

Knowledge and uptake of sexual and reproductive health services among the first-year students joining Dedan Kimathi University of Technology

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Abstract

Sexual and reproductive health is a lifetime concern for everyone throughout the lifespan. Failure to achieve SRH in any stage of life has a profound effect on one's health later in life. The purpose of this paper was to establish knowledge and uptake of sexual and reproductive health services among the first-year students joining Dedan Kimathi University of Technology. A cross-sectional, descriptive survey was conducted among first-year students joining the university. The study adopted a complete enumeration survey method where all the first-year students in the year 2021/2022 willing to participate by consenting, were included in the study. A detailed explanation of the study and its purpose were made known to the eligible participants to obtain their consent. The electronic questionnaires were used with no identifiable personal details to ensure anonymity. Data were analysed descriptively and presented in form of tables and figures. Out of the expected 1500 first year students, 692 students participated in the study. Ten percent (10%) of respondents had taken alcohol with less than 1% having smoked. 48% of students had never discussed SRH issues with their parents. Fifty seven percent (57%) of students had casual relationships with the opposite gender. Slightly more than half (53.8%) of the students had their first sexual intercourse at the age of 18-20 years with eighty seven percent (87.5%) of them having used condoms as the contraceptive method which were mainly obtained from chemist or pharmacy. Sixty percent (60.3%) of the students had heard about SRHS, mainly from the internet. About 87.5% of students had never used SRHS and among those who had used it, the majority (57.7%) received it from hospitals. About fifty seven percent (57%) felt the need to use SRHS and more than half of the students preferred to receive SRHS information from social media. More than 70% of the students knew the signs and symptoms of STIs but only 7.1% had suffered from STIs. The few who suffered had majorly sought services in government hospitals. On sexuality, gender and norms, most students had good moral perceptions as more than half (51.3%) disagreed with the fact that sexual activities should be allowed among young people who love each other. A significant number (77.1%) indicated that they would not contemplate abortion either for self or their partners. The knowledge of SRH students joining DeKUT is lower than expected with uptake limited to a few components of SRHS. There is a need to create more awareness of SRH and the services available in DeKUT. The uptake of SRH services is low among the students implying the need to emphasize the importance of SRH services to the students.

Key words: Sexual health, reproductive health, HIV, Uptake of contraceptives, Knowledge

INTRODUCTION

Sexual Reproductive Health (SRH) is a state of complete physical, emotional, mental, and social well-being about sexuality, in all matters relating to the reproductive system and its functions and

processes (WHO, 2014). Sexual and reproductive health is a lifetime concern for both women and men, from infancy to old age (UNFPA,2022). Failure to achieve SRH in any of these life stages has a profound effect on one's health later in life. In developing countries, sexual and reproductive health problems are a leading cause of ill health and death for women and girls of childbearing age including young people (Meherali, S.et al.2021). Young people, aged between 10-24 are known to form a sizeable population of any given country and are extremely vulnerable in most developing countries (Mbugua and Karonjo,2018).

Young people experience a lot of sexual and reproductive health problems such as psychological vulnerability, high susceptibility to peer pressure, tendency to engage in risk-taking behaviours, less ability to negotiate safer sex practices, and difficulty accessing sexual and reproductive health information and services (Ajike and Mbegbu, 2016). As a result, the young people disproportionately end up suffering from unintended pregnancies, unsafe abortion, maternal death and disability, sexually transmitted infections (STIs), gender-based violence, and other problems related to pregnancy and childbirth (UNPFA,2022). To curb these sufferings as well as ensure that young people receive the highest attainable standards of health including reproductive health as directed by the Kenyan Constitution, the Sexual and Reproductive Health Services (SRHS) should be provided to them.

Sexual and Reproductive Health Services (SRHS) for the young people include: comprehensive sexuality education (CSE) provision; contraception counseling and provision; antenatal, intrapartum, and postnatal care; safe abortion care; sexually transmitted infections (STIs) prevention and care; human immunodeficiency virus (HIV) prevention and care; violence against women and girls' prevention, support and care; harmful traditional practices prevention (WHO,2018). These services should be readily accessible and available when the young people need them and integrate age-appropriate information that accounts for the developing capacities of young people (UNPFA,2022).

