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Utilization of selected sexual and reproductive health services among the undergraduate students at the University of Zambia, Lusaka, Zambia

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Background: The utilization of Sexual and Reproductive Health (SRH) services among African university students is low, between 27% and 49%. Factors affecting this include awareness of services, accessibility barriers, and socio-demographic influences. Studies indicate that hesitance to fully utilize SRH services has resulted in unintended pregnancies, sexually transmitted infections, and unsafe abortions, contributing to the loss of approximately 1.7 million young lives globally each year. At the University of Zambia (UNZA), the country's largest public university, the majority of undergraduate students are aged 18 to 25 years. This study was set out to estimate the SRH service utilization and associated factors among undergraduate students at the University of Zambia.

Methods: This study used a cross-sectional design. A total sampling method was used to select schools, while a systematic sampling method was utilized to select participants aged between 18 and 25 years from a provided comprehensive list of all registered undergraduate students, regardless of program and year of study. Data were collected using a validated interviewer-administered questionnaire from 1st September to 31st December 2024. The outcome variable was utilization, which was measured by asking and answering "yes" to the question, "Have you used SRH services before?" A multiple regression model was used to assess factors associated with the utilization of SRH.

Results: A total of 414 respondents with a median age of 21 years (IQR: 20 –23) participated in this study. Findings revealed that the utilization of SRH services was 54%. Specific SRH services accessed included condoms (44.9%), SRH health education materials (38.9%), Voluntary Counselling and Testing (36%), pregnancy tests and care (14.5%), and comprehensive abortion care (1.4%). Higher odds of utilizing SRH services were associated with living 2–5 km from a facility (aOR = 5.59, 95% CI: 1.13 - 28.9), and ever having sexual intercourse (aOR = 11.9, 95% CI: 6.81 - 21.5).

Conclusion: The findings from this study highlight a moderate level of utilization of SRH services among students, with a notable reliance on specific services such as condoms and educational materials. The data indicate that prior sexual experience significantly affects the likelihood of utilizing these services. Furthermore, the findings also suggest there is an optimal distance for accessing SRH services—close enough for convenience but far enough to maintain anonymity. Overall, both behavioral factors, like sexual activity, and structural factors, such as facility proximity, are crucial in influencing SRH service utilization among this demographic. Addressing these factors could lead to better health outcomes and increased utilization of SRH services among the undergraduate students at the University of Zambia.

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