Utilization of sexual and reproductive health services among students: Insight from a Ghanaian University.

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Abstract

Background: Most Tertiary students are sexually active and are predisposed to sexually transmitted infections and other reproductive health issues. To help protect students from the consequences of unsafe sex, reproductive health services are essential and to be made accessible on campuses and other health facilities**.**

Objective: To determine the level of utilization of sexual and reproductive health services among students in Ghana and any perceived barriers that militated against students' utilization of these services.

Study Design: This was a descriptive cross-sectional study that recruited students from the Presbyterian University College Ghana. Statistical Package for Social Sciences version 21 was used to analyse responses of participants.

Results: The study revealed that majority of the respondents have heard about sexual and reproductive health services and knew where they could access these services. However, less than half (29.7%) of the respondents have ever utilized reproductive health services such as family planning services, voluntary counselling for Human Immune Virus and reproductive health counselling. Unfriendly attitude of staff, high cost of services, lack of privacy and confidentiality were identified as major barriers to the uptake of reproductive health services.

Conclusion: The uptake of sexual and reproductive health services among students is low due to challenges that related to service providers, community and the healthcare delivery system. It is important that further studies investigating the expectations of students is done in order to introduce student friendly services that will enhance utilization.

Key words: Reproductive health, sexual, students, Ghana

INTRODUCTION

Sexual and reproductive health implies that people can experience a satisfying and safe sex life.[1] This also include the ability to reproduce, decide when and how to produce. Reproductive health also addresses issues such as unwanted pregnancies, unsafe abortion, reproductive tract infections including sexually transmitted disease, gender-based violence, infertility, malnutrition and reproductive tract cancers.[2]

Globally, it is estimated that there are 1.25 billion youth with about 85% of them living in developing countries. These youths due to unsafe premarital sex are mostly vulnerable to a range of reproductive health problems, including early pregnancy and childbearing, unsafe abortion and sexually transmitted infections (STIs).[3] Premarital sexual activity is common and is on the rise worldwide.[4] Rates are highest in Sub-Saharan Africa where more than half of girls aged 15-19 years are sexually active.[4] Due to their sexually active nature, reproductive health problems are more prevalent in this age group. This has particularly led to high prevalence of STIs in this age category. For instance, about a third of all Human Immune Virus (HIV) infections worldwide occur among people aged below 25 years.[5],[6] Most University students are within this age group and they are the most vulnerable group for HIV infection due to their inclination to engaging in risky sexual behavior.[7],[8] Also, numerous studies have found more than 70% of University students are sexually active and this put them at higher risks of sexual and reproductive health issues.[9 – 11]

Students of Higher Education form a heterogeneous group with multiple socio-cultural backgrounds who begin autonomous life at younger age and mostly away from their families. Study findings revealed that most students in higher educational institutions engage in a range of maladaptive, high-risk extracurricular activities like alcohol use, substance and sexual abuse.[12] These social vices are attributed to a range of factors. It is claimed that poor mental health, sexual coercion, low trust in others, and increased university enrolment are associated with risky sexual behavior among university students.[10] Non-regular partners, unprotected sex, and cross-generational sex among university students were also reported to be high among this group.[10] It has been asserted that economic problems, peer pressure, absence of preventive intervention and lack of access to Information Education Communication (IEC) on sexual and reproductive health issues are other reasons for unsafe sex life among university students.[11] This can really be more paramount in institutions where systems are not properly developed to support the sexual and reproductive life of these students. In a study conducted to assess sexual behavior of students, contraceptive knowledge and use among female undergraduate students at Muhimbili and Dare Salaam Universities in Tanzania, 70.4% have had sexual intercourse before, 27% had unwanted pregnancies, among which 54.6% have had induced abortion.[3] This implies that many of these tertiary students are sexually active and are at risk of unsafe reproductive health issues such as unwanted pregnancies. This is made worst by issues of non-regular sex partners, unprotected sex and cross-generational sex among university students.[10]

Most private universities in Ghana were established just quiet recently and university officials have not yet made prevention of HIV and other sexually transmitted infections prevention a priority. These university structures also have very little or no experience in

implementing HIV and other sexually transmitted infection prevention strategies.[5] In addition, most of these private universities have campuses in economically deprived communities and thus further increase the risks for social vices.

