IS SEXUAL REPRODUCTIVE HEALTH EDUCATION FOR UNIVERSITY STUDENTS NECESSARY? THE CASE OF UNDERGRADUATE FEMALE STUDENTS' AT MAKERERE UNIVERSITY, UGANDA

Joseph Oonyu[1], PhD

ABSTRACT

BACKGROUND: Studies on sexual and reproductive health education (SRH Education) in universities are rare, and yet there is evidence of knowledge gaps and misconceptions in sexual and reproductive issues among students. This study sought to assess the need for SRH Education in order to strengthen health knowledge and practices of Makerere University female students.

METHODS: Using stratified simple random sampling, a total of 450 questionnaires were administered, of which 398 (88.4%) were duly completed. Data were entered in to SPSS version 23. Descriptive statistics were used to describe data.

RESULT: The findings indicated that there was a high demand for SRH Education by 264 students (66.3%) to help them overcome barriers such as the inability to get reliable and accurate information, to empower them in decision making and to overcome inadequate education from parents and the university.

CONCLUSION AND RECOMMENDATIONS

It was concluded that SRH Education is still necessary for university students in order to deliver correct and adequate information about Sexual Reproductive Health (SRH). It was recommended that SRH Education modules be developed and delivered either as standalone modules or mainstreamed into the current curricula.

KEY WORDS: Sexual and reproductive health education, female university students

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1 Makerere University, Uganda

INTRODUCTION

Sexual and reproductive health education (SRH Education) gained additional importance and urgency from the 1980s with the onset of HIV/AIDS pandemic especially in developing countries4. It equips people with knowledge of sexual and reproduction concepts, appropriate attitudes and skills to make informed decisions and prevent reproductive health problems, and includes messages to encourage abstinence and promote the use of contraceptives by those who are sexually active, in an effort to prevent pregnancy, HIV/AIDS and other sexually transmitted infections (STIs). SRH education can reduce sexual risk behaviors by delaying age at first intercourse, reduce levels of sexual activity and increase contraceptive use16. It can also reduce misinformation, clarify values and reinforce positive attitudes, and strengthen decision-making and communication skills. Sexual and other reproductive health knowledge and practices can largely be influenced by the level of SRH Education received by the target groups4.

Many studies on Sexual Reproductive Health (SRH) reveal the lack of accurate information and the existence of many myths on contraception thus justifying the need for SRH education even at university level6, 7, 8. Moreover, the education received in secondary schools often is not sufficiently rigorous because of the perception that if younger children receive this education, it is likely to cause them into early sexual activity. Students therefore continue their education to universities without a good foundation of SRH Education, and therefore have incorrect information, negative self-worth, and weak capacities to make informed decisions, thus rendering them vulnerable.

Studies on sexual and reproductive health knowledge and practices of female university students are critical because of several reasons. The first is that they are part of the youth group (30 years and below) that constitutes the largest fraction of Uganda's population (75%) 18, 19. While this is expected to be a healthy period of life, many of them are less informed, less experienced, and less comfortable accessing reproductive health services such as contraceptives or counselling services particularly from older adults. Although they may have access to a lot of information from the social media, a lot of it is both confusing and less accurate thus exacerbating their information needs, which in turn can influence their contraceptive practices. Secondly, many parents consider these students to be young adults that do not require much of their guidance and counsel. Thirdly, many do not feel comfortable discussing SRH with these young women for cultural reasons4. Likewise, parents, health care workers, and educators frequently are unwilling or unable to provide complete, accurate, age-appropriate SRH information to them. This is due to their own discomfort about the subject or the false belief that providing the information will encourage sexual activity15. This lack of accurate information coupled with low access to contraceptives may increase the risk of sexually transmitted infections (STIs), HIV, unintended pregnancy, and other health consequences14. Fourthly, empowerment of the females would help fight against unwanted pregnancies, abortions and other challenges such as drop-out rates that are common among women. Fifthly, they are at the age of active sexual life, but often desire to delay becoming mothers. Children born to very young mothers are at increased risk of sickness and death. Lastly, because of the high prevalence of misconceptions about reproductive and sexuality issues arising from cultural related factors16, little is known about their knowledge and practices. Yet evidence exists that indicates that these youth are sexually active17, 12. The result is that these youth have low family planning utilization rates and limited knowledge about reproductive health in general, and they account for a higher proportion of the region's new HIV infections. This study carried out in 2017 sought to investigate the needs of female students of Makerere University, Kampala – Uganda, for SRH Education.

