Gender analysis of sexual and reproductive health information access and use: a study of university student communities in Tanzania

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Abstract

This paper examines the state of access to and use of SRH information services in four universities in Tanzania in the context of gender dynamics and relations. The study was conducted among student communities at the University of Dar es Salaam, Muhimbili University of Health and Allied Sciences, Mzumbe University and Sokoine University of Agriculture. The overall research design integrated both qualitative and quantitative research methodology. The major methods of data collection were survey, focus group discussion and key informant interview. A final sample of 194 undergraduate students was selected conveniently with 51% males and 49% females. The key finding of this study was that gender does not influence SRH information access and use. The baseline conditions of SRH information and service provision in the four universities revealed the following. First, SRH information services were available but not adequate. Second, students could access a wide range of sources of SRH information but the actual use was concentrated and limited to only three major sources which were radio, television and friends. Specialized information sources such as health workers and brochures/leaflets were rarely used. Third, awareness of the availability of SRH services in the Universities was not wide spread among students and a significantly large percentage of students think that they cannot access SRH information in the universities and have a negative attitude towards the provision of SRH information services in the universities. Major factors that influenced access to and use of SRH information and services in the universities in Tanzania were diverse in nature. Despite the challenges, the findings have revealed that the following opportunities exist: extensive SRH knowledge among students, a reasonable degree of availability of SRH services, and an increasing demand for these services from students. Finally, the paper makes detailed recommendations on SRH service provision; gender mainstreaming in SRH service provision; family planning; IEC and BCC; marketing and promoting SRH services, etc.

Introduction

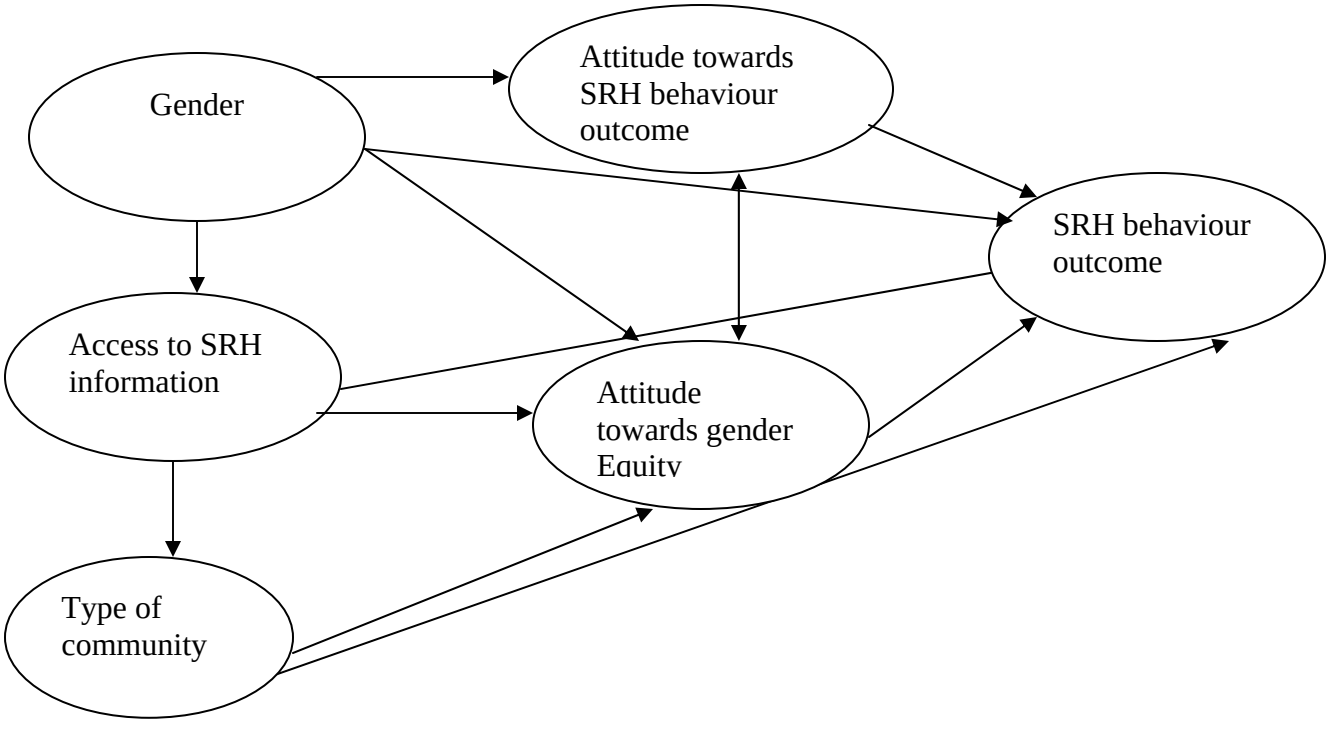
"Lack of accessibility to Sexual and Reproductive Health (SRH) information and services by young people is a problem that needs serious attention by programme planners and service providers. Despite an increasing number of reports on youth SRH problems, the SRH needs of young people often fall through the cracks of many health and development plans and programmes"(Integrating Youth Friendly Sexual and Reproductive Health Services in the public health facilities, 2005).

