

Improving the quality of sexual and reproductive health and rights (SRHR)  
through pre-service training, research, and evidence-based clinical care  
delivery in Sub-Saharan Africa



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## Should female students have the right to access contraceptive services at Universities? a pathway to enhancing completion and well-being in Uganda

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### **Background**

Access to contraceptive services remains a critical factor in supporting female students' educational progress and overall well-being. In Uganda, female university students increasingly face challenges such as unintended pregnancies, unsafe abortions, and many drop out unnoticed. Enhancing access to sexual and reproductive health (SRH) services is essential to safeguarding their rights and promoting girl child education. The study assessed students' sexual dynamics and experiences while accessing SRHs in higher education institutions.

### **Methods**

This study employed a cross-sectional design, collecting data from 322 respondents through a web-based survey across 21 higher education institutions in Uganda. The quantitative data were supplemented by four key informant interviews and two focus group discussions with university students. Descriptive statistics were used to analyze trends in contraceptive access and usage.

### **Results**

Of the participants, 70% were pursuing their first degree, 78.3% were aged 18–25, and 68% were in their first or second year of study. A majority (73.4%) were in active sexual relationships or knew someone who was. Regarding the number of sexual partners, 69.6% reported having one, 14.3% had two or more, and 16.2% did not have any. About 50.3% had experienced pregnancy themselves or knew peers who had. A significant number (59.7%) indicated that fear of unintended pregnancy led many female students to consider termination. Access to contraceptive services through university health centers was reported by 46.4%, while 53.6% lacked access. Students highly accessed emergency pills (62.7%), male condoms (48.1%), and oral contraceptive pills (39.9%) from non-university and commercial health facilities. Key motivations for seeking contraceptive services were fear of unintended pregnancy (69.6%) and the desire to complete studies (32.3%). However, due to cost, privacy and confidentiality, side effects, sexual partner influence, and health worker attitude, many could not access the services. Most students (71%) believed contraceptive services should be available at university health centers, while 19.2% disagreed and 9.8% were unsure.

### **Conclusion**

Over half of the respondents lacked access to contraceptive services at university despite high rates of sexual activity and pregnancy. There is a need to improve SRH service delivery within university settings. Leveraging this evidence can aid reforms in Uganda's National Adolescent Health Policy (2004) to meet the current health needs of young people and help achieve other targets of the national development agenda. Strengthening pre-service training of university health personnel in youth-friendly, comprehensive family planning, including contraception education, counseling, and emergency care, can significantly enhance female students' university completion, health, and overall well-being. This also aligns with the global development frameworks, such as the SDG 3 target 7.

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