Food and Public Health 2014, 4(2): 31-35
DOI: 10.5923/j.fph.20140402.03

The Use of Contraceptives among Female Students in State University of Zanzibar

Provident J. Dimoso[1,*], Mark M. Msaki[1], Mwanajuma A. Suleiman[2]

[1]Department of Rural Development and Regional Planning, P.O. Box 138, Dodoma, Tanzania
[2]The Office of Chief Government Statistician Zanzibar (OCGS), The Revolutionary Government of Zanzibar, P.O. Box 2321, Zanzibar

Abstract Worldwide, university students fall in the youth group which is prone to unattended sexual risk behaviors that may lead to unwanted pregnancies. With respect to their exposure to family planning aspects, female students at the State University of Zanzibar were anticipated to make use of the family planning facilities available at the university. Simple random sampling was used to obtain 86 female university students involved in the study. Strong belief in Islam religion has been the factor caused almost a half of female university students not to be engaged in sexual intercourse. The majority of students who used contraceptives decided to use tradition contraceptives and not modern contraceptives. Almost all the students who made use of contraceptives had consent of their partners. To make use of contraceptives successful, countrywide promotion to contraceptives should target both males and females. Still a research is required to find out factors that led to reduced adolescent pregnancies in Zanzibar.

Keywords Contraceptives, Sex, Pregnancy, Students

1. Background Information

Literature shows that students who have just joined university find themselves in a state of excitement and a significant increase in sexual exposures. [1] These excitements of high number of sexual partners are linked with social transitions such as changing from being high school students, and at times moving from a restricted rural to more liberal urban environment. [1] The young people are on the upper end of their teenage period, and it is within this age group that a large proportion of university students are found. It is estimated that young people between the ages of 15-24 years, a group including university students constitute 20% of the total population of the world. [2]

Several studies have shown sexual behaviors and the attended risks among youths and in particular university students. [3, 4, 5] In Togo majority of University Students (approximately 63%) of university students had more than one sexual partner, and among them, only 38% reported regular condom use. [5] Among Malagasy university students 29% reported to have two or more sexual partners and only 13.5% were consistently using the condom. [4] In Uganda only 48.9% reported using condoms. [3] In Tanzania surveys show those unmarried male adolescents and their female counterparts of who are university students have premarital sexual relationships. [6]

* Corresponding author:
providentd@yahoo.co.uk (Provident J. Dimoso)
Published online at http://journal.sapub.org/fph
Copyright © 2014 Scientific & Academic Publishing. All Rights Reserved

Low level of contraceptive usage among young people in Sub-Saharan Africa has been the main reason for high prevalence rate of unwanted pregnancies and unsafe abortion. Self-reported data from Demographic and Health surveys in Sub-Saharan Africa show that 1-11% of sexually - experienced 15-24 years old females and 2-16% of males in about 20 countries said they had an STI in the 12 months prior to respective survey. In addition, unwanted pregnancy is not uncommon among young people. Among 20-24 year old women 8% in West/Central Africa and 15% in South / East Africa have had a premarital birth by age 20. Moreover, estimates of unsafe abortions in Africa show that more than one-quarter were experienced by15-19 year olds. [7]

Effective contraception reduces the burden of reproductive ill health by decreasing mortality and morbidity associated with unwanted pregnancies. It also reduces fertility, which, in turn, can play a crucial role in poverty reduction. [8] Various governments have put in place different mechanism of ensuring availability of reproductive health facilities, including contraceptives and associated services in Tanzania, the government policy on family planning is to ensure the availability of contraceptives services in its health centres for men and women who are ready for and need of them. In Tanzania, the government was aware that teenagers are sexually active and therefore in 1994 it launched the policy to encourage the provision of family planning information and services freely to people in need including teenagers. [9] Similarly, at the State University of Zanzibar there is university project targeting students providing reproductive health services such as contraceptives.

The success of any family planning programme activities is determined by the level of current use of contraceptive methods. [6] In Zanzibar, several factors have been found to influence contraceptive use among young women in villages of Zanzibar. Strong Muslim beliefs (religious barriers), male dominance over females (patriarchy), and limited exposure to modern contraceptive to be obtained through higher education has been limiting the use of contraceptives among young women in Zanzibar. [10] The current paper aimed to understand if after all the female university students who are more exposed to modern contraceptives accept and make use of the contraceptive.

