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AN ASSESSMENT OF SEXUAL AND REPRODUCTIVE HEALTH-SEEKING BEHAVIOURS AMONG FEMALE STUDENTS AT CHIPATA COLLEGE OF NURSING AND MIDWIFERY IN THE EASTERN PROVINCE OF ZAMBIA

BY

IVERT TEMBO

BSPH19114930

BSc PUBLIC HEALTH

SUPERVISOR: MS FRANCISCA KAWAMYA

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DECLARATION

Name of student and ID: Ivert Tembo (BSPH19114930)

I declare that this research dissertation is my creative work and to the best of my acquaintance has not been presented for a degree in any other institution.

Signature:  **Date: 12 November 2025**

Supervisor Name: Ms Francisca Kawamya

This dissertation has been submitted with my approval as a University of Lusaka (UNILUS) supervisor.

School of Medicine and Health Sciences, Department of Public Health

Signature:  **Date: 13 November 2025**

DEDICATION

Firstly, I dedicate this dissertation in memory of my deceased mother, Ireen Mumba-Tembo, who always believed in me. I wish she were alive to witness this great educational achievement (MHSRIP). I will forever be grateful for all her sacrifices, which have made me who 1 am today. **Secondly**, I dedicate this piece of my undergraduate work to my daughter (Ireen) and young sister (Chisungusho), who are still in primary and secondary schools, respectively. To you, my daughter and young sister, this undergraduate accomplishment should encourage you to reach higher educational heights than this level. May our Almighty God grant both of you wisdom and intelligence to go beyond this achievement.

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LIST OF ACRONYMS

AGYW	Adolescent Girls and Young Women
DEM	Direct Enrolled Nursing
DREAMS	Determined, Resilient, Empowered, AID-free, mentored, and Safe
HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
HLI(s)	Higher Learning Institution(s)
HSB	Health-Seeking Behaviour
IDP	Integrated Development Plan
LMICs	Low and Middle-Income Countries
RHSB	Reproductive health-seeking behaviour
RN	Registered Nursing
SRH	Sexual and Reproductive Health
STI(s)	Sexual Transmitted Infection(s)
WHO	World Health Organisation
YWCA	Young Women's Christian Association

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ABSTRACT

Background: Sexual and reproductive health (SRH) is a fundamental aspect of the overall well-being of female students in tertiary institutions. Some female students in higher learning institutions for health sciences encounter some challenges that pose some health risks during their academic years. It is for this reason that this study was conducted to assess the SRH-seeking behaviours of female students at Chipata College of Nursing and Midwifery in the Eastern Province of Zambia.
Methodology: The study used a qualitative approach to collect diverse views on the SRH-seeking behaviours of the participants using in-depth interviews. Cumulatively, the sample size, which was purposely drawn from three study cohorts, was 24 female students, i.e., 8 from each study cohort.
Results: On SRH advice from parents/guardians, most participants, especially those from rural areas, did not discuss issues of SRH with their parents or guardians because of their perceived beliefs in cultural and traditional norms, but those from the urban areas discussed a lot about SRH matters with their parents/guardians. Regarding SRH services accessed, participants from rural areas appreciated the pregnancy prevention services, while those from urban areas appreciated the contraception services. Among service providers consulted, most participants consulted private health facilities on sexual and reproductive issues, followed by those who consulted their peers and a youth-friendly health centre. Regarding challenges participants faced, most participants said that negative attitudes from some healthcare practitioners were a big problem, followed by those participants who saw a lack of confidentiality/privacy as another problem. On recommendations, all participants made recommendations on how to improve the sexual and reproductive health services at the college, with the majority recommending an improvement in attitudes of some health practitioners, followed by a recommendation on adherence to confidentiality and privacy norms.
Conclusion: SRH services at Chipata College of Nursing and Midwifery were a concern as they affected female students' choices, which ultimately affected their lives morally and educationally.
Recommendations: The Ministry of Health and cooperating partners should design and implement youth-friendly SRH policies that can create a more supportive environment for female students.

Key terms: Reproductive Health-Seeking Behaviour; Sexual and Reproductive Health

CHAPTER ONE

1.0 Background/introduction

Sexual and reproductive health-seeking behaviours of young people, including students in Higher Learning Institutions (HLIs), are a major public health concern (Mcharo et al., 2020). Sexual and reproductive health is a state of complete physical, mental, and social well-being in all matters relating to the reproductive system, including the ability to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so (Alomair et al., 2020). According to Ganaie and Khazer (2020), sexual and reproductive health problems affect many people's lives both socially and economically. As such, effective interventions that concentrate on a multitude of approaches from different stakeholders need to be in place to boost the sexual and reproductive health in communities (Yari et al., 2020). One of the approaches that can be used to improve sexual and reproductive health outcomes is through the provision of education and relevant and timely sexual and reproductive health services to female students, including those studying in HLIs (Akporido, 2019).

Sexual and reproductive health-seeking behaviours among female college students in higher learning institutions are cardinal for social and economic development; as such, more information and available choices on sexual and reproductive health should be readily available. This information helps female college students avoid falling into sexual and reproductive health problems that may have negative repercussions in their academic lives (Cassidy et al., 2019). For instance, positive SRH-seeking behaviours may help students avoid sexually transmitted infections, unplanned pregnancies, and unplanned responsibilities that may negatively affect their education, career, and future progress (Mbelle et al., 2020).