Specific objectives

The specific objectives of the study were to assess:

(i) Establish their needs for Sexual and Reproductive Health Education by female undergraduate students

(ii) Female students' perceptions of the type of SRH Education and how it should be delivered

(iii) Ascertain what the female undergraduate students perceive to be the benefits of SRH Education

METHOD

A cross sectional descriptive survey design guided the study in order to gather information about the present condition, with emphasis on both describing and interpreting the desire for SRH Education among undergraduate female students with various characteristics3.

Makerere University is the oldest and largest university in East Africa with a student population of nearly 40,000 students of which 18,000 (45%) are female. The estimated undergraduate population is 36,000 students, most of whom reside in Hostels near the main University Campus, while the remainder reside in the 9 undergraduate Halls of residence. There are only three Halls of residence for undergraduate female students. The University operates a collegiate system of governance. There are seven colleges and one School, six of which participated in the study. The participant colleges are College of Agriculture and Environmental Sciences (CAES), College of Business and Management Sciences (COBAMS), College of education and External Studies (CEES), College of Humanities and Social Sciences (CHUSS), College of Natural Sciences (CONAS) and College of Veterinary Medicine, Animal Resources and Bio-security (COVAB) with an estimated population of 30,000 students, half of whom are females.

The estimated parent population of undergraduate female students from the sampled colleges is 15,000. Using sample size determination table9, this gave us a sample population of 450. However, only 398 answered the questionnaire giving a questionnaire return of 88.4%, a good response rate. Not all the questions in the questionnaires were answered by all respondents, thus accounting for the differences in the responses in the result section. The target population was stratified on the basis of college i.e. 75 per college and then on the basis of department to which the student belonged. The sample was then chosen randomly by choosing every 10th female student on generated random numbers. This is in line with the recommendation for the selection of a random sample from the sampling frame15.

The main survey instrument used in this study was the pretested valid and reliable questionnaire. Both the content validity index and reliability were established to be 0.84 and 0.89, which were considered above the expected 0.7 value1. Questionnaires were administered by both the researcher and two Research assistants. Questionnaires enable responses to be gathered in a standardized way, and is reasonably quick and easy to collect large information3, 2. The questionnaire for this study had five sections. Section one had items on background variables. Section two had items on students' needs for SRH Education, while Section three focused on their perceptions of the type of SRH Education and how it should be delivered. The last section obtained information on the perceived benefits of SRH Education to the students.

After gathering all the completed questionnaires from the respondents, data cleaning and coding was done. The collected data was fed into the Statistical Package for Social Scientists (SPSS) Version 23 software for analysis. The data was then presented using descriptive statistics in form of tables, bar graphs and pie charts.

RESULTS

Majority of respondents (67.8%) were aged 20-24 years followed by those who were 18-19 years (19.6%). The majority belonged to Anglican faith (37.2%) and Catholic faith (30.4%). They stayed mainly in the hostels (41.2%), came from home (37.4%) or stayed in the Halls of Residence within the University (13.8%).

The first objective was to assess the extent to which SRH Education was seen as necessary by the female undergraduate students. Figure 1 below summarizes the extent of need.