Providing sexual health education and services to university students have the potential to increase knowledge of STIs and lead to improved future health outcomes (Wasserman and Emily A, 2022). Despite the legal framework, implementation of sexual and reproductive health services has been weak, and consequently, barriers to access and use of SRH services among the young people, more so those in institutions of higher learning continue to exist (Cassidy et.al, 2018). Despite the

existence of such services, many University students often delay or avoid seeking sexual health services. Some student seeks services when it is too late and this denies them the opportunity for timely interventions. Students in Dedan Kimathi University reside mainly around the University and can access the services offered in the medical centre, where SRHS are readily available. From the laboratory data of the year 2021 the number of students who were tested for pregnancy was around 130, with 30% testing positive (DeKUT Medical Center Registry, 2022). This clearly indicates, that students are engaging in unprotected sexual intercourses, which puts them at a higher risk of complication given that some may contemplate to terminate the pregnancy.

The purpose of the study was to establish the knowledge and uptake of Sexual and Reproductive Health Services from the first-year students joining the Dedan Kimathi University of Technology. By establishing the knowledge and uptake of the services, the Reproductive Health Department in the Universities would be in a better position to develop appropriate interventions that will help address any knowledge gap as well as improve uptake of SRHS services, thus improving SRH of young people studying in DeKUT. In addition, the study also explored substance abuse among the students and their perspectives on gender norms. This was significant to identify the entry behaviours that may influence uptake and provision of SRHS in DeKUT.

METHODS

This was a cross-sectional, descriptive survey conducted among first-year students joining the Dedan Kimathi University of Technology. The study adopted a complete enumeration survey method where all the first-year students in the year 2021/2022 willing to participate by consenting, were included in the study. An electronic questionnaire was developed and administered to obtain the following information: Sociodemographic, Substance abuse, Sexual relationships of, knowledge, and practice of contraception, knowledge of sexual and Reproductive Health Services, sexuality, and gender norms. The data obtained were analysed descriptively and presented in form of pie charts, bar graphs, and tables. Permission to carry out the survey was obtained from the relevant departments. A detailed explanation of the study and its purpose were made known to the eligible participants to obtain their consent. The questionnaires were devoid of participants' identification particulars to ensure anonymity.

RESULTS.

Out of the expected 1500 students, 692 students participated in the study with males constituting 74% and 26% representing females. Out of the total respondents, 76.9% ranged between 15-19 years, 22.2% of the respondents ranged between 20-24 years and 0.9% were 25 years and above (Table 1).

Table 1: The table represents the sociodemographic data of the respondents

Sociodemographic data.	Numbers	Percentage
GENDER		
Male	509	74%
Female	179	26%
AGE		
15-19 Years	529	76.9%
20-24 Years	153	22.2%
25 and above	6	0.9%
RESIDENCE		
Rural	367	53.5%
Urban	320	46.6%
RELIGION		
Protestant Faith	316	46%
Catholic	206	30%
Seventh-Day Adventist	75	10.9%
Muslim	17	2.5%
Christians	74	10.7%

Substance Abuse.

The majority of the students had never taken alcohol (89.8%) while 10.2% had taken alcohol. For the 10.2% that had taken alcohol, the majority (75.7%) take alcohol occasionally while the rest take alcohol once or twice a week. The majority of the students do not smoke cigarettes (99.3%).

Sex and Sexual Relationships.

The majority of students indicated that they do not feel pressure from others to have sexual intercourse (52.8%) while the rest felt little or a lot of pressure from others to have sexual intercourse. It was noted that the majority (47.8%) of students had never discussed sex-related matters with their parent(s). The majority (68.3%) of students had been in a relationship with the opposite gender but the majority of the relationships were casual (57.3%). The majority of the respondents had not had sexual intercourse in their relationship. Of the respondents who had ever had sexual intercourse in their relationship, the majority (73.3%) of the respondents had planned to engage in sexual intercourse. It was noted that the majority of the students had their first sexual intercourse when they were between 18-20 years.

Contraceptive use

Use of contraception to prevent unplanned pregnancies, infection of HIV, and other STIs was noted. The majority (87.5%) used condoms as the contraceptive method while others used other contraceptive methods such as the pill, safe period, implant, and withdrawal methods (Fig 1). It was noted that the young people mostly obtain the contraceptive methods from the pharmacy (41.3%) with the rest obtaining the contraceptive method from a hospital, a friend, or a shop.

