East African Medical Journal Vol. 98 No. 5 May 2021
KNOWLEDGE, ATTITUDES AND PRACTICES ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES OF STUDENTS AT UNIVERSITY OF NAIROBI
Dr Dismas Ongore MBChB, MPH, PhD, Senior Lecturer, School of Public Health, University of Nairobi, P. O. Box 19676 – 00202 Nairobi.

Corresponding author: Dr Dismas Ongore, School of Public Health, University of Nairobi. P. O. Box 19676 – 00202 Nairobi. Email dongore@uonbi.ac.ke

KNOWLEDGE, ATTITUDES AND PRACTICES ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES OF STUDENTS AT UNIVERSITY OF NAIROBI

D. Ongore

ABSTRACT

Objective: **To investigate factors associated with occurrence of unwanted pregnancies and uptake of sexual and reproductive health information and services.**
Design: **Cross sectional descriptive**
Setting: **Students' hostels University of Nairobi.**
Subjects or participants: **Students of University of Nairobi.**
Interventions: **Focus group discussion**
Main outcome measures: **Health issues; Unwanted pregnancies; Information on RH and abortion.**
Results and conclusion: **On health problems, STIs, HIV/AIDS, alcohol and drug abuse were mentioned. On unwanted pregnancies, these were common and were generally terminated. Methods of termination mentioned included drinking concentrated tea leaves and other concoctions, overdosing with tablets from the chemist and taking misoprostol. On information on RH and abortion the requested information was on sexuality and not abortion. On sources of the information, the university clinic and academic sources were mentioned. On persons providing information and support to students, student leaders, the university clinic and lecturers were the preferred. Main barriers to receiving information from the school clinic included negative attitudes and poor practices of nurses. An assessment of the health problems facing the students be done and services structured to be responsive to the problems. Multidisciplinary fora for discussing sexual and reproductive health matters be set up. A retraining and reorientation of university health workers in particular the nurses be done periodically.**

INTRODUCTION

Within the framework of WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life. The right to reproductive health has been endorsed and strengthened in successive international forums, particularly at the 1994 International Conference on Population and Development (ICPD) 1994 in Cairo[1]. the Fourth World Conference on Women (Beijing, 1995)[2]. and the World Summit for Social Development (Copenhagen, 1995)[3]. The critical importance of reproductive health to development has been acknowledged at the highest level. UNFPA during the World Summit 2005, fully committed to mobilizing support and scaling up efforts to make reproductive health for all a reality by 2015[4]. As many young people approach adulthood faced with conflicting and confusing messages about sexuality and gender often exacerbated by embarrassment, silence and disapproval of open discussion of sexual matters by adults, including parents and teachers, at the very time when it is most needed, access to structured Comprehensive Sexuality Education (CSE) among young people 15-24 years of age is one of the known ways of addressing adverse reproductive health outcomes[5]. Several factors including health facility, knowledge, social and economic factors have been found to be interacting with the access of sexual reproductive health services by undergraduate students[6].

Though for both physiological and social reasons, mothers aged 15 to 19 are twice as likely to die in childbirth as those in their 20s, and girls under age 15 are five times as likely to die as women in their 20s, young women and adolescent girls have limited access to SRHR education and services, they face more reproductive health problems including sexually transmitted infections, unsafe abortion, and sexual violence among others[5]. Lack of CSE, adverse sexuality outcomes increase among young people including sexually transmitted infections, early pregnancy and unsafe abortion which is likely to continue if urgent remedial action is not taken.

METHODOLOGY

The study employed a cross sectional descriptive design involving mainly qualitative data collection methods. These data collection methods included focus group discussions (FGDs) targeting students. The study targeted all the six campuses of the University of Nairobi located in Nairobi scattered all over Nairobi city. The study focused on students 19-24 years in session at the time of the study. Both male and female students were involved in the study. Because this was a purely qualitative descriptive study an accurate sample size determination was not necessary.