A review of literature has revealed that in Tanzania access to and use of comprehensive sexual and reproductive health services is limited, partly due to inadequate availability of information relating to these services. Furthermore, observation has been made in the literature on the general lack of gender analysis and gender disaggregated data on access to and use of SRH information in Tanzania. Obermeyer (2005) argues for the need to situate sexual behaviour in its socio-economic context and take into account the

construction of gender roles. Studies elsewhere (Chacham, et.al, 2007; Omoregie, et.al, 2003) have revealed that gender norms, stereotypes and roles learnt through the process of socialisation (from families, communities, schools, colleges, workplaces, etc) influence the way information and knowledge (including SRH information and knowledge) is accessed, internalized and utilized. The status of gender relationships among societies in Tanzania reveals that women and girls (in particular) are in a more disadvantaged position than men in relation to access and utilization of SRH information. Scholars (Obasi, A et.al, 2006; Masatu, 2003; Omoregie, 2003; Leshabari and Kaaya, 1997; Klepp, K et.al, 1994) argue that greater access to SRH information and education will lead to changes in values and norms regarding gender, sexual activity and family planning. This will include increased awareness of alternative roles for women and men, the reduced likelihood of unplanned pregnancies and loosing or retaining traditional norms and values that ascribe and shape gender relationships.

This paper examines how access to sexual and reproductive health information and its use are influenced by gender roles and norms in the cultural milieu of the university student communities. Relationships between key variables were hypothesized in the following diagrammatic presentation.

Figure 1: Diagrammatic conceptualization of variable relationships



Literature Review

Chacham, et.al (2007: 2) and Lawson (1999) observe that "unequal gender relations between men and women tend to make it difficult, if not impossible for women to negotiate the use of condoms." This it is partly explained by the dominant cultural attitude that women wanting to use condoms or contraceptives are regarded as promiscuous and are therefore rejected or threatened with violence. The implication of this is that women in many cases are powerless in sexual relations and reproductive health decisions, thus becoming potential victims of gender-based violence when they attempt to negotiate with partners. The use of condoms is equated with multiple partners and lack of trust while unprotected sex equals trust and intimacy. The result it is observed is unwanted pregnancies and unsafe sex.

Studies (Sohail, 2002; Shaheed, 2001; Lugalla, 1999; Kaijage, 1992) show that sexual behavior and attitudes are shaped by a variety of socio-cultural factors in specific localities. Therefore the success of SRH information and services might depend on the understanding of socio-cultural factors including gender relationships among others. For example, Sarah Hawkes and Graham Hart (2000) found that the predominance of sexual and reproductive health interventions aimed at women is predicated on the fact that women bear a greater burden of reproductive mortality and morbidity as they shoulder the physical and most of the social, responsibility for childbearing and childcare. When men have been included in reproductive health surveys and programmes, they have featured mainly as determinants of women's fertility.