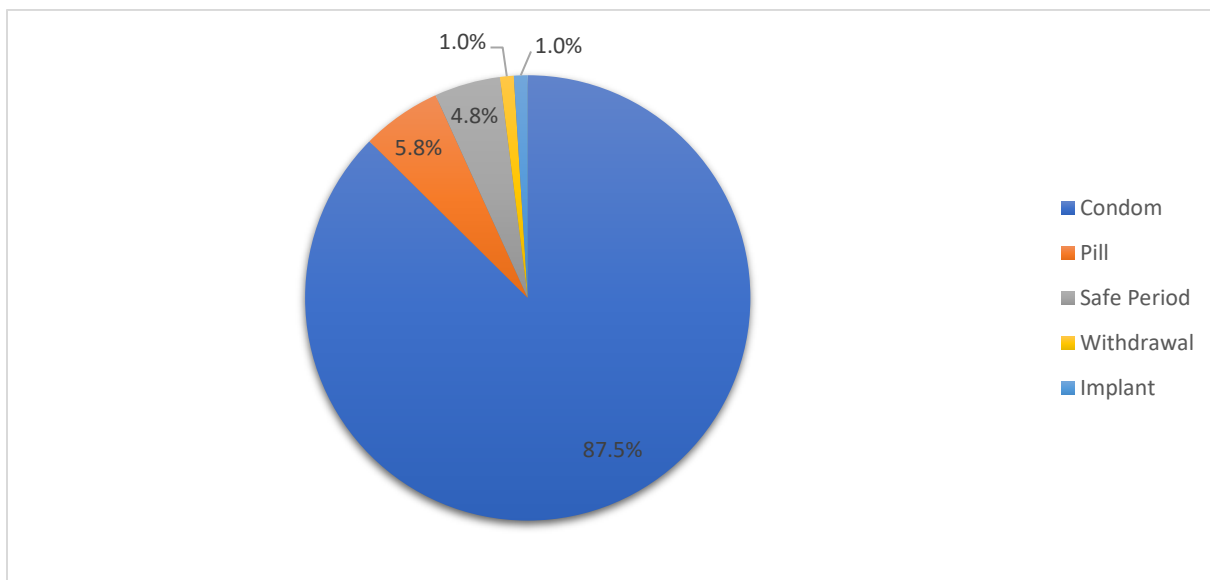


Fig 1: A pie chart showing the type of contraceptive method used by the respondents.

Sexual and Reproductive Health Services.

Commendably, the majority (60.3%) of the students had heard about Sexual and Reproductive Health Services. They had heard of SRHS from various sources like the internet (42.9%), school teachers (42.2%), radio and TV (41.2%), social media (30.8%), friends (27.2%), social gatherings (26.5%), magazines and books (25.1%), a health worker (23.6%) and films and videos (21.7%).

The majority (87.5%) had never used Sexual and Reproductive Health Services. For those who had ever sought Sexual and Reproductive Health Services, they sought the services from places such as hospitals, school-based service delivery, informal health sectors such as pharmacies, Youth-friendly centers, and the community (Fig 2).

