



Challenges in accessing appropriate contraception among students in Zimbabwe State Universities

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ABSTRACT

This study is concerned with analysis of challenges faced by Zimbabwe state university students in accessing appropriate contraception. Currently, university students in Zimbabwe face a number of challenges in accessing appropriate contraceptives. Three hundred (300) survey questionnaires were distributed to both female and male students at Zimbabwean state universities for data gathering. Thirty three (33) questionnaires were distributed and completed at eight state universities while thirty six (36) were completed at the University of Zimbabwe (the biggest university in the country). It emerged from the study that there are quite a number of factors that inhibit access to desired contraceptive methods by the students in Zimbabwe. Determinants of choice of contraceptives used by university students in Zimbabwe and perceptions and attitudes of the students towards accessing of contraception were also assessed. This study reveals that these challenges range from the side effects of the contraceptives, costs of contraceptives, loss of sexual pleasure, lack of knowledge, shortage of the contraceptives, limited confidentiality by service providers, male dominance, religion and community perception. A number of recommendations were finally suggested in order to address the challenges experienced by the students in accessing inappropriate contraceptives.

Key Words: Contraception, Students, Condom, Unmet need, Zimbabwe and Family planning.

INTRODUCTION

Birth control methods which can be used interchangeably with contraception have been used across the world since time immemorial and will be taken to mean the deliberate use of artificial methods or other techniques aimed at preventing pregnancy. Then methods can either be reversible or irreversible. Reversible contraceptive methods of birth control are temporary in nature [6]. On the other hand, irreversible methods of contraception refer to birth control methods which are permanent. Contraception is practiced for many reasons which include limiting of number of children, avoiding medical risks of pregnancy and controlling world population growth [8]. Availability of contraceptives helps individuals eradicate unmet need for family planning. Unmet is defined as the percentage of women of reproductive age, either married or in a union who want to stop or delay childbearing but are not using any form of contraception [4]. In as much as use of modern family planning methods has increased dramatically in the developing world what remains

worrisome is that there is still yet a significant demand of family planning needs that are still unmet. University students in Zimbabwe also face an unmet need for appropriate contraceptive methods. It is the purpose of this paper to unpack the challenges faced by Zimbabwe state university students in accessing appropriate contraceptive methods.

Study area: Zimbabwe has both state and private universities which are found throughout the country. The state universities are Bindura University of Science Education, Great Zimbabwe University, Chinhoyi University of Technology, Harare Institute of Technology, Midlands State University, Lupane State University, National University of Science and Technology, Zimbabwe Open University and University of Zimbabwe. The locations of the Universities are shown in Figure 1. The nine state universities are generally located along the central axis of the country which stretches from the north-eastern part of the country to the south-west and basically in the main urban areas of Zimbabwe. Harare the capital city is the

main hub of the state universities with three Universities which are; University of Zimbabwe (the biggest), Zimbabwe Open University and Harare institute of technology all located in that

city. Zimbabwe Open University has regional centres located in various provinces of the country. Each province of the country has a regional centre.