Neglecting the sexual and reproductive health problems of the youth can lead to high social and economic costs, both immediately and in the years ahead.[4] This is because the health predicament of these youth increases their health expenditure and puts pressure on the health system of developing countries. One of the most important commitments a country can make for future economic, social, and political progress and stability is therefore to address the sexual and reproductive health needs of its youth. This commitment may involve designing and implementing health promotion activities that empowers the youth in school with knowledge and confidence in issues of sexual and reproductive health.[7],[10]

Although studies have looked at students' level of knowledge on reproductive health issues as well as their sexual behaviors.[10],[12],[13] Most of these studies are from developed countries with socio-economic characteristics and healthcare delivery structure different from many developing countries in Africa. Similar studies on this topic in Ghana have instead concentrated on adolescents in-school and out of school.[14],[15] Therefore, it remains unclear the level of knowledge and behaviour of tertiary students in Ghana and other similar contexts concerning sexual and reproductive health services. This study was therefore designed to investigate (I) students' knowledge on Sexual and Reproductive Health services (SRH), (II) students utilisation of SRH services and (III) the barriers to the effective utilisation of SRH services in one of mission universities in Ghana.

MATERIALS AND METHODS

Study Design, Setting and Population

This study employed descriptive cross-sectional design. This method was used to collect information about the demographics, socio-economic, cultural aspects and the health system factors that influence the uptake of reproductive health services. It is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals at one point in time. The major purpose of a descriptive research is to describe the state of affairs as it exists.[16]

The target group for this study was students from the Presbyterian University College, Agogo Campus. The Presbyterian University College is one of the biggest private universities in Ghana and the Agogo campus has the highest student population among its five campuses. The campus is the only university located in the Asante-Akyem district of the Ashanti Region. Being an accredited faith based private institution, the university has a large student population from diverse cultural backgrounds. There is only one major hospital, the Presbyterian Hospital in the district and is that same hospital that renders healthcare services to both students and the indigents. The town has a population of about 69186 as at 2010 with majority being farmers.[17] Both male and female students were included in the study. Study participants were drawn from the two departments of the campus: Adult Nursing and Physician Assistantship.

Sample size determination

Information available at the University's registry indicated that 850 students had registered for the 2018/2019 academic year. Sample size was determined using the formula below.[18]

$$n = \frac{N}{1+N(e)2}$$

Where n is the sample size, N (850) is the population size, and e (0.05) is the level of precision.

$$n = \frac{850}{1+850(0.05)2}$$

$$n = \frac{850}{3}$$

$$n = 283$$

Therefore, a sample size of 283 students was used for the study. During lecture hours on every weekday, a simple random sampling technique was then used until the required number of participants were obtained for the study.

Data Collection and Analysis

Data collection was done using closed ended questions designed by the researchers. The questionnaire development was iterative process guided by the objectives of the study and similar studies elsewhere. The instrument was piloted using ten students, their responses were analyzed and it produced a Cronbach's alpha of 0.80. Responses from the pilot study were not included in the final data analysis. Based on this pilot responses, rewording of the questionnaire was done and contextual issues addressed before the instrument was finalized for the actual study.

The questionnaires were given to respondents and the researcher assisted in explaining the various processes. To minimize nonresponses, falsification of information and ensure confidentiality, respondents were assured that information obtained would be confidential and would be used for service improvement purposes. Each respondent answered the questionnaire separately and independently so that responses were less likely to be affected or influenced by the presence of others.