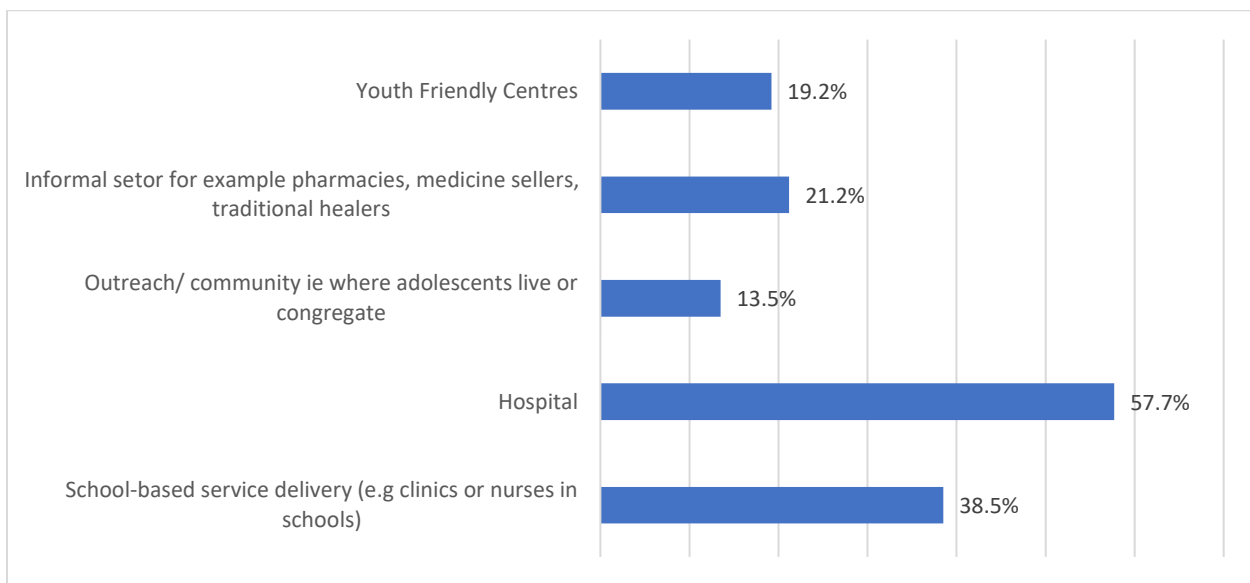


Fig 2: A bar graph showing where students have sought Sexual and Reproductive Health Services from.

The majority (58.1%) of students realized the need for Sexual and Reproductive Health Services. The respondents had different preferences on how Sexual and Reproductive Health Services information should disseminate; the majority preferred social media such as Facebook and WhatsApp (52.9%), 39.8% preferred the University website, and 31.5% preferred information, education, and communication materials while others (26%) preferred phone messaging.

Knowledge of HIV/AIDS and STIs.

The majority have heard of HIV or AIDS and are aware there is no cure for AIDS. The majority (65.4%) agreed that the use of condoms is an effective way of protecting against HIV/AIDS. More

than 70% of the students were aware of the signs and symptoms of Sexually Transmitted Infections. The majority (93.8%) said that they would advise a friend to obtain treatment for a Sexually Transmitted Disease from a hospital/ health center. The majority (92.9%) had never had a Sexually Transmitted Disease but for those who had ever had a Sexually Transmitted Disease, the majority (83.7%) sought treatment from a government hospital (Fig 3).

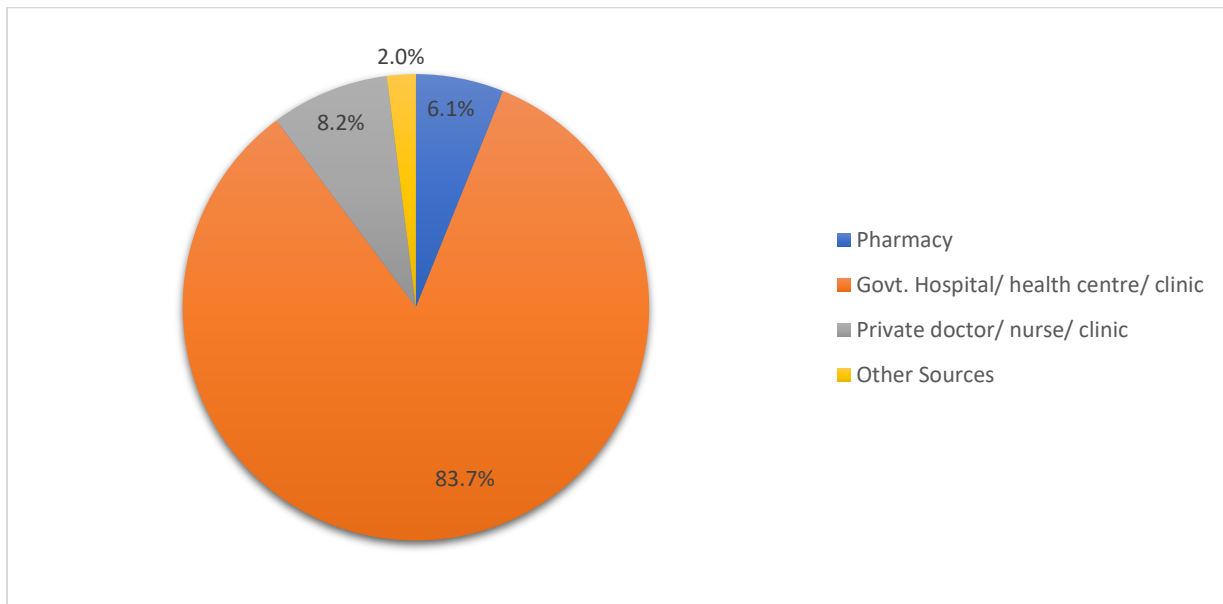


Fig 3: A pie chart showing where the students have sought treatment for Sexually Transmitted Diseases.

