommendation to strengthen and involvement of adolescents in SRH programming in the community. The evidence could be seen even to the high uptake of condoms as compared to other services that was attributed to students driving the distribution.

The findings showed the need to have service providers to have youth friendly attending skills was noted. Culture, religious and other biases needed not to characterise the service providers. Delacy (2019) equally noted some barriers to the uptake of SRHR services to include religious and ideological issues. There was need to conduct an orientation and capacity building professional development training to investigate the aspect of youth friendly services that would in turn increase the receptiveness of the service providers to the young people's needs.

Social media platforms were seen to be idea in dissemination of information. The students could easily acquire information sent and posted through social media as most of them were uses of the platforms. The use of visual materials with information about SRHR would reach huge masses of students on campus at goal. Other methods would be posting of such information on main campus information boards that are strategically placed where students frequent including flyers and other leaflets containing such information. This was like the findings of Seidu et al (2022) who argued the need to use informal social networks and media platforms that the users where familiar with to disseminate sexual reproductive health education.

The counselling centres were another factor that needed some attention. There was need to make the counselling spaces more youth friendly such that they meet the need for privacy and confidentiality. Such places would help the students over a wide range of challenges including information dissemination hence the need to be easily accessible to students.

5. CONTRIBUTION

The study results show that students perspectives are not included in the planning and delivery of SRH services on campus. Future SRH programming should highly consider student involvement. The study will contribute to the amendment of SRH programs implementation in institutions of higher learning.

6. CONCLUSIONS

The study established the commonly available SRHR services on campus. Some of the findings showed that there were barriers that existed and that there was need to improve the way the services were being offered. The study showed that use of peer educators would help solve several challenges in the access to SRHR uptake that included creation of more youth friendly spaces with the halls of residence, student driven campaigns and awareness programmes, and solve the issues of location and distance to service centres.

There was need to raise awareness about what was available and the need to raise sexual reproductive health education among tertiary learning institution students.

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COMPETING INTERESTS

The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

DATA AVAILABILITY

The data that support the findings of this study are available on request from the corresponding author.

DISCLAIMER

The views expressed in the article are those of the research team members and not an official position of the institutions that the research team members work for.

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AUTHORS' BIOGRAPHY



Nicholas Mwanza, is a Students Counsellor at the Copperbelt University. Holds a Bed Guidance and Counselling and Master of Education. His area of interest is education guidance and counselling, teacher education, and student welfare services. Has worked as guidance and counselling teacher, taught personal, social, career and citizenship education (PSCE).



Ganizani Mwale, is a Public Health Coordinator at the University of Zambia. Has worked in the field of HIV and AIDS with young people in tertiary institutions of education with focus on student wellness programs. He holds a BA, master's in project management, and is a Certified Associate Project Manager (CAPM®). His interest is sexual and reproductive health projects for young people in tertiary institutions of education.



Hellen Lukwesa, is a third year student pursuing a bachelor of Mathematics degree at the Copperbelt University. She is a trained peer educator who is passionate about advocacy and student awareness campaigns.

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