Focus group discussions were conducted in the sampled hostels in each of the University campuses. These were composed of 8 — 12 participants for each FGD with the year of study of the students being taken into consideration when forming the groups for discussion. In total 6 FGDs were conducted, 3 mixed and 3 for female students. The study protocol was reviewed and approved by Kenyatta National Hospital/University of Nairobi (KNH-UoN) ethics and research committee. The study tool was anonymous, and respondents were not required to provide their names or any other forms of identification. The study was carried out with

assistance of research assistants with a minimum of bachelor's degree in humanities, social sciences or public health. The research assistants were provided with an orientation on the study and had further orientation in quantitative and qualitative research methods. The research assistants worked in groups of three, with one helping with note taking during interviews while the remaining two helped in interviewing especially students who may have procured abortion. Because of the sensitive nature of the study, two of the research assistants in each team had to be female students. The pre-test was conducted at the Parklands and Chiromo campuses, which have similar characteristics of the other study sites. Emerging difficulties including ambiguities and non-clarity of some of the questions were addressed and rectified. The PI was responsible for the management and analysis of the data collected. The data from the field was cleaned before transcription to ensure that the data was a true reflection of the situation in the study area. The data was then transcribed by the PI. After the data analysis the PI reviewed the findings and categorized the respective thematic areas. Quality assurance and control in the study was achieved and monitored through training of research assistants on data collection and ethics, internal auditing and close supervision during data collection and analysis.

RESULTS

In total six (6) FGDs were conducted 3 mixed and 3 for female students only. Several health issues that affect young students in University of Nairobi were mentioned. Generally, these included common cold, UTI, scabies, bedbugs, alcohol and drug abuse as well as STIs and HIV/AIDS. Unwanted pregnancies apparently were quite common as shown by some of the responses '*Very common depending on behaviour of the students'* It appears pregnancy was more common amongst older students than fresh ones as shown by a response from a first-year lady *'As first years, we've hardly been here for so long, so it's hard for us to know whether there are many cases of pregnancy, probably there are but these have not reached us as first years.* Reasons why students have unwanted pregnancies were also explored and the responses were varied. Puberty, sexual development, curiosity, freedom to explore, ignorance and carelessness and irresponsible sexual behaviour and engaging in sex without protection were mentioned as a factor. As one male student put it *'I think at this time, most of us are at the peak of puberty…and are very active as far as sexual matters are concerned'.* A female student remarked *'It is ignorance and carelessness as they know if they engage in sexual activities something might happen, but they just ignore'*. Alcohol and substance abuse was also mentioned. *'I say drugs are also a cause because when someone is under the influence of drugs, they don't know what they are doing so they are susceptible to being pushed into doing anything*' added another student.

On status of abortions among young female students, again the feeling was that these were common. *'Very common…(laughter)'.* On magnitude of 1 to 10 *'The cases I have heard of 6 out 10 will procure an abortion'.* A female student added *'I can't be certain we hear 3 out of ten'.* Diverse and varied methods that women use to terminate unwanted pregnancies were mentioned with some sounding rather bizarre. *'I have heard of drinking concentrated tea leaves (laughter)'. I have also heard of drinking concentrated juice as well as Jik'* Said another. Yet another added *'Some go to doctors or gynaecologists who prescribe for you some pills but not over the counter so you need a doctor's*

prescription and they give you some drugs you just take and foetus is expelled'.