However, beyond knowledge of, and attitudes towards, contraceptive methods, men in general have been found to have very little knowledge of basic reproduction (Singh 1998), often misinterpret the signs of possible infection in the reproductive tract (Olukoya & Elias 1996), and may be unaware of danger signs during potentially complicated pregnancies or labours (Hunter et al. 1994; Moses et al. 1994; Thomas et al. 1996). Simonelli et al (2002), evaluating sexual and reproductive health education and services for youths in Dodoma Region, found that youth have a certain amount of knowledge on STIs/HIV/AIDS although their sexual behaviors do not reflect their

knowledge. Pathfinder International Tanzania (2005) observed that, in Tanzania, young people are often prevented from accessing SRH information and services, and their SRH needs often fall through the cracks of many health and development plans and programmes.

Methodology

Research for this study was conducted among undergraduate student communities at Muhimbili University of Health and Allied Sciences (MUHAS), Mzumbe University, Sokoine University of Agriculture (SUA) and University of Dar es salaam (UDSM) in June 2008. The study integrated both qualitative and quantitative research methodologies. Purposive sampling was used to select focus group discussion (FGD) participants and key informant interviewees and convenience sampling for the cross-sectional survey. The selection of the study area was expected to highlight the complexity of the access to use and impacts of SRH information across genders in both information-rich and relatively information-poor communities. The sample size for the cross-sectional survey was 200 respondents and 50 students from each university, targeting an equal number of male and female students.

Participants for FGDs were sampled purposively and there were 3 FGDs per institution. Service providers and student leaders formed one group. Students were subdivided by gender into two groups. FGDs comprised about 7 participants. Data were collected from secondary sources; FGDs, individual interviews with key informants and cross-sectional surveys.

Findings and Discussion

Availability of Sexual and Reproductive Health Information Services

Findings revealed inadequacies in the availability of SRH information services in the study area with some variations between the four universities. Even where actual SRH services were available, information about their availability was not efficiently and effectively communicated to students, who are a key constituency and target group in

SRH service provision in such communities. For example, at MUHAS, SRH services including information services are provided at the Muhimbili National Hospital where students go for treatment. Muhimbili is also a teaching hospital for MUHAS and the university is on the same campus as the hospital. Findings showed that within MUHAS there is no specific unit or section which deals with SRH information services. Instead there have been some initiatives like SAVE LIFE, which deals with students' health affairs in relation to HIV status, whereby activities like blood donation, voluntary counseling and testing (VCT) for HIV are conducted.

Students' health representatives and counselors at the university health centre acknowledged the weakness of SRH information services for students at MUHAS. They argued for the establishment of an SRH information unit to save energy and time spent outside the university where the majority of respondents go for SRH services.

Findings from SUA indicated that SRH information is not provided at the university. The face-to-face interview with a group of respondents from SUA health centre and student health representatives showed that there is no formally established unit which deals with SRH information services, but rather they get such information indirectly from other units such as Gender Policy Implementation Committee (GPIC), which mainly deals with mentoring services, AIDS Club for AIDS information and VCT, as well as from the Dean of Students (Counseling Services Unit). The establishment of such a unit to harmonize SRH information services was recommended. The respondents suggested the formation of such an independent SRH information services unit, manned by a specialist to run the services, i.e. to collect, organize, package and distribute appropriate SRH information to students.