Table 1: Background Characteristics of Respondents

		Frequency	%
Age	18-19	78	19.6%
	20-24	270	67.8%
	25+	50	12.6%
Year of study	One	160	40.2%
	Two	112	28.1%
	Three	114	28.6%
	Four	12	3.0%
Religion	Catholic	121	30.4%
	Anglican	148	37.2%
	Islam	75	18.8%
	Born-again	38	9.5%
	Others	16	4.0%
Residence	Hall	55	13.8%
	Hostel	164	41.2%
	Home	149	37.4%
	Other arrangements	30	7.5%
College of study	Veterinary Medicine, Animal Resources and Bio-security	72	18.1%
	Agriculture and Environmental Sciences	57	14.3%
	Education and External Studies	60	15.1%
	Humanities and Social Sciences	68	17.1%
	Natural and Applied Sciences	68	17.1%
	Business and Management Sciences	73	18.3%

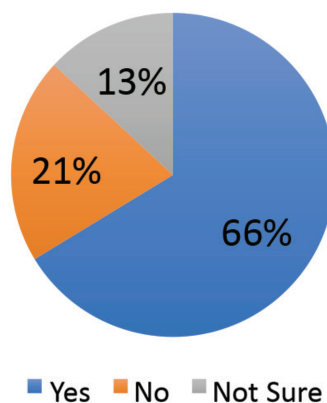

Figure 1: Extent to which the respondents perceived SRH Education to be necessary for them (proportion of respondents)

Seven out of every 10 students agreed on the need for SRH education and even suggested some topics in order of their priorities. About one fifth (21%) opposed it, while 13% were not sure. Overall, majority demanded formal and systematic SRH education be delivered to them. The demand was higher among the Year 1 students compared to students in other years (Table 2). The demand for SRH Education varied with Year of study.

Table 2: The need for Sexual and Reproductive Health Education by Year of Study (proportion of respondents), n=264

Year	Do You Require SRH Education?					
	Yes		No		Not Sure	
One	118	73.8 %	20	12.5%	22	13.8 %
Two	70	62.5 %	28	25.0 %	14	12.5 %
Three	70	61.4 %	30	26.3 %	14	12.3 %
Four	6	50.0 %	4	33.3 %	2	16.7 %
Overal l Total	**264**	66.3 %	**82**	20.6 %	**52**	13.1%

The leading topics that the respondents wanted SRH to include (Table 3) were: contraception and the whole range of issues around contraception (22.6%), psychological factors and religious beliefs including issues of abortion (17.5%), HIV/AIDS (12.6%), parental involvement (10.1%) and anatomical and physiological changes associated with SRH (99.5%).

Table 3: Major topics that the respondents wanted Sexual and Reproductive Health Education to Include (proportion of respondents), n=316

Topic to be included	**Which one topic do you want included in SRH Education?**	
	Frequency	**Percentage**
Contraceptives including Emergency contraception	68	21.4%
Life skills: self- esteem, decision making, SRH rights, communication	58	18.3%
HIV/AIDS and other STIs	40	12.6%
Parental involvement, rights and obligations	29	10.1%
Anatomical and Physiological changes of the body	36	9.5%
Abortion, ethics and related topics	25	9.2%
Cultural and religious influences	20	6.3%
Youth SRH friendly services	20	6.3%
Urological and gynecological disorders	15	4.7%
Others e.g. Cancers	05	1.6%
Total	**316**	**100.0%**

The majority of respondents wanted SRH Education to include contraceptives (21.4%), life skills such as self-esteem, decision making and communication (18.3%). Other suggested topics included HIV/AIDS and other STIs (12.6%), parental involvement in SRH issues (10.1%), anatomical and physiological changes (9.5%) and abortion, ethics and the rights of a woman. It was however noted that some of these topics are already being covered in the different course units under a wide range of programmes offered in the different colleges. For example, some of these topics are covered under Population Studies, Bachelor of Science prograpmme (Biological), Bachelor of Science with Education programme, Bachelor of Social Work and Social Administration to mention but a few, many respondents reported that the emphasis is on biological knowledge. They are not empowered with skills in decision making and communication for example.

