
Sexual and reproductive health information-seeking behaviour of undergraduate students at Mzumbe University, Morogoro – Tanzania

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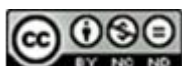
Abstract

This study investigated the sexual and reproductive health information-seeking behaviour of students in higher learning institutions with specific reference to Mzumbe University. The study sought to answer two questions: first, what are the sources of sexual and reproductive health information used by the students at Mzumbe University; and second, what are the factors affecting the sexual and reproductive health information-seeking behaviour of the students at Mzumbe University. Explanatory research design with both quantitative and qualitative approaches was employed in this study. Findings reveal that students prefer to use social media platforms, consult their peers, and the Internet to meet their various sexual and reproductive health information. Preferences for these sources are associated with, among other things, the freedom they offer to the students when interacting with them for various sexual and reproductive health information. Factors such as traditional values and norms, a sense of embarrassment, availability of online health information, and students' selected socio-demographic characteristics like age, religion, and marital status were also found to affect the sexual and reproductive health information-seeking behaviour of the students. The study concludes that since the students prefer to use social media, the Internet, and their peers for various sexual and reproductive health information, it is important that they are provided with health information literacy training to help them be able to evaluate the health information obtained from these sources. This is important because it is not clear whether the students get reliable health information from these sources.

Keywords: Information seeking behaviour; sexual and reproductive health; undergraduate students; Morogoro; Tanzania

Introduction

Sexual and reproductive health behaviour of young people, including students in higher learning institutions (HLIs), is a major public health concern (Mcharo, Olomi, Mayaud, & Msuya, 2020). According to the World Health Organization (WHO), reproductive health problems affect many people's lives both socially and economically (WHO, 2015). As such, effective interventions that concentrate on a multitude of approaches from different stakeholders need to be in place to boost the reproductive health of communities (Yari et al., 2015). One of the approaches that can be used to improve reproductive health outcomes is through the provision of education and relevant and timely sexual and reproductive health



information (SRHI) to the youth, including those studying in HLIs (Melaku, Berhane, Kinsman, & Reda, 2014).

SRHI for students in higher learning institutions is pivotal for both social and economic development. This information helps them to avoid falling into sexual health problems that may have negative repercussions in their academic life (Cassidy et al., 2019). For instance, SRHI may help students avoid sexually transmitted infections, unplanned pregnancies, and unplanned responsibilities which may negatively affect their education, career, and their future progress (Mbelle et al., 2018). In fact, this information is crucial in the growth and development of students such that it influences their ability to achieve both educational and personal goals and thus somehow impacts their adulthood (Mbugua & Karonjo, 2018). It is, therefore, imperative to provide students with this important information to help them cope with all situations that put them at risk.

Recently, there has been an increase in efforts to improve access to reproductive health services and information in particular in African countries, Tanzania included. These efforts include, among others, programmes targeting family planning, mother to child transmission, and safe motherhood (Chibwae et al., 2018; Shumbusho, Henry, & Sharon, 2020). However, it is not clear as to whether these efforts are also improved in HLIs both in Tanzania (Williams, 2015) and elsewhere (Oonyu, 2019) where the majority of youths lack access to SRHI and related services as reported in a recent study (Shumbusho et al., 2020). Previous studies (Williams, 2015) have also documented that most HLIs in Tanzania lack the necessary resources and awareness about ways to provide access to SRHI to their students.

While increasing access to SRHI is important in addressing the problem of risk behaviour to students in HLIs, active engagement in seeking such information is also necessary for promoting positive health behaviour among them. Research (e.g., Esmailzadeh, Ashrafi-rizi, Shahrzadi, & Mostafavi, 2018; Obasola & Agunbiade, 2016; Shieh et al., 2010) shows that active engagement in health information seeking do promote positive health outcomes among the information seekers. This is also true for students in HLIs if risk behaviours among them are to be minimized. However, specific studies on SRHI-seeking behaviour in Tanzania are limited. As such, little is known about the SRHI-seeking behaviour of these students.