At the UDSM SRH information and services in general are available. However the communication of this information to the student community is not undertaken in an efficient and effective manner. The interviews with students showed that a large proportion of them were not aware of the availability of such SRH information and services. For example, although a large billboard has been erected near the University

Health Centre it is not located at a place where people could easily see it. The billboard does however indicate the range of SRH services that are available at the centre, such as opening hours and contact telephone numbers. These services are available on Monday to Saturday from 2:00pm to 6: pm. The billboard has information on available SRH services provided at the centre and the listed services include:

i) information and counseling on abstinence, safe sex and sexual violence/abuse
ii) Family planning services
iii) STI prevention, diagnosis, and Management
iv) HIV/AIDS counseling/referrals for testing and care and
v) Pregnancy testing, ante-and post-natal care

The findings of this study have also shown that gender issues permeate the availability of SRH information services in the study areas in a number of ways (though concealed). For example, the provision of information on female condoms has been neglected because of the inbuilt perception that condoms are for men and women are not expected to use condoms.

Attitude toward Gender Equity

Among major variables that were expected to influence the attitude toward gender equity is the use made of SRH information, which tends to increase awareness of the need for gender equity. The study examined the association between the use of various sources of SRH information such as radio, television and friends and the attitude towards gender equity. The findings from the study revealed no significant relationship between the use of these sources of SRH information and the attitude towards gender equity (see table 1-3 below).

Table 1: Radio use and attitude towards gender equity

	Can decide without consulting partner	**Cannot decide without consulting partner**	**Total**
Uses Radio	32(26%)	90(74%)	122(100%)
Does not Use Radio	7(23%)	23(77%)	30(100%)
Total	39(25%)	113(75%)	152(100%)

Table 2: TV use and attitude towards gender equity

	Can decide without consulting partner	Cannot decide without consulting partner	Total
Uses TV	35(25%)	100(75%)	135(100%)
Doesn't use TV	4(23%)	13(77%)	17(100%)
Total	39(25%)	113(75%)	152 (100%)

Table 3: Friends use and attitude towards gender equity

	Can decide without consulting partner	Cannot decide without consulting partner	Total
Uses Friends	27(24%)	85(76%)	112(100%)
Does not use Friends	12(30%)	28(70%)	40(100%)
Total	39(25%)	113(75%)	152(100%)

Awareness of Sexual and Reproductive Health Information Services

Awareness of the availability of SRH information services within an institution is an important first step towards accessing and ultimately using SRH services. Sixty nine percent of respondents indicated that they had heard of SRH information services at their universities while 31% had not heard of such services. Substantial variation is however observed between student communities (see data in table 4 below).

Table 4: Awareness of SRH information services in the universities

Type of Community	Heard of SRH information services	Have not heard of SRH information services	Total
UDSM	41(82%)	9(18%)	50(100%)
MUHAS	34(72%)	13(28%)	47(100%)
Mzumbe	23(46%)	27(54%)	50(100%)
SUA	37(78%)	10(22%)	47(100%)
Total	**135(69%)**	**59(31%)**	**194(100%)**

Data from this study revealed that almost no relationship existed between gender and awareness of sexual and reproductive health services in the universities. This might reflect similarities in terms of environment, social status of students and social context of the universities that could influence the level of awareness (see table 5 below).

Table 5: Gender by awareness of SRH information services

Sex	Heard of SRH information services	Have not heard of SRH information services	Total
Male	69(69%)	31(31%)	100(100%)
Female	66(70%)	28(30%)	94(100%)
Total	**135(69%)**	**59(31%)**	**194(100%)**

Findings further revealed that respondents are generally knowledgeable about SRH issues. Ninety two percent of respondents were able to mention between one and three methods of modern contraceptives and only 8% could not mention any method of modern contraceptive. Seventy eight percent were able to mention three methods of modern contraceptives. The most commonly (78%) mentioned contraceptives were the condom, followed by pills (77%), injection (23%) and loop (16%). Other methods mentioned by less than 15% of the respondents include vasectomy, tubuligation and implants.

Data did not show any relationship between gender and knowledge about modern methods of contraception (see table 6 below for details).