Students were asked to identify the major topics to be covered under the SRH Education and how these topics should be delivered. On the approaches of delivery and incorporation into their programmes, they had varying views by year of study (Table 4 and Figure 2). Except for Year I students, the majority of respondents in Year II-Year IV preferred that the topics should be introduced by mainstreaming into existing programmes rather than be introduced as standalone courses. This is because they perceived the current programmes to be already overloaded and did not wish to have any student miss these topics. They also preferred SRH Education to be delivered through seminars, peer education activities and use of videos and other e-learning strategies.

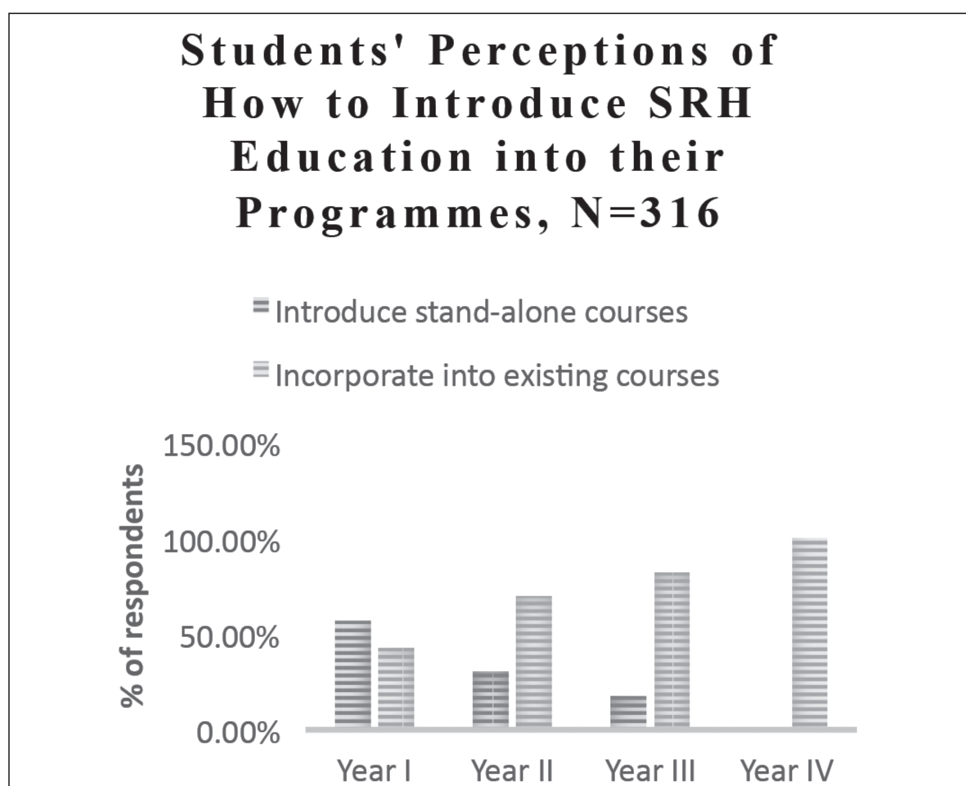

Figure 2: Approaches to be used in the Introduction of Sexual and Reproductive Health Education (% of respondents

Table 4: Identified Pedagogical Approaches to be used in the Delivery of Sexual and Reproductive Health Education by Makerere University Students, Uganda by Year of Study, n=316

Pedagogical/Andragogical strategies	Year of Study			
	Year 1	**Year II**	**Year III**	**Year IV**
Interactive lectures/Discussions	20 (14.3%)	10 (11.2%)	09 (11.4%)	01 (12.5%)
Seminars	40 (28.6%)	31 (34.8%)	30 (38.0%)	03 (12.5%)
Peer education activities	35 (25.0%)	30 (33.7%)	20 (25.3%)	01 (12.5%)
Use of videos & other e-learning strategies	40 (28.6%)	20 (22.5%)	26 (32.9%)	03 (37.5%)
Others	05 (3.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Total WHY TOTAL IS 316 & NOT 388/9???	**140 (100%)**	**89 (100%)**	**79 (100%)**	**08 (100%)**

Most of the students (28.5%) preferred pedagogical approach for all study years was the use of seminars followed by peer education activities (24.1%).