Nevertheless, evidence from existing research (Deshmukh & Chaniana, 2020; Farih, Freeth, & Meads, 2015; Quaye, 2013; Yari et al., 2015) shows that discussions on sexual-related matters between youth and their parents, or elders are considered taboo in many developing countries, including Tanzania. This problem is compounded by, among others, social and cultural factors in most societies which limit positive interaction between youth and their parents/guardians about sexual information. In most cases, discussions on sexual-related matters are surrounded by issues such as embarrassment, fear, and negative attitude (Yari et al., 2015). This leaves youths and students in particular unable to be self-reliant and constrained when it comes to making informed and right choices about their sexual and reproductive health. As a result, unwanted pregnancies, sexually transmitted diseases, and unsafe abortions continue to grow (Moletsane, 2014; Mutasingwa & Mbirigenda, 2017; Mutea, Id, Kadiri, Michielesen, & Gichangi, 2020). It is against this background that the present study investigated the information seeking behaviour of undergraduate students in HLIs in Tanzania with specific reference to Mzumbe University situated at Morogoro region. The study seeks to; first, find out the sources of information used by students at Mzumbe University to obtain SRHI; and second, to determine factors that affect the students' information-seeking behaviour.

Literature review

Importance of SRHI to students in HLIs

Majority of students in most HLIs are transitioning from parents-directed healthcare usage to self-determined usage. At the same time, the environment in most HLIs increases the susceptibility for these students to fall into risky sexual and reproductive health behaviours because of lack of parental controls (Wachamo, Tegene, Tibeso, & Washo, 2020). Evidence from research (Mbugua & Karonjo, 2018; Mcharo et al., 2020; Wachamo et al., 2020) demonstrates that many students in HLIs are vulnerable to persistent sexual and reproductive health problems such as sexually transmitted infections (STIs), HIV, unplanned pregnancies, and unsafe abortions that may have negative impact to them, both as students and later in their adult life. It is thus imperative to provide access to SRHI to help them avoid falling into these health problems.

Bearing the importance of SRHI to students in HLIs, studies (Rolandsen, 2018; Schmidt, 2015) have advocated for its provision to this category of the population. The literature (Cassidy et al., 2019; Haruna et al., 2018; Melaku et al., 2014) shows, for instance, that provision of SRHI in HLIs helps students to improve their reproductive health, avert risky sexual behaviour practices and promote behaviour change. While various studies have acknowledged the importance of SRHI to students in HLIs (Cassidy et al., 2019; Haruna et al., 2018; Melaku et al., 2014; Rolandsen, 2018; Schmidt, 2015), other studies such that of Williams (2015) show that the HLIs in Tanzania lacks necessary resources to improve its access. A lack of this information and other SRH-related services has been reported to contribute to errant sexual and reproductive health decisions (Mutasingwa & Mbirigenda, 2017) and negative health outcomes such as unplanned pregnancies, high rates of STIs, and Herpes Simplex Virus-2 among the young generation (Moletsane, 2014).

Sources of SRHI used by students

Various studies have been conducted to investigate the sources used by students to obtain SRHI. In a study conducted in the Sultanate of Oman (Sultan, Joshua, & Misra, 2017), for instance, it was revealed that both print and electronic sources of information are used by students in HLIs to access SRHI. Sultan et al., (2017) also noted that sources such as family members and physicians; and channels such as social media platforms, for instance, WhatsApp and the Internet were also considered important by the students.

Similarly, other studies (Esmailzadeh et al., 2018; Yilma, Inthiran, & Reidpath, 2016) have also found the use of channels like the Internet and social media platforms and sources such as family members and physicians by many students in HLIs. The literature (e.g., Motsomi, Makanjee, Basera, & Nyasulu, 2016) also shows that students in HLIs use their peers as their sources of SRHI. From these studies, it is evident that students in HLIs use different sources of information to meet their various sexual and reproductive health information. However, these studies have not established as to whether the consulted sources are credible or not to warrant the attention of the students in HLIs.

Factors affecting the SRHI-seeking behaviour of students

Specific studies on factors affecting SRHI-seeking behaviour of students in HLIs in Tanzania are limited (see Manda, 2008). Further, although other studies conducted elsewhere have not precisely assessed factors affecting SRHI-seeking behaviour of students in HLIs, they have shed light on the factors affecting sexual and reproductive health behaviour of young people, including those studying at various levels of education. In general, these studies have identified several factors that are responsible for the sexual and reproductive health behaviour of young people. In his study, for example, Manda (2008) identified how factors like gender, norms, stereotypes, and roles learned through the process of socialization influence the way



information and knowledge including SRHI are accessed, internalized, and utilized. Traditional values and norms such as taboo have also been mentioned by many studies as one among several factors that affect the SRHI-seeking behaviour of young people. Studies (Akporido, 2013; Omole & Adebayo, 2019; Peter, 2013) have reported the tendency of many families to consider discussions about sex between adults and young people as taboo henceforth against the values and norms of the societies. This situation limits young people from seeking SRHI thus affect their decision making on the same.