At the end of data collection, 84% (237) participants completed and returned their questionnaire. The data obtained were coded, stored and analyzed using SPSS version 21. Descriptive analysis was performed and presented in percentages and frequencies. Also, Pearson Product Moment Correlation tests were performed to determine relationships between gender, age and utilization of Reproductive Health Services (RHS).

Ethical Consideration

Ethical issues concerning this study was approved by University Institutional Review Board and informed consent sought from students.

RESULTS

More than three-quarters of the respondents (76.4%) in this study were from the nursing department and the rest from the Physician Assistantship department. Majority of participants were females (70.9%). Only 5%of the participant above 30 years and the rest were all below 30years. It was identified that 84% of the participants were single while the rest were either married or divorced. Respondents were from diverse backgrounds and ethnic groups in Ghana, but the Asante were the largest (45%) group of people. Ghana being a Christian dominated nation, almost 94% of the participants were Christians. See table 1 for details of the demographic characteristics of respondents.

TABLE 1: Socio-Demographic characteristics of the respondents

Socio-Demographics	Frequency (N=237)	Percent (%)
Gender		
Male	69	29.1
Female	168	70.9
Age		
18-25years	187	78.9
26-30years	38	16.0
31-35years	10	4.2
36years and above	2	0.8
Department		
Nursing	181	76.4
Physician Assistantship	56	23.6
Level of study		
100	15	6.3
200	113	47.7
300	36	15.2
400	73	30.8
Marital Status		
Married	35	14.7
Single	199	83.6
Divorced	4	1.7
Ethnicity		
Asante	115	48.5
Fante	24	10.0
Ga	24	10.0
Krobo	5	2.1
Ewe	23	9.7
Igbo	41	17.3
Religion		
Christian	221	93.6
Muslim	15	6.4

Source: Field Survey, (2019)

TABLE 2: Correlation between participants knowledge on SRH and selected demographic variables

Variable		Gender	Age	Level of study	Knowledge about SRH
Gender	Pearson Correlation	1	-.077	.151*	-.051
	Sig. (2-tailed)		.237	.021	.436
	N	237	235	235	235
Age	Pearson Correlation	-.077	1	.081	-.001
	Sig. (2-tailed)	.237		.215	.985
	N	235	237	235	235
Level of study	Pearson Correlation	.151*	.081	1	-.197**
	Sig. (2-tailed)	.021	.215		.002
	N	235	235	237	235
Knowledge about SRH	Pearson Correlation	-.051	-.001	-.197**	1
	Sig. (2-tailed)	.436	.985	.002	
	N	235	235	235	237

*. Correlation is significant at the 0.05 level (2-tailed).

Source: Field Survey, (2019)

Responses from the participants indicated that 88% of respondents knew about the existence of SRH. Their source of information about SRH included school (68%, N = 237) and mass media (18.3%, N =237). Many of the respondents (58.5%, N = 237) further revealed that they knew of places that SRH services were provided. Notably among these places were hospitals (53.1% N = 237), clinic (17.9%, N =237) and chip compounds (12.3%, N = 237). However, it was realised that majority of the participants (78.9%) did not know that sexual and reproductive health services were provided at student clinics on campuses. As indicated in table 2, though the number of years of study or level of study in school had a significant (p=0.002) relationship with respondents' knowledge on SRH services, there was no significant relationship between age as well as gender of respondent and their knowledge on SRH services (p>0.05).

Despite majority of the respondents indicating that they knew about reproductive health services and where to access these services, many have never utilized or patronize these services. As indicated in table 3, it was identified that reproductive services that have never been utilized by majority of the respondents included; family planning methods (69.3%), reproductive health counselling (72.5%), voluntary counselling for HIV (75.8%) and participation in voluntary sexual reproductive health campaign programmes (84.1%).