Table 5: Perceived benefits of SRH Education on recipients (proportion of respondents), n=389

Benefits	Proportion of respondents	
	Frequency	**Percentage**
Better and more accurately informed respondents on Sexual Reproductive Health; and reduced misconceptions	102	25.6%
Empowered with attitudes (self-esteem) and skills such as negotiation, decision making and communication	98	24.6%
Healthier respondents free from HIV/AIDS and other STIs, and other associated diseases	90	22.6%
A better understanding of body changes during growth	60	15.1%
Healthier relations with peers and adults	28	7.0%
Others e.g. greater parental involvement, better access to youth friendly services	20	5.0%
Total	**389**	**100.0%**

DISCUSSION:

The study of female university undergraduate students of Makerere University has demonstrated that SRH Education is necessary for university students. Since the 1980s, significant expansion occurred of formal education about HIV/AIDS, birth control, STIs and how to say no to sex among the youth worldwide but particularly in developing countries such as Uganda. Uganda adopted the Abstinence, Be Faithful and Use of Condoms (ABC) strategy to reduce the HIV prevalence among its population from the nearly 30% prevalence in the early 1980s to about 7.4% in the recent years12. SRH Education should occur throughout a student's schooling, with information appropriate to students' age, religion and cultural background and should go beyond the current focus on biological aspects of sex and reproduction, thereby neglecting attitudes, values and skills.

Some studies on Sexual Reproductive Health (SRH) have demonstrated the lack of accurate information and the existence of many myths on reproductive health, thus justifying the need for SRH education even at university level6, 7, 8. The lack of accurate information is exacerbated by the inadequate and poorly delivered SRH education in secondary schools11,13. Students therefore continue their education to universities without a good foundation of SRH Education, and therefore have incorrect information, negative self-worth, and weak capacities to make informed decisions, thus rendering them vulnerable.

Most students (264 or 66.3%) wanted more SRH Education to help them overcome barriers such as their inability to get reliable and accurate information, the fear and embarrassment associated with cultural and religious upbringing, and inadequate education from parents and the university faculty. Therefore, some of the factors contributing to students' poor knowledge of SRH include: the cultural context in the home and community, the church and religious teachings about sex and sexuality, as well as the school and teachers' perspectives and values. They perceived benefits of SRH Education to include better and more accurately informed university students, empowerment with skills such as negotiation, decision making and communication, healthier respondents free of STIs and other diseases associated with unprotected and reckless sex, and a better understanding of body changes, and healthier relations with peers among others. These young university women are faced with important decisions about relationships, sexuality, and sexual behavior which can impact their health and well-being for the rest of their lives.

From the study, it is concluded that SRH Education is necessary for university students because just over half of the female undergraduate students wanted more SRH Education.

The findings of this study have the potential to inform Makerere University community of the need to support SRH Education of its undergraduate students. Use of peer educators has been shown to be effective in many such interventions in other countries. Another potential avenue for improving sexual and reproductive health outcomes for young women is parent-child communication. However, most of Uganda's parents were not taught about sexual and reproductive health by their own parents or even in school, leaving them unable to pass on crucial knowledge to their own children. The discomfort many parents feel about talking to their children about sexuality further impedes their ability to provide guidance.

While this study is an important step in understanding the extent of demand for SRH Education by Makerere University female undergraduate students, it also leaves some questions open for future research. First, this study was conducted in only one Ugandan public university, which may not reflect the experiences of a nationally representative sample of female undergraduates. Hence, in order to generalize and validate the findings of this study, it is suggested that a similar study be conducted in other universities in Uganda. Secondly, a study is also required of male undergraduate students of Makerere University and other universities to complete the picture of SRH Education need among university students.

CORRESPONDING AUTHOR:
Joseph Oonyu
Makerere University, Uganda
Email: joonyu2@gmail.com

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