On reasons why ladies opt to get rid of the pregnancies, predominant themes were victimization, peer pressure, stigmatization, attitudes from parents, poverty as well as academic pressure. On victimization, a student said, *'As a young girl or lady your friends or those people around you are not pregnant then you are pregnant then you will just be isolated...so you are like why I should carry a baby when I can also take the abortion and be fine.'* Yet another added *'Being treated as an outcast especially by your inner cycle of friends who may leave you at that time and may advice you to abort and if you refuse then they will not support you'.* On condemnation, a student said, '*I think there is a lot of condemnation by society around you, your parents and the village when they hear you are pregnant, so you do not want to live with that pregnancy because of just that fear'*. Another student remarked *'Your parents will look down upon you maybe you wasted their money they took you to school and you are ending up pregnant, so it is just because of fear'.* On poverty *a* female respondent remarked *'Poverty will make you frustrated and you will have sex for money and get pregnant'*. On academic pressure, a student added *'They realize they will waste a lot of time, so they'll need like one semester to give birth nurse the baby for 3 or 4 months, so they abort'*.

Information on RH and abortion was also explored, and it was the general feeling that some degree of information should be availed. A very interesting observation *'I think the best information should be on sexuality not on abortion'*. A female student added '*The information should be on use of protection always and going for family planning'* Another lady added '*The information necessary for the students is concerning safe sex and safe methods of engaging in sex and avoiding pregnancies*.

Several views were advanced on where to get info on RH including safe abortion. One student said, '*From a qualified doctor you trust'* another student added *'You can look for someone who has done it successfully and maybe she can help you with a name of a doctor'* another female student suggested '*Also the school gynae should be readily available'*. The University and the university clinic was also mentioned as one lady put it '*The staff from the clinic if they are facilitated then they look for a venue*' Academic sources were also mentioned *'In school we have a course on HIV/AIDS it has plenty of information and can be used*'.

Several views were advanced on who in the university would be in the best position to provide sexual and reproductive health information and support to students. Fellow students and student leaders were mentioned. As a male students put *'The best placed are the students themselves - horizontal communication compared to vertical information'*. This was reinforced by a female student *'I think fellow students in particular the student leaders because the student leaders are the ones the students themselves have chosen so they tend to trust them more'*. Lecturers were also cautiously suggested '*Maybe that lady lecturer who can talk about lady issues and you are comfortable with who in addition is more motherly and more experienced'*.

Barriers to receiving the information were also discussed. As one student put it *'We fear going to the clinic because the nurses ask too many questions'*. Another student added *'The nurses there at the student clinic, have a bad attitude. You go there like you want a pregnancy test it is like you have done a mistake that has never been done before and it is like you are damaged goods so their attitude is really a put off''*. An emerging theme was that the staff working in the school clinic could not be trusted because they were likely to be judgemental with the attendant consequences. As a female student put it *'Maybe you don't want*

to make it public as you want to terminate it and no one should know so when you go to the clinic the nurse might make a follow up and you have already terminated it and you are like what am I going to say'. Another added *'Nurses talk about those issues and the next thing you hear is from someone whom you didn't even talk to and you hear from somewhere else that you are pregnant when you didn't talk to that person either'.* There was the added fear that the information would leak out to her colleagues and lecturers in particular and that they might be discontinued. 'N*ext time they apply for accommodation they won't get a room as the school assumes you've deferred*' Another added *'Some are afraid of being expelled from the university halls of residence and the rent outside is very high'.*

DISCUSSION

There are few studies dealing with general health problems of college students however Patrick et al (1992) found that acute health problems facing students included genitourinary, respiratory, or gastrointestinal infections[7]. As was shown unwanted pregnancies were quite common. This compared with a study from China which found that the prevalence of unintended pregnancy in those sexually active female university students, was quite high[8].

As was shown reasons why female students have unwanted pregnancies included puberty, ignorance, carelessness as well as irresponsible sexual behaviour. This is similar to a study from sub-Saharan Africa which identified amongst others inability to resist sexual temptation and curiosity as well as non-use of contraceptives, as influencing adolescent pregnancies[9, 10]. In another study the reason for having abortions was that the pregnancies were unwanted[11].Alcohol and substance abuse was also mentioned as a contributing factor which compared with the same study which identified amongst others excessive use of alcohol and substance abuse as influencing adolescent pregnancy[10]. As was shown unwanted pregnancies were terminated. This compared with a study from China where the majority of students with unintended pregnancy chose to terminate the latest pregnancy[8].