2. Materials and Methods

The State University of Zanzibar is situated at Mkunazini Shehia which located at Mji Mkongwe Constituent at Urban District at Urban West Region in Zanzibar. The State University of Zanzibar was purposively selected for the study as there is no previous study about the use of contraceptive in the Institute. The presence of the university project targeting students providing reproductive health services such as contraceptives to students has also justified the selection. The study employed a cross-sectional research design. Considering the study error of 10%, the study involved 86 undergraduate female students drawn from a total of 617 female undergraduate students studying at the State University of Zanzibar. [11] The probability selection of undergraduate female students was based on the fact that they are mostly found in adolescent age that are prone to prone unwanted pregnancies.

During August and November 2011, the interviews and the questions directed to university female students aimed at understanding various factors such as sex behavior, accessibility, availability and barriers as are related to the use of modern contraceptives. Non probability selection was used to obtain 9 class coordinators, 2 health officers, and 6 consultants to supplement the information making a total of 104 persons involved in the study. Secondary data were obtained from different sources such as Ministry of Health and Office of Chief Government Statistician.

Both quantitative and qualitative data obtained from the survey was processed and analyzed using Statistical Package for Social Sciences (SPSS 16.0) computer software [12]. Descriptive analysis involved frequencies, means and cross tables. Thereafter, Data in this study were presented in form of charts, tables, figures maps, photos and text in order to make sense out of the collected data

The study protocol was reviewed and approved by the Research and Post Graduate Studies Committee of the Institute of Rural Development Planning (IRDP). Prior to the day of interviews; the research team visited The State University of Zanzibar to request for permission and to make arrangement with respondents (female university students). Confidentiality and anonymity was ensured to respondents. All the completed questionnaires were locked away and kept safely by the principal researcher.

3. Results and Discussion

The section started by describing socio – demography characteristics of respondents. This was important to well explain the dimensions related to the use of contraceptives. The use of contraceptives by female university students was thereafter described. Factors that have been promoting and limiting the use of contraceptives among female university students were thereafter identified and discussed later in the chapter.

3.1. Socio-Demographic Characteristics of the Study Population

Analyzing socio-demographic characteristics of respondents is important as they explain dimensions related to the use of contraceptives. The socio-demographic characteristics of the respondents are summarized in Table 1. The mean age of respondents was 25 years ranging from 20 years to 40 years of age. The majority of respondents (65.1%) were from age group 20-24. Having the larger proportion of respondents with young age was obvious since 48.8 % of respondents were obtained from first year of study. Relatively large engagement of respondents from the age group (20-24) is purposely done since it is the group that has just walked out of the adolescence. Muslim students were the majority, being 94.2 % of the respondents. The situation reflects country's data whereas Muslims makes 97 % of the population. [13]

Table 1. Selected Respondents Characteristics of (n=86)

	Response	
Variable	**Frequency**	**Percentage**
Age of respondent		
■ 20-24	56	65.1
■ 25-30	25	29.1
■ 31-40	5	5.8
Religion		
■ Muslim	81	94.2
■ Roman Catholic (RC)	2	2.3
■ Protestants	3	3.5
Degree programme		
■ BA Education	49	57
■ BSC Education	24	27.9
■ BSC Computer	13	15.1
Year of study		
■ First year	42	48.8
■ Second year	31	36.1
■ Third year	13	15.1

Source: Contraceptive Use Survey, (2011)

The students coming from the Roman Catholic domain made the least proportion being 2.3% of all respondents. The majority, 57% of the respondents were pursing degree

programme in Bachelor of Arts with Education.