Other factors such as religious beliefs have also been found by different studies (Alomair, Alageel, Davies, & Bailey, 2020; Peter, 2013; Sundararajan et al., 2019) to affect the SRHI seeking behaviour of young people. It is reported in these studies that people who are religious are more likely not to seek SRHI and related services compared to their counterparts. In addition, studies (Motsomi et al., 2016; Muhwezi et al., 2015; Pilgrim & Blum, 2012) have also found individual characteristics such as feeling ashamed of seeking SRHI to negatively affect the SRHI-seeking behaviour of many young people. According to these studies, many young people feel shy to consult their elders or the healthcare providers to discuss matters related to SRH and as a result they resort to their peers or other people whom they trust as sources of SRHI. This as a result increases the likelihood for them to receive unreliable information from these sources.

The development of information and communication technology has also been reported to influence the SRHI-seeking behaviour of students in HLIs. Studies (Ganaie & Khazer, 2014; Lwoga, Nagu, & Sife, 2017) have reported that such development has resulted to a shift of trend as people are now preferring to seek SRHI online more than in the traditional environment. As previously mentioned, evidence from different studies (S Esmailzadeh et al., 2018; Sultan et al., 2017; Yilma et al., 2016) indicates that many students are now consulting the internet for SRH-related information than seeking such information from the healthcare providers.

Materials and methods

In this study, an explanatory research design was employed to investigate the SRHI seeking behaviour of undergraduate students at Mzumbe University. The study utilized a mixed method with both quantitative and qualitative approaches. Scholars such as Creswell, Fetters, & Ivankova (2004) have long emphasized that neither qualitative nor quantitative approach is adequate in itself to help study a phenomenon adequately. As such, using them together provides a more complete analysis and detailed information about a situation.

This study was conducted at Mzumbe University (MU) located at Mvomero District, Morogoro region. According to the Tanzania Commission for AIDS (TACAIDS) report (TACAIDS, 2018), Morogoro region is one of the regions in Tanzania with a high risk of HIV/AIDS and sexual transmitted infections with more than 4% of the affected persons being university students. Selection of the Mzumbe University was based on the fact that it is the second-largest public university with more undergraduate students than any other public and private universities in the region.

The population of the study was made of all undergraduate students from the Faculty of Law (FoL), Faculty of Social Science (FSS), School of Business (SoB), School of Public Administration and Management (SOPAM), and Institute of Development Studies (IDS). These faculties, school, and institute were purposefully selected to represent other academic units at the University. The undergraduate students were targeted because many previous studies on the same topic have precisely focused on adolescents who are normally in secondary schools (see, for instance, Peter, 2013; and Panting et al, 2018). This study used a sample of 100 student respondents who were randomly selected from the earlier described population.

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This sample size was considered sufficient because it provides a minimum amount of data that allows statistical data analysis techniques to be applied regardless of the population size (Bailey, 1994). The sample size was calculated using a mathematical formula by Yamane (1967) that required a number of stages to be passed before being applied.

$$S_s = \frac{N_s \times i}{N}$$

From the formula, S_s is the number of respondents taken from strata (in this study referred to as the different faculties and schools involved in the study); N_s is the total number of students in a given stratum; N is the total population; and “ i ” is the sample size. From the formula, the researcher determined the total population targeted by the study (100 respondents). Secondly, the researcher had to determine the number of respondents to be picked from the population by using proportionality sampling. Thirdly, the total number of students in each stratum (N_s) was established. Fourthly, the formula was then applied to determine the number of respondents to be picked from each stratum (S_s). Table 1 shows the distribution of the sample size calculated using the said formula.