Sexuality, Gender, and Norms.

The majority (51.3%) of students disagreed that there is nothing wrong with unmarried boys and girls having sexual intercourse if they love each other. The majority (56.3%) agreed that boys and girls should remain virgins until they marry (56.3%). The majority (47.5%) disagreed that it was alright for boys and girls to have sexual intercourse with each other if they use methods to stop pregnancy. The majority (77.5%) agreed that they would never contemplate having an abortion or their partner.

DISCUSSION

The findings of this study indicated low levels of substance abuse with less than one percent of students engaged in smoking and 10.2% consuming alcohol. Though the percentage of substance

abuse is low, studies have established a high likelihood of risky sexual behaviours among young people who are engaged in substance abuse (Fleming et.al, 2018, Toumbourou and Catalano, 2019). The study revealed that 57.3% were in casual relationships with the opposite gender. A study done previously has revealed that at least half of college students have had Casual sexual relationships within a few months of joining school. Casual sexual relationships have been seen to lead to low intimacy levels and high substance abuse levels (Lavoie et.al, 2017).

From this study, SRH is rarely discussed with parents, which may contribute to low or lack of knowledge on SRH. In other studies where such finding was given, parents were found to have a low level of education (Wijaya, 2021). The Role of parents in providing information on SRH is critical, especially in early ages of life but the parent too needs to be provided with the right information as wrong information may be misleading. Though a significant number (31.1%) of students had engaged in sexual activities, the use of contraceptives was majorly limited to condoms (87.5%). In addition, condom was indicated as a method of preventing HIV/AIDs in this study, signifying that the students had heard about condom use. This finding has been reported among young people in other settings of Sub-Saharan Africa (Hagger and Johnson, 2017).

As regards the uptake of SRHS, the findings of this study indicate that 40% of students have not yet heard of SRHS. This may pose a significant risk, given that the young people are reported to be at higher risk when they have no information about the services (Simelane et.al, 2019). Other studies done among college students have reported inadequate knowledge of SRHS (Mbugua and Karonjo, 2018). The fact that there is still a significant number of students who haven't heard about the service, creates an urgent need to create awareness of the availability of services to all students in DeKUT so that the student can use them to make healthier choices and attain the highest standard of health.

For most young people, the use of social media has been an integral part of daily life. According to the findings from the study, 52.9% of the students agreed that social media would be a great platform for conveying information regarding Sexual and Reproductive services. Social media use may have a significant impact on the social and sexual well-being of young people. Young people share a lot of SRH information on social media (for example WhatsApp, Facebook, and Instagram), these include condom use, sexual experiences, abortion, and changes during the adolescent stage of life (Adzovie and Holm, 2020).

Knowledge of STI, a common health problem among young people, was favourably good with more than 90%, knowing one or two of the signs and symptoms of STI. This is advantageous on the basis that only a little emphasis on the subject may be needed to ensure that young people understand and know how to prevent STIs and seek prompt treatment when affected. On sexuality, gender and norms, most students had good moral perceptions as more than half (51.3%) disagreed with the fact that sexual activities should be allowed among young people who love each other. A significant number (77.1%) of first year students indicated that they would not contemplate abortion either for self or their partners. Gender norms change as people age, over time within a society, and from culture to culture. People follow the gender norms of their culture, society, or group (Cislaghi and Heise, 2020). From the study, the young people seem to adapt the right gender norm that should continually be encouraged.

CONCLUSION.

Based on the findings of the study, the knowledge of SRH among the young people joining DeKUT is lower than expected with uptake limited to a few components of SRHS. There is a need to create more awareness of SRH and the services available in DeKUT. Likely the uptake of SRH services is low among the students implicating there is a need to emphasize the importance of SRH services to the students. To improve the knowledge of SRH among the students; the institution should consider the use of social media platforms that was highly recommended in this study. There is a need to increase awareness of the importance of SRH services as well as encourage their use which will ultimately improve the overall health and well-being of young people in DeKUT. The SRH services should be readily available within the University to improve the uptake.

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