As was seen, the methods that the students used to terminate unwanted pregnancies mentioned were varied and diverse with some sounding rather bizarre including drinking concentrated tea leaves. The findings are comparable to a study from western Kenya that found that the most commonly mentioned methods for procuring abortions were drinking tea leaves[12]. In addition, a drug referred to as Misoprostol seemed to be quite common. Mifepristone in combination with misoprostol has been found to be highly effective for first trimester medical abortion[13].

A predominant theme on reasons why students get rid of the pregnancies was lack of responsibility coupled with not ready for parenthood. A similar study from Nigeria found that the most common reason given for termination was that pregnancy was unplanned for[14].

Wrong advice, pressure from friends, stigmatization, and condemnation by society, reactions and attitudes from parents, poverty as well as academic pressure were also mentioned as a factor. This was comparable with findings from a study from Ghana which elicited seven thematic categories including lack of knowledge of safe abortion services; socio-economic conditions; abortion as a perceived religious and cultural taboo; stigma of unplanned pregnancy; a desire to bear children only after marriage; avoiding parental/guardian disappointment and

resentment and a desire to pursue education as contributing to unsafe abortions[15].

It was the general feeling that information should be availed on sexuality and RH with an observation that the best information should be on sexuality not on abortion. As was seen the students felt that they should be advised to use protection always and go for family planning. Likewise, a survey conducted in Kenya showed that although a solid majority of adolescents appear to have received information on reproductive health, the quality of the information was generally low[16].

As was shown, several views, including health care settings, were advanced by the students on sources of the information on sexual and reproductive health. This compares well with a study from Kenya that established that a great majority of respondents were conversant with hospitals only[17]. Another study from Kenya and Zambia found that the most frequented locations for information were primary care settings and school or school-based/university clinics[18]. The finding underscored an opportunity for colleges and universities to actively engage their students in health seeking and risk reduction through information campaigns and further the necessity of curriculum-wide changes that included a general education course in sexual and reproductive health[18]. Barriers to receiving the information on SRH from the school clinic were mentioned. This compares with a study from Kenya and Zambia that found that nurse-midwives disapproved of adolescent sexual activity[18]. Similarly, a study from Jamaica found that only a small proportion of midwives have positive attitudes on adolescent sexual activity and recommended that midwifery curriculum could be strengthened to foster professional values, patient-centred and respectful care to this vulnerable group[19]. Another study pointed out concerns about loss of privacy/confidentiality, distrust of health care providers as possible barriers[20].

From the aforementioned, in order to address the health issues facing students there may be need for the university health services to carry out an assessment of the health problems facing the students and structure the health services to be responsive to the problems. Appropriate measures should be put in place to address factors contributing to unwanted pregnancies amongst students. In this respect, multidisciplinary fora should be created to address sexual and reproductive health matters of students to include issues around puberty, sexual development, alcohol and substance abuse, peer pressure, irresponsible sexual behaviour and abortion. Information on sexual and reproductive health should be available in the school website or portal, through pamphlets and social media. A conducive non-judgemental environment with adequate counselling and pregnancy testing services should be created for students with unwanted pregnancy to discuss issues about their pregnancy in an open and supportive environment. A retraining and reorientation of university health workers, in particular nurses, should be done periodically to eliminate barriers to utilization of health services for pregnancy and other RH issues.

REFERENCES

1. United Nations. Report of the International Conference on Population and Development (ICPD) Cairo, 5-13 September 1994. New York: United Nations; 1995 p. 197. Report No.: 171/13/Rev. 1.

2. World Conference on Women, Vereinte Nationen, editors. Report of the Fourth World Conference on Women: Beijing, 4 - 15 September 1995. New York; 1996. 218 p.

3. Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995. In

UN,; 1996 [cited 2021 May 28]. Available from: https://digitallibrary.un.org/record/198966
4. United Nations General Assembly. Resolution adopted by the General Assembly on 16 September 2005. New York: United Nations; 2005 p. 38. Report No.: A/RES/60/1.
5. Wekesah FM, Nyakangi V, Onguss M, Njagi J, and Bangha M. 2019. Comprehensive Sexuality Education In Sub-Saharan Africa. Nairobi, Kenya: African Population and Health Research Centre (APHRC).
6. Manoti LM. Factors Influencing Access to Sexual Reproductive Health Services: a Case of the University of Nairobi Main Campus Undergraduate Students Institute of Anthropology and African Studies Unit in Kenya [Thesis]. University of Nairobi; 2015.
7. Patrick K, Grace TW, Lovato CY. Health issues for college students. Annu Rev Public Health. 1992;13:253–68.
8. Wang H, Long L, Cai H, Wu Y, Xu J, Shu C, et al. Contraception and Unintended Pregnancy among Unmarried Female University Students: A Cross-sectional Study from China. PLOS ONE. 2015 Jun 19;10(6):e0130212.
9. Kassahun EA, Zeleke LB, Dessie AA, Gersa BG, Oumer HI, Derseh HA, et al. Factors associated with unintended pregnancy among women attending antenatal care in Maichew Town, Northern Ethiopia, 2017. BMC Research Notes. 2019 Jul 5;12(1):381.
10. Yakubu I, Salisu WJ. Determinants of adolescent pregnancy in sub-Saharan Africa: a systematic review. Reproductive Health. 2018 Jan 27;15(1):15.
11. Lema VM, Rogo KO, Kamau RK. Induced abortion in Kenya: its determinants and associated factors. East Afr Med J. 1996 Mar;73(3):164–8.
12. Marlow HM, Wamugi S, Yegon E, Fetters T, Wanaswa L, Msipa-Ndebele S. Women's perceptions about abortion in their communities: perspectives from western Kenya. Reprod Health Matters. 2014 May;22(43):149–58.
13. Norman JE, Thong KJ, Baird DT. Uterine contractility and induction of abortion in early pregnancy by misoprostol and mifepristone. Lancet. 1991 Nov 16;338(8777):1233–6.
14. Cadmus EO, Owoaje ET. Knowledge about complications and practice of abortion among female undergraduates in the university of ibadan, Nigeria. Ann Ib Postgrad Med. 2011 Jun;9(1):19–23.
15. Atakro CA, Addo SB, Aboagye JS, Menlah A, Garti I, Amoa-Gyarteng KG, et al. Contributing factors to unsafe abortion practices among women of reproductive age at selected district hospitals in the Ashanti region of Ghana. BMC Womens Health. 2019 May 3;19(1):60.
16. Ajayi AA, Marangu LT, Miller J, Paxman JM. Adolescent sexuality and fertility in Kenya: a survey of knowledge, perceptions, and practices. Stud Fam Plann. 1991 Aug;22(4):205–16.
17. Mungai S, Karonjo J. Reproductive health knowledge among college students in Kenya. BMC Public Health. 2018 Jul 24;18.
18. Warenius LU, Faxelid EA, Chishimba PN, Musandu JO, Ong'any AA, Nissen EB-M. Nurse-midwives' attitudes towards adolescent sexual and reproductive health needs in Kenya and Zambia. Reprod Health Matters. 2006 May;14(27):119–28.
19. Agu A. Attitudes of Midwives towards Teenage Pregnancy and Motherhood in an Urban Specialist Hospital in Jamaica. IJN [Internet]. 2017 [cited 2021 May 28];4(2). Available from: http://ijnnet.com/vol-4-no-2-december-2017-abstract-4-ijn
20. Bersamin M, Fisher DA, Marcell AV, Finan LJ. Reproductive Health Services: Barriers to Use Among College Students. J Community Health. 2017 Feb;42(1):155–9.