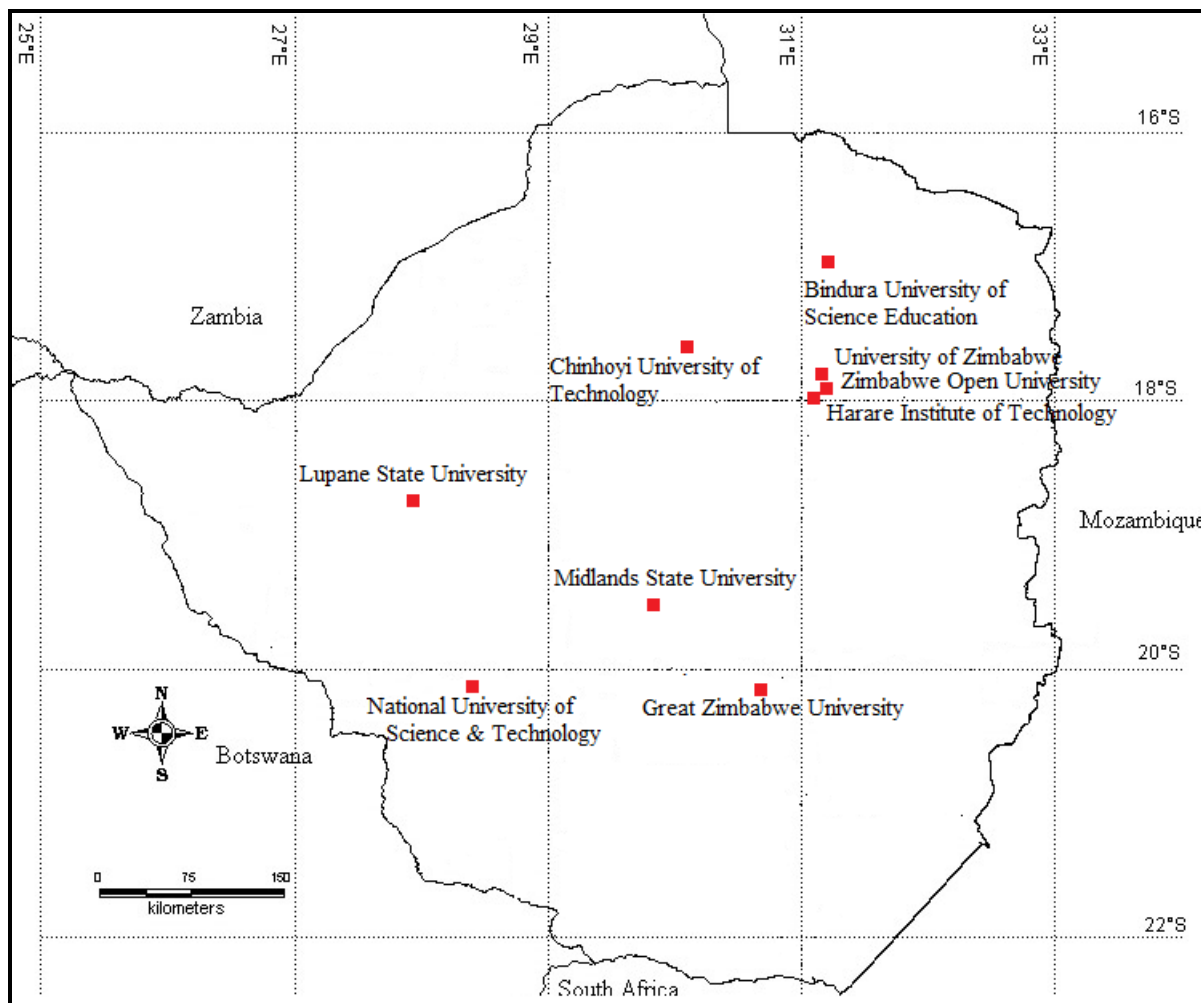


Figure 1: Location of state universities in Zimbabwe

METHODOLOGY

Given the difficulty of engaging every student from universities in Zimbabwe, a sample of 300 students was used from Zimbabwe's state universities. Three hundred (300) survey questionnaires were distributed to both female and male students at different Zimbabwean state universities for data gathering. Thirty three (33) questionnaires were distributed and completed at eight state universities while thirty six (36) were completed at the University of Zimbabwe (the biggest university in the country). To ensure that the required number of responses was collected from every university, more than thirty three questionnaires were distributed and then the first thirty three were considered. In the case of the University of Zimbabwe, a larger number was distributed and the

first thirty six were considered. The researchers used stratified random sampling. The technique was used because the researchers wanted to make sure that the sample represented specific subgroups or strata that were relevant to the study. Both male and female students as well as levels of students at the universities were taken into account. Informed consent was also obtained from all research participants as they were informed of the true purpose of the study before participating. More so, participants were also assured confidentiality with no possible identifiers to persons who provided the information being revealed.

RESULTS AND DISCUSSION

Universities in Zimbabwe have embarked on a number of contraceptive programs aimed at

assisting students manage unwanted pregnancies and sexually transmitted diseases. The success and failure of these has depended on how students perceive their usefulness and appropriateness. Students were, in this study, asked to evaluate such initiatives by their universities. Their responses are tabulated in Table 1. Of the 14 contraceptive methods used by university students in Zimbabwe, four methods are dominant. The methods are condom use, family planning control pills, the use of withdrawal and use of jadelle. As reflected in Table 1, the frequency of these methods ranged from 65% to 88% among the respondents. This implies that University students in Zimbabwe popularly use the four contraceptive methods.

As shown in Table 1, the majority of the methods are used on a small scale. The level of adoption by university students in Zimbabwe is generally low. The percentages of students who indicated using the different contraceptive methods in this category ranged from 9% to 33%. In this category, the highest percentage of 33% was scored by use of emergency pill, use of sponge and use of contraceptive film. The lowest percentage of 9% was scored by sterilization. Sterilization is irreversible and once one decides to adopt it, there is no more possibility of conceiving even if need arises. This is one of the reasons why the frequency of irreversible contraceptive methods is extremely

low. The same explanation can be used to account for the low level of adoption of methods such as use of films, use of foams, use of lactation, use of the ring, use of sponge and uterine devices. None of these contraceptive methods had more than 33% of the respondents who indicated that they preferred such methods. This could also have been influenced by the fact that most respondents were of the age group 18-24 who are mostly not yet married and as such would want to have children later in life and feared the use of irreversible contraceptive methods.