3.2. The Use Contraceptive Services by Female University Students

More than half the respondents were not sexually experienced. While 58.1% of respondents said they never had sexual intercourse, 41.9% admitted that they had already had their first sexual intercourse (Table 2). The proportion of students already engaged in sexual relations is small as compared to the study in Brazil which revealed that 61.7% offemale students had already been engaged in their first sexual intercourse. [14]

Table 2. Proportion of Students Age at First Sex and Contraceptive Use

Variables	Frequency	Percentage
Ever had sex		
Yes	36	41.9
No	50	58.1
Total	**86**	**100**
Age at first sex		
15-20	6	16.7
21-25	22	61.1
26-30	8	22.2
Total	**36**	**100**
Ever used contraceptives		
Yes	21	24.4
No	65	75.6
Total	**86**	**100**
Type of contraceptive used		
Oral pills	1	4.8
Injection	5	23.8
Condom	1	4.8
Periodic Abstinence	4	19
Withdrawal	9	42.9
others	1	4.8
Total	**21**	**100**

Source: Contraceptive Use Survey, (2011)

The results also revealed that the majority had their first sexual intercourse experience at the age between 21 to 25 years of age. Only 17% of the female students who had already practiced sexual intercourse had their first experience at their age between 15 and 20 years old. The current findings do not differ much with TDHS 2004/5 and 2010 showing that 11.4% and 11.3% of adolescent girls with less than 15 years of age to be already engaged in sexual intercourse. [15] The findings summarises to the fact that at about 83 of female students who are already engaged in sexual intercourse had their first experience when they were already over 20 years of age. The current finding differed to TDHS 2004/5 and 2010 report showing 77% and 83% of adolescent aged between 15 to 19 years old to have already been engaged in sexual intercourse.[15] Both commitment to studies and strong religious belief could potentially explain for less involvement to sexual intercourse at early age among university students. Female students at the University of Zanzibar hadlate engagement to sexual intercourse.

The reduction of adolescent pregnancies in Zanzibar, between 2004 and 2010 with a drop of more than 33 per cent [15] showed the increased understanding the benefits of using contraceptives among adolescents. The current research realised that 58% ofstudents who have already practiced sexual intercourse have used contraceptives. The proportion being slightly above 50% for female university students' is not yet satisfying. The commonly used contraceptive method was the withdrawal that accounted for 42.9% followed by injection (23.8%) and periodic abstinence (19%).

As reported earlier, 42.9%, 19% and 4.8% of female students who are using contraceptives are using withdrawal method, periodic abstinence and other traditional methods. In summation the current findings explains that 66.7% of all respondents using contraceptive did not opt for modern contraceptives. The commonly given reason for not using contraceptives was religion beliefs accounting for 47.5 % of the students who did not use contraceptives (see Table 3).

Table 3. Barriers to make use of contraceptives

Barrier	Frequency	Percentage
Religious reason	31	47.5
Fear of side effects	15	23
Wants to become pregnant	6	9.2
Not married	13	20
Total	**65**	**100**

Source: Contraceptive Use Survey, (2011)

Similar finding were also obtained by Arowajolu in study among Nigerian Under graduate students. [16] The fear of side effects was the second most important reason for not using contraceptives. Religious belief and fear of side effect pushing 70 % in not using contraceptives suggests that there is a need for more knowledge to contraceptives and practice to be strengthened among the university community. The current findings suggest the dimensions limiting the use of contraceptives to be more severe in wider non university community.

Fear of pregnancy and health worker's advice were the reasons for the choice of contraceptive method employed by university students. The proportion 79% and 21 % of females using contraceptives in State University of Zanzibar reported fear of pregnancy and health workers advice led into the choice of contraceptive method used. The commonest reason was efficacy and safety of the contraceptive methods than convenience or prevention of Sexually Transmitted Diseases. [16] Similarly, on the Reasons for Condom Use among Young People in Kwa Zulu-Natal found that 24% of male and 18% of female condom users reported using the method only for preventing pregnancy. [17]