Table 6: Gender by SRH knowledge

Sex	Knowledgeable-can mention at least one method	Not Knowledgeable-cannot mention at least one method	Total
Male	90(90%)	10(10%)	100(100%)
Female	89(94%)	5(6%)	94(100%)
Total	**178(92%)**	**15(18%)**	**194(100%)**

In summary male and female respondents were almost equally informed or aware of SRH services. Possible explanations for the limited variations include students being exposed to similar social situations including same level of education, age and access to SRH information. Possible reported obstacles to improved access to SRH information were time constraints due to tight class schedules and absence of information-seeking culture by students.

Access to SRH information

Sixty eight percent of students reported that they can access SRH information outside their own universities. Additionally, 43% of respondents reported that they can access SRH information both within and outside their institutions. The major sources of SRH information are television; radio, newspapers, friends, health workers, fellow students, brochures and internet (see detail on table 7 below).

Table 7: Potential sources for SRH information

Source	Yes	No	Total
Television	166(86%)	27(14%)	193 (100%)
Radio	161(82%)	33(18%)	194(100%)
Newspaper	143(74%)	50(26%)	193 (100%)
Friend	111(57%)	82(43%)	193(100%)
Health worker	97(50%)	96(50%)	193 (100%)
Fellow student	95(49%)	98(51%)	193(100%)
Brochure/leaflet/flier	81(41%)	112(59%)	193(100%)
Internet	70(36%)	123(64%)	193 (100%)
Spouse	57(29%)	136(81%)	193(100%)

This study hypothesized an association between gender and access to sources of SRH information. The assumption was that women in the study sites will have wider access to a variety of sources of SRH information because they have been the target of SRH information initiatives over the years. The results did not show any significant difference between men and women in the reported number of potential access sources of SRH information. However, there is a significant difference between male and female respondents in relation to the proportions that reported over 7 potential sources of SRH information. Thirty two percent and 22% of male and female respondents respectively reported between 7 and 9 potential access sources.

This study revealed numerous challenges and factors that might influence access to SRH information as reported by respondents. Among these were unavailability and/or inadequacy of SRH services in general, lack of awareness of the information services, time constraint due to heavy workload, culture (fear/shyness) of accessing the service, few skilled SRH staff, and lack of user-friendly environment.

Table 8: Challenges to access SRH information services by community

Challenge	MZUMBE	SUA	UDSM	MUHAS	Total	%
Poor/inadequate services	25	27	28	20	90	45%
Lack of awareness of the availability of services	19	7	13	12	51	25%
Time constraint (long waiting time)	2	12	3	5	22	11%
Shyness/culture/fear/stigmatization	7	4	5	5	21	10%
Few skilled SRH staff	5	0	6	3	14	7%
Unfriendly service environment	2	0	5	3	10	5%

Among possible explanations for limited gender differences in potential access to sources of SRH information is that both male and female students are equally exposed to SRH information (similar levels of awareness) and the uniqueness of the university environment in which students irrespective of their gender, have an equal workload, and similar day-to-day activities. However, a smaller percentage of women than men indicated fewer potential sources of SRH information which could partly be explained by socio-cultural factors that limit women's interaction. For example, male students are likely to have more friends than female students with diverse backgrounds or access to other non-conventional sources of SRH information such as the internet etc.

Attitudes toward SRH Information Service Provision

The study examined the opinions, perceptions and attitudes of students towards the provision of SRH information services in their institutions and discusses the reasons underlying these perceptions. Ninety three percent of respondents had an unfavorable opinion of the provision of SRH information services in their universities (see table 9 below of details).