Table 1: Sample size distribution

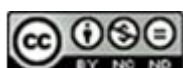
S/N	Faculty/ School	Target population per study level			Sample contribution per study level			Sample size
		1 st Year	2 nd Year	3 rd Year	1 st year	2 nd year	3 rd year	
1.	FoL	443	234	196	9	4	4	17
2.	SOPAM	861	571	555	16	11	11	38
3.	SoB	714	439	326	14	8	6	28
4.	FSS	335	299	272	6	6	5	17
	Total	2353	1543	1349	45	29	26	100

In addition to the 100 students who were randomly selected, 16 other students were purposively selected to take part in the focus group discussions (FGD). These were selected on the basis that they were able to freely express themselves concerning the topic in question. Therefore, overall, the study had a total sample size of 116 study participants. Questionnaires and FGD were the main methods of data collection in this study. A questionnaire guide was used to solicit information from the 100 study participants while FGD guide was developed to collect data from the 16 identified study participants. Two FGDs comprising of 8 members each were conducted. Each FGD session lasted for about 60 minutes. Descriptive and inferential statistics were used to analyse quantitative data through SPSS version 21 while content analysis was used to analyse qualitative data from the FGDs.

Study results

Socio-demographic characteristics of the study participants

A total of one hundred (100) undergraduate students from MU participated in this study. Among them, more than half (58%) were aged between 22 to 24 years. The composition of study participants in terms of sex was nearly the same though the number of females (56%) was a bit high compared to that of male participants (44%). Most study participants were in relationship though a significant number of them were not married (54%). Of all study participants, the majority of them were Christians (82%). A substantial number of all study



participants belonged to School of Public Administration and Management (SOPAM) (38%) and School of Business (SoB) (28%). Table 2 provides a summary of the study participants' socio-demographic characteristics:

Table 2: Study participants' socio-demographic characteristics

Variables (n=100)	Response	Frequency	Percentage
Age (years)	18 – 21 years	19	19
	22 – 24 years	58	58
	25 years and above	23	23
Sex	Male	44	44
	Female	56	56
Marital status	Single	30	30
	In relationship but not married	54	54
	Married	14	14
	Separated	2	2
Religion	Christians	82	82
	Muslims	18	18
Programme of study	FoL	17	17
	SOPAM	38	38
	SoB	28	28
	FSS	17	17

Sources of information used to obtain SRHI

Study participants were asked to indicate the sources of information that they used to get SRHI. A multiple response question was developed to capture the participants' responses. Findings from the study indicated that students use multiple sources of information to get SRHI. These sources include the Internet, social media, family members, friends, and health practitioners. Out of all the mentioned sources, the use of social media and friends in accessing SRHI was ranked high by most of the study participants (76% and 70% respectively). Only a sizeable number (about one-third) of study participants (36%) mentioned that they seek SRHI from health practitioners (see Table 3).

Table 3: Sources of information used to obtain sexual and reproductive health information

SN	Source of Information	Frequency	Percentage
1.	Health practitioners	36	36
2.	Internet	55	55
3.	Social media	76	76
4.	Family members	26	26
5.	Friends	70	70

Findings from FGD also corroborate with those from questionnaires. During the discussion, students were also asked to mention the sources that they used to obtain SRHI information. Findings from the discussion show that apart from the sources mentioned in the questionnaire, the students also use the University Library to obtain SRHI. The participants mentioned that the University Library has a collection of information materials covering various SRH matters which somehow helped them to become aware of the topic in question.

However, there was a consensus amongst the FGDs participants that many of them prefer to use the social media and their fellow students more than the other sources of SRHI to obtain such information.

There are several sources of which one can get sexual and reproductive health information. But as you know, now there is a lot of information in the social media and most of us have smart phones. It is easier to use our phones to access such information in the social media platforms than going to the hospital or talk to our elders. After all, the topic itself is very sensitive...so our best alternative is the social media (FGD participant, group 1).

When probed as to why they prefer to seek SRHI from these sources than the others, most study participants mentioned that the social media provide them with an opportunity to search and obtain SRHI at their convenience. That is, whenever they are in need of such information, they get it.

Ahhh you know, the social media offers us the convenience that we need. It is not like going to the health centre where there are long queues...many people waiting to see the doctor. With social media, all you need is just your smart phone and some bundle. You can access such information at any time that you want to (FGD participant, group 1).

On the other hand, the participants mentioned that they also discuss SRHI matters with their friends because of the freedom they have with them. They mentioned, for instance, that they sometimes find it difficult to discuss sexual and reproductive health matters with the health practitioners because they feel ashamed. They also mentioned that some families do not discuss sexual and reproductive health matters because the parents consider the topic as being more sensitive.