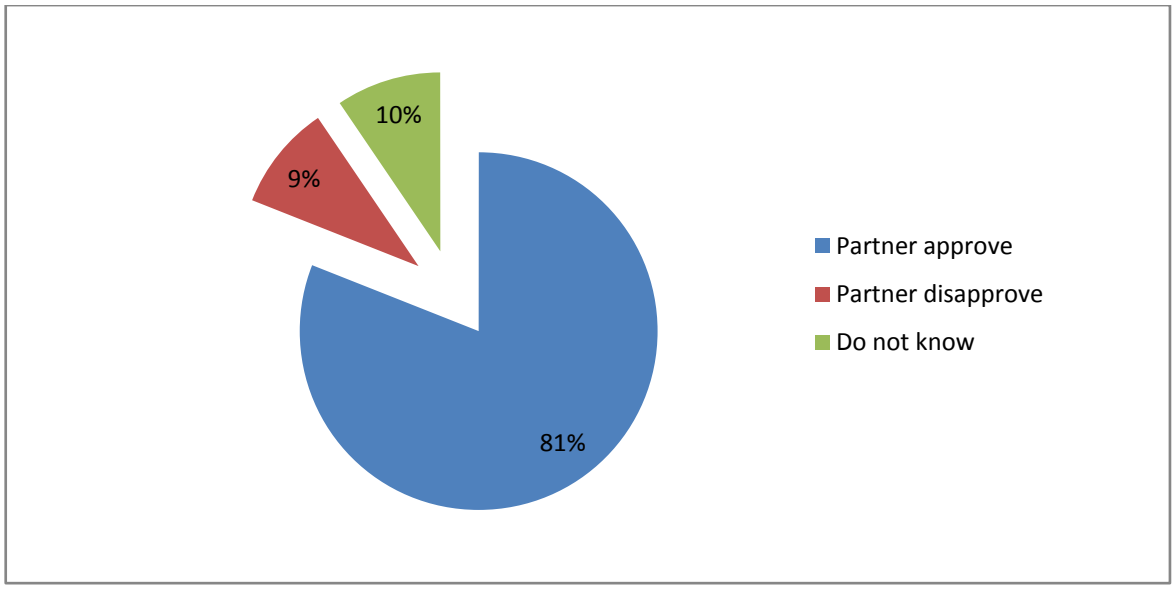

Figure 1. Partners support for the use of contraceptives. *Source: Contraceptive Use Survey, (2011)*

Strong religious belief (Muslim) has showed to be the overriding factor governing various aspects of female university students and eventually their orientation to sexual intercourses and lately the choice of contraceptives. Having more than half of female students in university yet to practice sexual intercourse explains this. In the same line, having the majority of students using contraceptives but not modern contraceptives support the argument that religious belief has its upper hand to orientation to sexual intercourse and the use of contraceptives.

However, despite the fact that respondent's knowledge needs to be strengthened, one interesting pattern observed was that respondents did not feel embarrassed to talk about contraceptive services and sexual issues. This shows that contraceptive awareness and acceptability is increasing among adolescents.

3.3. Social Support for Contraceptive Use from Partners and Parents

The question on whether the partner approves the use of contraceptives asked to respondents who use them. The current study revealed that 81% of respondents who uses contraceptives are supported by their partners (Figure 1).

While 9.5% of respondents who used contraceptives declared that their partners did not support the use of contraceptives, 9.5% were not sure of their partner's reaction as they had not shared with them that they are using contraceptives. Similarly a study done by Arowojolu realised that opposition to family planning either by partner or parent/guardian played a major role in not using the contraceptives. [16] Campaigning for family planning should not only target females as they need consent and support from their partners for them to use contraceptives.

4. Conclusions

Almost a half of Majority of female students who are engaged in sexual relations are using contraceptives in the State University of Zanzibar. The common reason for using contraceptives was efficacy and safety of the contraceptive methods than convenience or prevention of Sexually Transmitted Diseases. It was further noted that, tradition contraceptives have been preferred to modern contraceptives. Strong Muslim religious belief and fear of side effects have been pointed to be the reasons to opt for traditional contraceptives. Almost all students who have been using contraceptives had the concert of their partners. It is important to note that, side effects are one of the factors hindering usage of contraceptives, this research did not answer a questions as how serious are the side effects, and to what extent these side effects reduces modern contraceptives usage.