As reflected in Figure 2, various challenges are experienced by students in Zimbabwe state universities in accessing different contraceptive methods. The challenges can be put into two categories. One of the categories has challenges that were mentioned by a large number of respondents. These are lack of facilities, cost of contraceptives, lack of confidentiality by service providers and lack of knowledge to use the contraceptive methods. It is not surprising to have a large number of respondents mentioning these challenges since Zimbabwe is a developing country and some of these challenges can be attributed to lack of financial resources by government and students, limited awareness programs and limited facilities at clinics to maintain confidentiality.

Table 1: Contraceptive methods used by university students in Zimbabwe

Appropriateness measure	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Condoms use	264	88%	36	12%
Family planning control pills	252	84%	48	16%
Withdrawal	237	79%	63	21%
Usage of jadelle	195	65%	105	35%
Usage of emergency pills	99	33%	201	67%
Usage of depoprovera	96	32%	204	68%
Vaginal Uterine Device	87	29%	213	71%
Vaginal ring	39	13%	261	87%
Usage of sponge	99	33%	201	67%
Sterilisation	27	9%	30	91%
Usage of contraceptive foam	93	31%	207	69%
Usage of contraceptive patch	60	20%	240	80%
Usage of contraceptive film	99	33%	201	67%
Lactation amenorrhea	84	28%	216	72%