Discussing this with our parents is somehow awkward. This topic is very sensitive...to some of us our families consider discussion about sexual and reproductive health matters as encouraging us to start engaging in sexual affairs. Therefore, you may find that most of us are consulting our friends whom we think might help us with such information. We are free to talk to them than our parents and sometimes even the healthcare workers at the health centre (FGD participant, group 2).

Factors affecting students' SRHI-seeking behaviour

Study participants mentioned several factors that affect their SRHI seeking behaviour. Nearly all study participants agreed that their SRHI seeking behaviour is affected by their traditional values and norms which consider talking about sexual and reproductive health matters as a taboo and that they feel embarrassed when want to seek SRHI (86% and 87% respectively). Only few study participants said that their SRHI seeking behaviour were not affected by the two factors. Findings from the study also show that the SRHI of the study participants were affected by the availability of online health information and inadequate sources of SRHI (see Table 4).

Table 4: Factors affecting the sexual and reproductive health information-seeking behaviour

SN	Factors	To a very great extent	Somewhat	Very little	Not at all
1.	Traditional values and norms	37%	12%	37%	14%
2.	Availability of online health information	20%	20%	37%	23%
3.	Inadequate sources of SRHI	24%	14%	36%	26%
4.	Embarrassment	30%	19%	38%	13%

The influence of embarrassment on the SRHI of the study participants was also mentioned by most of the participants in the FGDs. During the discussions, it was learned that the degree of embarrassment one felt depended on the person from whom or where SRHI was obtained. The study participants claimed that if one seeks SRHI from elders such as the parents, a certain level of embarrassment is to be expected as opposed to when the information is being sought from peers, social media, or the University Library. That is why, according to them, they prefer seeking SRHI from these sources other than their elders (parents/guardians).

It is somehow embarrassing talking about sexual issues with your parents. You need to have some guts if you want to ask such questions to them. They might be okay with your questions, but you might feel shy asking them. That is why we either consult our friends or use the internet for such information (FGD participant, group 2).

Other factors: Relationship between selected demographic factors and students' SRHI-seeking behaviour

Information seeking behaviour of an individual can also be affected by his/her socio-demographic factors. In this study, the socio-demographic characteristics, that is, age, sex, marital status, religion, and program of study were also analysed to see whether they have any influence on the SRHI seeking behaviour of the study participants. Chi-square test was performed for this purpose (see Table 5).

Table 5: Relationship between selected demographic factors and students' SRHI seeking behaviour

Category	Sexual and Reproductive Health Information Seeking		
	Value	Df	Asymp. Sig. (2-sided)
Age	30.355 ^a	6	.000
Sex	11.440 ^a	2	.003
Marital status	21.097 ^a	4	.002
Religious beliefs	11.640 ^a	6	.004
Program of study	18.980 ^a	4	.001
N of Valid Cases		100	

Findings from Chi-square analysis reveals the presence of a statistically significant association of all the selected variables ($P < 0.05$) with the SRHI seeking behaviour of the study participants. These findings imply that all the selected socio-demographic characteristics have an influence on the SRHI seeking behaviour of the study participants. The findings show, for Sexual and reproductive health information-seeking behaviour of undergraduate students at Mzumbe University, Morogoro – Tanzania

instance, that all study participants with younger age were more likely to seek SRHI than their counterparts. Similarly, the findings show that female students are more likely to seek SRH-related information than the male students. In the FGDs the participants also expressed their concerns regarding the influence of sex in their SRHI seeking behaviour. The participants stated that despite that both sexes may engage in seeking SRHI, there are some differences between how male and female students seek that information. The participants were with the view that female students are more active in seeking SRHI compared to the male students because as women, they are faced with dynamic biological changes that require information on SRH to enhance understanding of such changes.

The findings further show that students who are married are more likely to seek information on SRH compared to those who are not married. Findings from FGDs also reveal that those people who are not married believe that SRHI is meant for those who are married and as such they are the ones who need to engage in seeking such information. However, there were mixed feelings among the FGDs participants as some of them mentioned that even those who are not married but are in relationship tend to seek SRH-related information.

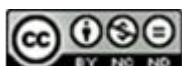
Even those who are not married are sometimes seeking sexual and reproductive health information. Previously, such information was considered important only for those who are married. But since many people, especially at our context, engage in sexual affairs without marriage, they also tend to seek such information so that they can avoid unplanned pregnancies (FGD participant, group 1).