Table 3: Respondents Utilisation of the SRH Services

Variable	Frequency (N=237)	Percent (%)
Family planning method		
Yes	69	30.7
No	156	69.3
RH counselling		
Yes	61	27.5
No	161	72.5
Voluntary testing for HIV		
Yes	54	24.2
No	169	75.8
Participate in RH campaign programmes		
Yes	35	15.9
No	185	84.1
Feeling motivated in utilising RH services		
Yes	98	50.5
No	96	49.5

Source: Field Survey, (2019)

Respondents had different variables that motivated or demotivated them in the uptake of SRH services. For instance, as indicated in table 4, it was identified that there is a significant relationship between gender and utilization of SRH services ($p=0.045$). However, there was no significant relationship between age as well as level of study of respondent and feeling motivated to utilize SRH services ($p>0.05$).

Table 4: Distribution of participants motivation by selected demographic variables

Variables		Gender	Age	Level study	Motivated in of utilizing SRH services
Gender	Pearson Correlation	1	-.077	.151*	-.144*
	Sig. (2-tailed)		.237	.021	.045
	N	237	235	235	194
Age	Pearson Correlation	-.077	1	.081	-.031
	Sig. (2-tailed)	.237		.215	.669
	N	235	237	235	193
Level of study	Pearson Correlation	.151*	.081	1	-.010
	Sig. (2-tailed)	.021	.215		.889
	N	235	235	237	192
Motivated in utilizing SRH services	Pearson Correlation	-.144*	-.031	-.010	1
	Sig. (2-tailed)	.045	.669	.889	
	N	194	193	192	194

*. Correlation is significant at the 0.05.

Source: Field Survey, (2019)

The study further identified issues that acted as barriers to the utilization of sexual and reproductive health services. Participants in this study identified several individual, community and health system related factors that hindered their ability to utilize SRH services. Top on the list of barriers as indicated in table 5 included poor accessibility to the service, lack of privacy at service centers, negative perception from community members, unfriendly attitude of health staff and religious beliefs.

Table 5: Respondents' views on Barriers to SRH Services Utilisation

Variable	Frequency (N=237)	Percent (%)
Religion		
Yes	139	60.2
No	47	20.3
Not sure	45	19.5
Perception of being at risk		
Yes	136	58.9
No	53	22.9
Not sure	42	18.2
Poor access		
Yes	164	71.0
No	23	10.0
Not sure	44	19.0
Availability		
Yes	132	57.1
No	60	26.0
Not sure	39	16.9
Acceptability		
Yes	115	50.0
No	55	23.9
Not sure	60	26.1
Waiting time		
Yes	108	47.6
No	67	29.5
Not sure	52	22.9
Cost of service		
Yes	124	53.7
No	64	27.7
Not sure	43	18.6
Availability of drugs and services		
Yes	116	50.9
No	58	25.4
Not sure	54	23.7
Privacy and confidentiality		
Yes	151	65.7
No	43	18.7
Not sure	36	15.7
Poor staff attitude		
Yes	143	62.2
No	38	16.5
Not sure	49	21.3
Limited support		
Yes	133	57.6
No	44	19.0
Not sure	54	23.4
Negative perception from community		
Yes	151	65.7

No	31	13.5
Not sure	48	20.9

Source: field Survey, (2019)

DISCUSSION

Majority of the respondents in this study were females (71%). This may be due to the fact that nursing is a female dominated profession [19] and majority of our respondents were from the nursing department of the university. This study also confirms the assertion in Ghana that majority of university students are below age 30 years and unmarried.[20] It is therefore imperative that health care interventions targeting the youth particularly university students, majority of whom are not married, should address their specific needs. For instance, it has been alleged that youths below 30 years of age respect their privacy and fear being victimised if they speak about sexuality. Therefore, they are reluctant to talk about reproductive health issues until a safe and convenient environment is created.[21]