Table 9: Opinions of SRH information services in the Universities

Opinion	UDSM	MUHAS	MZUMBE	SUA	Total
Adequate Information services	2(4%)	2(5%)	1(2%)	2(2%)	7(4%)
Inadequate Information services	46(96%)	35(90%)	45(96%)	34(96%)	160(93%)
No Opinion	0(0)	2(5%)	1(2%)	1(2%)	4(2%)
Total	**48(100%)**	**39**	**47**	**37**	**171(100%)**

Results also show a consensus across the institutions as to why respondents felt that SRH information provision is inadequate. First, availability of and access to SRH information is a problem in that it was reported that the provision of such information is irregular and haphazard. The flow of SRH information into the student communities is thus constrained. Second, it was reported that the providers of SRH information are not well trained in the techniques of either providing information or other SRH services such as counseling. The impact of this is that SRH information services are not well received. Third, the provision of health services, e.g provision of contraceptives and counseling is not efficiently and effectively undertaken. This raises the question as observed by some

respondents as to the level of commitment by university administrations on the provision of SRH information. Fourth, in all four universities respondents observed that there was very limited use of peer educators, student clubs and groups in the provision of SRH information. This technique which has been tested in many other places and was found to be effective should be encouraged.

Fifth, most respondents noted that limited efforts are being made by the providers of SRH services to effectively market and publicize the services. For example, in all the universities it was noted that brochures, leaflets, fliers, online internet services, billboards, telephone service (e.g hotlines for students in crisis situations requiring counseling) are seldom used to provide SRH information and market SRH services in general. A few brochures were found on the notice boards of the health centers but which were rarely or purposively sought by a large number of students. The idea of disseminating information to students directly rather than students seeking information is what is being advocated. Perhaps this makes sense in the context of what most of the respondents have observed is that they are too busy with their studies with limited time to seek SRH information. Additionally, some respondents observed that the old way of providing SRH information is not working and thus providers should look for strategies that work with a specific target group, such as undergraduate university students. Table 10 below provides detailed statistics on challenges that students face in using SRH information services in their universities.

Table 10: Challenges in using SRH information services by community

Challenge	SUA	MZUMBE	UDSM	MUHAS	TOTAL	%
Poor service	19	27	17	11	74	37%
Culture (shyness/fear)	10	19	18	10	57	28%
Poor accessibility	14	13	14	15	56	28%
Unfriendly environment	7	14	16	5	42	21%
Cost	7	14	7	8	36	18%
Unavailability of service	6	4	5	4	19	9%
Language barrier	4	4	5	1	14	7%
Time constraint	6	2	4	2	14	7%
Lack of awareness	3	6	1	1	11	5%

One of the key factors that we assumed will influence the perception and attitude of students towards SRH information service provision is the extent to which students find

the providers of services friendly. Forty seven percent of respondents thought that providers of SRH services in their universities were friendly while 13% reported that providers of SRH services were rude and the rest did not know. SRH services are generally a sensitive area and a user-friendly environment would make a lot of difference in attitude formation towards the service and actual utilization.

Use of SRH Information

Ninety one percent (91%) of respondents in the sample study reported using SRH information services and thus 9% do not use. The study showed that information on STIs and HIV/AIDS and information on family planning are the two major SRH information services which were utilized by the respondents. Seventy eight percent (78%) of respondents use information related to STIs/HIV/AIDS while 46% use information on family planning. The greater use of STIs/HIV/AIDS information could partly be a result of major initiatives by government and non-government organizations on information, education and communication (IEC) activities in the prevention of HIV/AIDS. The study examined the association between gender and use of sources of SRH information. The findings revealed that there was no significant relationship between gender and use of sources of SRH information. The results indicated that 81% of males and 79 % of females had used the radio as the source of SRH information.

Table 11: Use of radio by gender

Sex	**Uses Radio**	**Does not use radio**	**Total**
Male	80(81%)	18(19%)	98(100%)
Female	73(79%)	19(21%)	94(100%)
Total	**155(80%)**	**37(20%)**	**192(100%)**

Data in table 12 below indicate that 90% of male and 87% of female had used television as their source of SRH information.