Findings from the Chi-square analysis also indicate that religious beliefs also influence the SRHI-seeking behaviour of the study participants. This imply that those students who are religious are not active SRHI seekers as compared to those who are not religious. The analysis further shows that program of study also influences the SRHI seeking behaviour of the study respondents. Findings from the FGDs also confirm this as FGD participants mentioned that all students who belonged to programs that are related to health sciences have an advantage of getting some information on SRH matters from the courses that they undertake as compared to students from other programs.

Discussion

This study investigated the sexual and reproductive health information seeking behaviour of undergraduate students of Mzumbe University situated at Morogoro region. Majority of the study participants (77%) were aged below 25 years old thus suggesting that the study population was made of a younger population. This population has multiple sexual and reproductive health needs that require special attention (Atuyambe et al., 2015). Providing them with relevant SRHI is, therefore, imperative (Cassidy et al., 2019; Mbelle et al., 2018). Findings from the study further demonstrate that there was almost the same representation of both male and female study participants. More than half of all study participants were in relationship but not married. This situation puts them more at risk of engaging in multiple relationship (Nkata, Teixeira, & Barros, 2019), falling into sexual health problems and having both unplanned pregnancies and responsibilities which might negatively affect their academic life and future progress (Mbelle et al., 2018; Mbugua & Karonjo, 2018). This finding signifies the need to provide them with relevant SRHI so as to enable them to make informed health choices and decisions.

In this study, the participants have been found to use multiple sources of health information to obtain SRHI including health practitioners, Internet, social media platforms, family members, their colleagues, and the University Library. However, of the listed sources, a substantial number of the students reported to rely mostly on the social media and their



colleagues for this important information. Their reliance on these sources might be due to the fact that the sources offer them freedom to seek such information without having to feel the embarrassment they would have if they had to ask their parents or the health practitioners for the same information. Additionally, while their reliance on social media might be further attributed to their heavy usage of the same among young people, who among other things, use it as a source of SRHI and a medium for communicating it (Pfeiffer, Kleebe, Mbelwa, & Ahorlu, 2014; Stevens et al., 2017), their reliance on colleagues might be due to how free people feel when they are around friends. Studies such that of Motsomi et al., (2016) have reported that young people are more ready to talk to their friends than parents as they feel embarrassed and experience discomfort discussing SRH matters with them. This situation, as reported in a previous study (Muhwezi et al., 2015), makes SRH services inaccessible to them and puts them more at risk of sexually transmitted diseases. This is so because reliance on these sources increases the possibility of getting misleading information which might result in making errant decisions about their sexual and reproductive health.

Evidently, the study findings showed that apart from embarrassment, there are other factors that are also responsible for the students' SRHI-seeking behaviour. Consistent with findings from similar past studies (Akporido, 2013; Omole & Adebayo, 2019), this study's participants also mentioned how their traditional values and norms affect their SRHI-seeking behaviour. Students reported that discussion about SRH-related matters in their families is considered a taboo particularly to the young and unmarried. In contrast, such a discussion is restricted to only those who are older and married. This finding, however, can partly be explained by the fact that, according to some beliefs of this nature, providing sexual education to this category of population is considered as encouraging them to engage in sexual activities. As a result, such discussions happen only when the adults want to warn their children about the risks of becoming sexually active at an early age (Latifnejad, Javadnoor, Hazavehei, & Taghipour, 2013; Muhwezi et al., 2015), a situation that denies the children access to SRHI. Other previous studies (Areskoug-Josefsson, Schindele, Deogan, & Lindroth, 2019) have also reported similar findings noting that sometimes traditional values and norms defines what is to be considered normal by the community, what is seen as abnormal, and the underlying factors behind these assumptions.

Findings from the study further demonstrate that the SRHI-seeking behaviour of the study participants is also greatly influenced by the availability of SRHI online. A significant number of students indicated that they search various SRHI from the Internet. This might be attributed to the development of information and communication technologies (ICTs) which has created opportunities for people to access different health information available online. Past studies such that of Ganaie and Khazer (2014) have established that such a development has resulted to a shift of trends by the information seekers from traditional information seeking to online information seeking behaviour. As such, ICTs is now considered as among the major factors affecting the information seeking behaviour of various information seekers (Ganaie & Khazer, 2014; Lwoga et al., 2017) including students in higher learning institutions (Yilma et al., 2016). However, it is not clear from the findings of this study as to whether the students are searching this information from reliable internet sources and whether they can evaluate the information they get from these sources.