Though majority of the participants have heard and knew where to access SRH services, it was surprising that many of the respondents did not know that student clinics on various campuses were providing SRH services. These results indicate a contradiction to a study among university students in Ethiopia which showed that, only about a third of the students were not aware of the availability of SRH services at the student clinic.[22] This difference may be due to different levels of structural and health system development in each country. For instance, Ghana as a developing country had most of its government and private universities established recently and structures are not fully developed to provide all the needed reproductive health services. However, it is an indication that campus clinics should have more interactive and educational sessions for students, to let them be aware of the availability of SRH services on campus. Though many of the students indicated awareness about SRH services, it is worth noting that, the participants were all people studying health related courses at the university and their knowledge might be due to classroom teaching.

Schools and mass media remain an important source of information to the youth and these mediums should be used by public health officials to empower people on issues of sexuality. Education for the youth should include places where students could access reproductive services. In most developing countries, it has been asserted that, Millennium Development Goals (SDGs) target on reproductive health was not achieved due to the fact that access to reproductive health services was poor.[23] This subsequently puts majority of young people at risk of unhealthy sexual behaviours since they have very little knowledge on what sexual rights they are entitled to.[22] If this is not addressed, it has the tendency of increasing the incidence of STIs among the youth.[22]

Unlike a study in Ethiopia,[24] where over 80% of respondents have ever utilized reproductive health services such as modern contraceptive, STI diagnosis and treatment and voluntary counselling and testing, uptake of similar services in this study was low. These contradictions may be because many of the participants in Dida et al study was married, and reproductive

health services were also very much accessible compared to this current study. However, the level of uptake of reproductive health services identified in this study is similar to the findings at Bahirdar university where only 37.8% of respondents ever tested voluntarily for HIV.[25] The low uptake of the services in this study may be due to fear of victimization and stigma if tested positive for HIV, concerns about health staff not maintaining confidentiality, unfriendly attitude of health staff and inaccessibility of the service. Therefore, to enhance the uptake of SRH services, nurses and other professionals who provide these services should create a youth friendly atmosphere.[24] This could be achieved by listening actively to the concerns of the youth and maintaining their confidentiality.

We further identified that there was a significant relationship between the gender of respondent and feeling motivated in utilizing SRH services ($p=0.045$). In other context at Debre Markos university, uptake of counselling and testing services was slightly higher in female students than male students.[26] This suggest that females might be more concern about their sexual and reproductive life than their male counterparts. Furthermore, this study found no significant relationship between age as well as level of study of respondent and feeling motivated in the uptake of SRH services ($p>0.05$).

Similar to other studies, unfriendly nature of health staff, lack of confidentiality, high cost of SRH services and non-availability of services have also been identified in other contexts as factors hindering the uptake of reproductive health services.[2],[27],[28] Negative attitude of health staff and unsupportive nature of community members should be addressed to enhance the utilization of reproductive health services by students. Due to unfriendly attitude of health workers, tertiary students are generally reluctant in answering questions concerning their sexual relationship. This is worst when these students feel they are being suspected of being sexually active.[21] These student's failure to disclose information on their sex life might strongly influence whether they are willing to comply with HIV testing or seeking any SRH service. They fear being shamed and stigmatised by others.[29] All these challenges suggest restructuring of the health system to make SRH services more accessible to students in terms of cost and availability. Individual staff and community members should openly talk about SRH issues while maintaining the individuality of service users.

CONCLUSION

Utilization of SRH services by students is low though students are aware of the existence of these services. Participants uptake of SRH services such as family planning methods and reproductive health counselling was hindered by factors that relate to the health system, attitude of staff and community members. Therefore, there is the need to restructure the health system to make reproductive health services more accessible in terms of cost and physical availability of service. More importantly, staff providing reproductive health services should also be more friendly and able to maintain privacy and confidentiality. This will make the service more attractive and utilized by students and by extension, all the youth. Since this study included only students in a tertiary institution, further studies should be conducted on the utilisation of reproductive health services among a less educated youth population.

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