Table 12: Use of television by gender

Sex	**Uses Television**	**Does not use radio**	**Total**
Male	89(90%)	9(10%)	98(100%)
Female	82(87%)	12(13%)	94(100%)
Total	**171(89%)**	**21(11%)**	**192(100%)**

Eighty percent and 62% of male and female respondents respectively used friends as a source of SRH information. Some factors such as educational levels and distinctive nature of the university environments could account for lack of variation across gender.

Table 13: Use of friends by gender

Sex	Uses Friends	Does not use radio	Total
Male	79(80%)	19(20%)	98(100%)
Female	61(62%)	33(38%)	94(100%)
Total	**140(72%)**	**52(28%)**	**192(100%)**

Conclusion and Recommendations

Conclusion

This paper examined the state of access to and use of SRH information in four universities in Tanzania in the context of gender dynamics and relations. The overall research design integrated both qualitative and quantitative research methodology. The key finding of this study was that gender does not influence SRH information access and use. Additionally, data did not show any significant association between the use of SRH information and type of community on the one hand, and attitude toward gender equity, attitude toward SRH behaviour and SRH behaviour outcome on the other. The findings however did show the dominance of cultural values and norms over health concerns, even at individual level, and how these cultural values and norms are significant determinants of an individual's health behavior. For example, an overwhelming majority of respondents indicated the need to consult partners/spouses before making decisions regarding SRH.

The baseline data on SRH information and service provision in the four universities revealed the following. First, SRH information services are available but were not adequate. Second, students can access a wide range of sources of SRH information, but actual use is concentrated and limited to only three major sources which are radio, television and friends. Specialized and tailor-made information sources, such as health workers and brochures/leaflets were hardly used. Third, awareness of the availability of SRH services in the Universities is not wide spread among students and a significantly

large percentage of students think that they cannot access SRH information in the universities and have a negative attitude towards the provision of SRH information in the universities.

Major factors that influence access to and use of SRH information services and indirectly SRH behaviour changes/outcome in the universities in Tanzania are diverse and respondents have expressed these in the form of the challenges that they face in accessing and using such services. One of the reported challenges was inadequate access to SRH services, for example, inadequate access to contraceptives, lack friendly SRH services, judgmental service that is not friendly to students, stigma and discrimination against HIV- positive people.

Despite the challenges the findings revealed the opportunities including extensive SRH knowledge among students. SRH services, though not comprehensive, were also available and demand is on the rise among students. Although limited in number, youth groups/peer educators are available in the universities. At national level some policies have been established with regard to SRH and therefore what is required is to ensure the implementation and revision of these policies.

Recommendations

Based on the findings the following recommendations are made:

SRH information and service provision

- Train health staff in the provision of student-friendly SRH information services
- Diversify SRH information service points to include hotlines and internet services and thus increase access. In other words, create alternate ways to access SRH information without physical visits to site
- Create more awareness and knowledge of a wide range of available SRH services
- Increase participation of students in SRH information and service provision
- Institute flexible working hours for SRH service centres where they exist, providing services in the evenings and at weekends or a 24hr-service to increase privacy and accommodate student study schedules

Gender Mainstreaming in SRH service delivery

- Mainstream gender into SRH service provision
- Recruit both male and female SRH service providers

Family Planning Information

- Provide adequate correct scientific information on the alleged side effects of some contraceptives
- Increase marketing of and access to female condoms

Discussing SRH issues

- Increase peer communication and participation on SRH issues

IEC and BCC

- Increase awareness and education with regard to SRH
- Increase training for peer educators
- Create local content with interactive delivery methods such as seminars, drama, video presentation and music on various aspects of SRH.

Marketing/promoting of SRH services

- Design effective signs, fliers, billboards, posters to convey SRH messages

STI/HIV/AIDS

- Increase education on the need for voluntary testing
- Increase community-based education and awareness-creating activities on traditions and norms that might foster risky sexual behaviour and attitudes

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