Inadequate sources of SRHI at the University has also been found to influence the information seeking behaviour of students in this study. Availability of adequate SRH services and information in higher learning institutions (HLIs) is of paramount importance in equipping students with important SRHI that will help them make informed decisions. Unfortunately, majority of HLIs in Tanzania have been reported to lack the necessary resources and awareness about ways that their institutions could provide such important services to their students

(Williams, 2015). This has compelled students in these institutions (Williams, 2015), including Mzumbe University to seek SRHI from other alternative sources. As it is already known that a lack of SRHI may affect how one looks for answers to various SRH issues (Thongmixay et al., 2019), these findings in this study explain why most students rely on social media, their colleagues, and the Internet for SRHI. However, as previously alluded, it is not clear if the SRHI obtained from these sources is reliable.

Data from the study indicates that there is significant relationship between students selected demographic information (age, sex, marital status, religion, and program of study) and their SRHI-seeking behaviour. Findings from the Chi-square analysis suggest that students who are younger are more likely to seek SRHI than their counterparts. This might be possible because at younger age the students might be more curious for information on various SRH issues and that they are more exposed to different sources of information such as the social media and online resources than the older students. Furthermore, contrary to findings from previous studies (Biddlecom, Munthali, Singh, & Woog, 2008), this study's findings demonstrate that female students are more likely to seek SRHI than the male students. In particular, women are primarily noted to be responsive to SRH information seeking than men due to their biological nature which requires them to understand different biological changes that take place in their bodies (WHO, 2019). As such, this finding in this study is not a surprise.

It was further noted in the study that there is an association between marital status and the SRHI seeking behaviour of the students. Findings from the analysis show that students who are married are more likely to seek SRHI than their counterparts. However, this is quite contrary to what has been observed in the FGDs as majority of the students mentioned that even students who are not married but are in relationship are also engaging in seeking SRHI. This, however, might be due to the fact that almost more than half of the students in this study reported to be in marital relationship though not married. With these findings, it is thus important to concur with a recommendation made by Meena et al., (2015) that efforts for dealing with SRH matters need to include everyone without discriminating people by marital status or age so that everyone can benefit with the provided SRHI.

It was further observed in this study that religion has a significant role to play in the SRHI-seeking behaviour of the students. It was noted in the study that students who are not religious are more active in seeking SRHI than those who are religious. This is so because religious people are always more sensitive and thus rarely discuss issues related to SRH (Alomair et al., 2020; Sundararajan et al., 2019). This situation, however, puts them at risk for various negative SRH outcomes as they are less likely to receive comprehensive SRHI and less likely to use contraception despite becoming sexually active as reported in previous studies (Hall, Moreau, & Trussell, 2012; Nkata et al., 2019). Lastly, this study's findings show that students' program of study also influences their SRHI-seeking behaviour. All students whose programs of study are related to health sciences are more likely to seek SRHI than those belonging to other programs. This might be because students in these programs are taught SRH-related matters as well as the ability of individual student to correlate health issues studied in class and the real health situation.

Conclusion

This study was conducted to investigate the SRHI-seeking behaviour of undergraduate students at Mzumbe University. The study's findings suggest that majority of students at Mzumbe University use social media platforms, their peers, and the Internet as their preferred sources of SRHI. However, it is not clear as to whether these sources offer reliable SRHI to the students. As such, the students are more likely to be misinformed about various sexual and reproductive health matters thus putting themselves in more risky behaviours. Imparting students with necessary health information literacy skills is, therefore, imperative to help them be able to



evaluate SRHI obtained from these sources and other informal sources. Further, it can be concluded from the findings of this study that the SRHI-seeking behaviour of the students is a function of a multitude of factors rather than just a single factor. It is thus important to address all factors that negatively affect the students' SRHI-seeking behaviour so as to help them get relevant SRHI for their informed health decision-making processes. The findings of this study have practical implications for HILs in Tanzania for them to increase access to relevant SRHI information to their students if risky sexual behaviours among students are to be minimized. Though the findings of this study may not be generalized to other HLIs, yet they shed light on the SRHI-seeking behaviour of students in HLIs in Tanzania.

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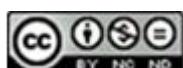
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