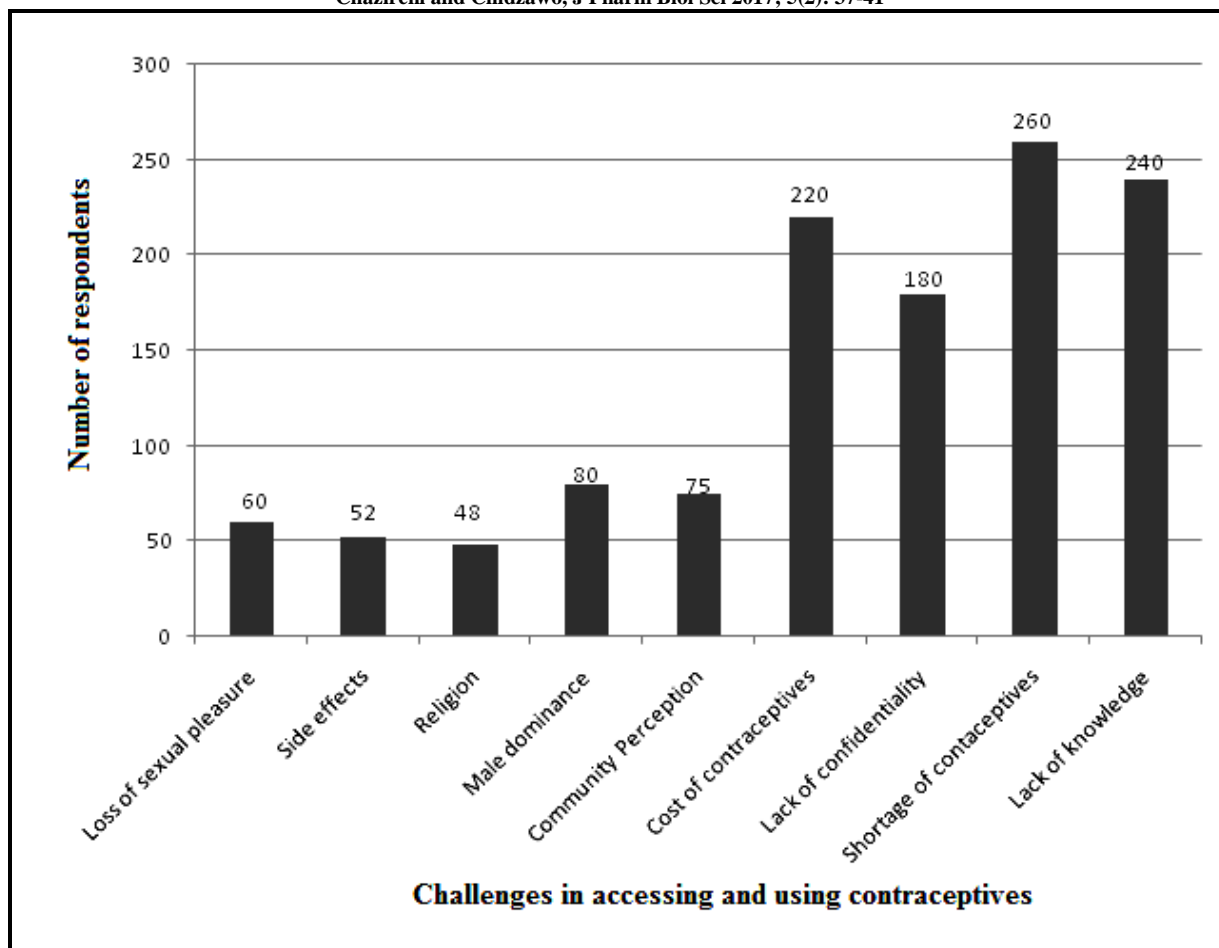


Figure 2: Challenges in accessing and using contraceptive methods by Zimbabwean University students

Some of the findings of this research are in agreement with some scholars [2, 5] who argue that the cost of some of the contraceptives is extremely high that most females cannot afford them. This has led to low levels of usage by most females especially in developing countries. The use of some contraceptive methods such as jadelle and rings requires expert knowledge which inhibits most people to use them if service providers are not trained [5]. As it emerges in the current research, lack of knowledge and awareness programs can pose significant amount of hindrance to contraceptive use. This view is in line with the argument of other scholars [1, 9] who maintain that the choice of contraceptives is highly determined by the amount and range of information people have. On the other hand, there was a category that had challenges that were mentioned by a small number of respondents. These were loss of sexual pleasure, side effects, religion, male dominance and community perception. These challenges are basically social in nature and are usually dominant in societies that have limited accepted western and modern styles of life. It is surprising for such a

trend to emerge among university students (who provided the data) since such students are expected to be fast in the adoption of innovations and new ideas such as the different contraceptive tools. Social factors can be very powerful in influencing use of contraceptives particularly by women. More than 60% of women in Islamic states such as Pakistan, Iran do not use contraceptives due to religious beliefs and male disapproval [3, 7].

Recommendations: The following recommendations can be made to the universities, service providers, policy makers and academia.

Service provision at universities: It is necessary that universities invest more time and resources towards provision of contraceptives. Initiatives should be done to promote welcoming the services of youth friendly organisations as well as peer educators so that students are comfortable to access family planning services from the university. The youth friendly service providers and peer educators bridge the problem of generational gap which emerged as a one of the challenges in students' access to contraception as these students tend to

shy away from accessing family planning services from providers who are older. They are shy to discuss family planning issues with older services providers as they do not want to be known for indulging in premarital sex. Confidentiality should also be promoted when students are seeking the contraceptives. The health clinics and peer educators should improve their public relations skills with students. More should be done to improve the supply of stronger condoms and educate students on the appropriateness and risk of the withdrawal method.

National policy

The government should invest in opening up more contraceptive service centers in universities and even across the country as findings from this study indicated that students have challenges in accessing such services hence the continued high cases of unwanted pregnancies, abortion, sexually transmitted diseases and sometimes premature deaths of mothers. Government should also target universities when programs aimed at training health personnel in family planning come up. This helps in the improvement of service delivery by these institutions to the students. For instance, the challenges faced by universities in offering jadelle and loop methods due to lack of trained personnel can easily be overcome. Such training can also enable married students to have a wide range of contraceptive methods from which they can choose since presently the packages mostly favour non-

married counterparts since short term contraceptives are mostly available.

Further Research

The generally low level of usage of contraceptives by both male and female students revealed in this study may suggest that there is need to investigate why such a trend exists. In addition, the extremely low level of adoption of the sterilisation method requires further research so as to bring out the causes of such a pattern. Further studies on students in other tertiary institutions (colleges) and even schools are necessary for a better understanding of the extent of the challenges affecting students in accessing contraceptives.

CONCLUSION

University students in Zimbabwe can use different contraceptive methods. There are however, factors which account for their choice, use and non-use or inconsistent use of certain contraceptives and all these contribute to unmet need for family planning. Such factors include side effects, costs of contraceptives, loss of sexual pleasure, lack of knowledge, shortage of the contraceptives, limited confidentiality by service providers, male dominance, religion and community perception. If the proposed recommendations are taken into consideration, the challenges being faced by these students can be minimised. To sum it up all, university students in Zimbabwe face a number of challenges in accessing contraceptive methods they consider appropriate.

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