5. Recommendations

More efforts should be put in place to promote the use of modern contraceptives not only in the State University of Zanzibar but also in wider communities in Zanzibar. Since the use of contraceptives depends much on partner's consent, involvement of both males and females in such programmes will promote the use of contraceptives among female university students and Zanzibar at large. Country wide, there is still a need to attend the call of UNICEF (2011), looking for factors that have led to reduce adolescent pregnancies by 33% in 2010 as compared to 2004. [15]

ACKNOWLEDGEMENTS

The research team is expressing its sincere gratitude to all students of the State University of Zanzibar who agreed to get involved in the study. Their willingness to participate fully and be able to provide such personal information made this study manageable. The authors are also grateful to the

administration of the State University of Zanzibar for permission and support provided for the study to take place. The Institute of Rural Development Planning is thanked for organising for the research and approval of the same to be conducted. In a special way, the authors express their sincere gratitude to the Government of the United Republic of Tanzania for funding the research.

REFERENCES

[1] Puri, S, Bhatia, V, Swam, H. M. Sigh, A, Sengal, A and Kaur, A. P. "Awareness of Emergency Contraception among Female Collage Students in Chandigarh, India", West Africa Journal of Medicine.1995;14(1): 34-38.

[2] Sahin, N.H.Male University Students' Views, Attitudes and Behaviours towards Family Planning and Emergency Contraception in Turkey", Journal of Obstetrics and Gynaecology Research. 2008;34(3):392 -398.

[3] Byamugisha, J. K. Mirembe, F. M.Faxelid, E. and Danielsson. Emergency Contraceptive and Fertility awareness among University Students in Kampala, Uganda, African Health Sciences. 2006; 6(4):194-200.

[4] Rahamefy, O. H, Ravard, M, Ravaoarinoro, M, Ranaivoharisoa, L, Rasamndrakotroka, A. J and Morisset, R. Sexual Behaviour and Condom Use Among University Students in Madagasca, Journal of Social Aspects of HIV/AIDS.2008; 5(1):28 – 35.

[5] Sallah, E. D., Grunitzky-Bekele, M., Bassabi, K., Dodzro, K., Sadzo, A., Balogou, A. K., Grunitzky, E. K., &Gaudreau, L. Comportementssexuels, connaissances et attitudes des étudiants de l'Université du Bénin (Togo) face au sida et aux maladies sexuellementtransmissibles. Cahier de Santé.1999;9: 101-109.

[6] Tanzania Demographic and Health Survey 2004/2005, Preliminary Report. Tanzania National Bureau of Statistics, Dar es salaam, Tanzania.

[7] Biddlecom, A. E, Adolescents' Views of and Preferences for Sexual and Reproductive Health Services in BurkinaFoso, Ghana, Malawi and Uganda, Africa Journal of Reproductive Health. 2007; 11(3): 99-110.

[8] Gakidou, E. and Vayena, E.Use of Modern Contraception by the Poor Is Falling Behind, Journal of Medical Science.2007; 4(2): 381 – 389.

[9] Silberschmidt, MandRasch, V.Adolescent Girl, Illegal Abortions and Sugar Daddies in Dar es Salaam: Vulnerable Victims and Active Social Agent, Social Science and Medicine. 2001;52(1):1815-1826.

[10] Keele, J, J. Forste R., and Flake D. F., Hearing Native Voices: Contraceptive Use in Matemwe Village, East Africa African Journal of Reproductive Health. 2005;9(1): 32-41.

[11] Yamane, T. Statistic. An Introduction Analysis, 2nd Edition Harper and Raw, New York. 1967.

[12] SPSS Inc., Chicago, IL, USA.

[13] Religion in Tanzania http://en.wikipedia.org/wiki/Religion_ in_Tanzania. (site visited on December 2013).

[14] Patel, B. N. and Vieira, G. C.Sexual behaviour and attitude of Pre-University Students in Feira de Santana, Bahia, Brazil, International Conference of AIDS. 2004.

[15] UNICEF. Adolescence in Tanzania. Dar es Salaam.2011.

[16] Arowojulu, A. O, Ilesamni, A.O, Roberts, O. A and Okunola, M. A. Sexuality, Contraceptive Choice and AIDS Awareness among Nigeria Undergraduates, African journal of Reproductive Health/La Revue AfrcainedelaSante' Reproductive Women's Health and action Research Centre (WHARC). 2002; 6 (2): 60-70.

[17] Maharaj, P. Reason for Condom Use among Youth in Kwa Zulu-Natal: Prevention of HIV, Pregnancy or Both?" International Family Planning Perspectives Guttmacher Institute. 2006, 32 (1):28-34.