Sexual and reproductive healthcare information is crucial in the growth and development of students as it influences their ability to achieve their educational and personal goals and thus somehow affects their adulthood (Mbugua & Karonjo, 2019). 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 sexual and reproductive health services and information, particularly in African countries, including Zambia. These efforts include, among others, programmes targeting family planning, mother-to-child transmission, and

safe motherhood (Chibwae et al., 2019). However, it is not clear whether these efforts are also implemented in HLIs in Zambia and elsewhere, where the majority of youths lack access to sexual and reproductive health information (SRHI) and related services, as reported in a recent study. Previous studies have also documented that most HLIs in Zambia lack the necessary resources and awareness about ways to provide access to SRHI to their students (Chibwae et al., 2019.

While increasing access to sexual and reproductive health services among female college students is important in addressing the problem of risk behaviours among students in HLIs, active engagement in seeking such information is also necessary for promoting positive health behaviour among them. A study by Esmaeilzadeh et al. (2020) on sexual and reproductive health information-seeking behaviours shows that active engagement in health information-seeking behaviour does promote positive health outcomes among information seekers. This is also true for students in HLIs if risk behaviours among them are to be minimised. However, specific studies on sexual and reproductive health-seeking behaviours in Zambia are limited. As such, little is known about the sexual and reproductive health-seeking behaviour of these students.

Nevertheless, evidence from existing research shows that discussion on sexually related matters between youth and their parents, or elders, is considered taboo in many developing countries, including Zambia (Farih, Freeth, & Meads, 2019). This problem is compounded by, among others, social and cultural factors in most societies that limit positive interaction between youth and their parents/guardians about sexual information. In most cases, discussions on sex-related matters are surrounded by misgivings such as embarrassment, fear, and negative attitudes (Yari et al., 2020). 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 (Areskoug-Josefsson et al., 2019). It is against this background that this study sought to investigate the sexual and reproductive health-seeking behaviours among female students at Chipata School of Nursing and Midwifery in the Eastern Province of Zambia.

1.1 Statement of the problem

Sexual and reproductive health-seeking behaviour is a fundamental aspect of the facilitation of overall well-being for female students in tertiary institutions in Zambia. Sexual and reproductive

health-seeking behaviours encompass a range of actions taken by female students to maintain and improve their sexual and reproductive health, and these include accessing preventive services, seeking care for reproductive health concerns, and adopting healthy behaviours (World Health Organisation (WHO), 2020). Despite the importance of seeking appropriate reproductive health services, there is a growing concern about sexual and reproductive health-seeking behaviours among female students in Zambia. The concern has not spared schools of nursing and midwifery whose training for students comprises sexual and reproductive health, among others. This is despite the Ministry of Health, Non-Governmental Organisations, and private health facilities providing sexual and reproductive health services.

Some female students in schools of nursing and midwifery in Zambia and Eastern Province, in particular, face unique challenges and health risks during their academic years. These unique sexual and reproductive health challenges and risks that female students face affect their mental and educational concentration (WHO, 2020). There is little or no research on sexual and reproductive health-seeking behaviours among female students in Eastern Province of Zambia, specifically, focusing on schools of nursing and midwifery, which train students in most components of sexual and reproductive health. Therefore, this study purposefully selected Chipata College of Nursing and Midwifery in the Eastern Province of Zambia to assess sexual and reproductive health-seeking behaviours among female students.

1.2 Justification of the study

Sexual and reproductive health is a critical aspect of well-being, particularly for female students in tertiary institutions. Female college students often face unique challenges in accessing and utilising reproductive health services due to factors such as stigma, lack of awareness, financial constraints, and cultural influences. Understanding the sexual and reproductive health-seeking behaviour of female students at Chipata College of Nursing and Midwifery is crucial in identifying barriers to sexual and reproductive healthcare access and developing interventions that promote positive health outcomes. Given that these students are future healthcare providers, ensuring their optimal sexual and reproductive health not only benefits their well-being but also enhances their ability to provide quality care to others.

The study is significant because it provides evidence-based insights into sexual and reproductive

health challenges that female students encounter at Chipata College of Nursing and Midwifery. By exploring the factors influencing their sexual and reproductive health-seeking behaviours, the study informs policymakers, healthcare providers, and educators on how to tailor sexual and reproductive health services to meet the needs of female students at Chipata College of Nursing and Midwifery. Furthermore, this research contributes to the body of knowledge on sexual and reproductive health-seeking behaviours of female students at Chipata College of Nursing and Midwifery, offering valuable data that can be used to design targeted interventions that improve access to and utilisation of sexual and reproductive health services.

Additionally, this study has practical implications for institutions of higher learning, particularly nursing and midwifery schools. By identifying gaps in sexual and reproductive health awareness and accessibility, the findings can guide the development of sexual and reproductive health education programmes within the curriculum. This ensures that students not only receive adequate knowledge on sexual and reproductive health for their benefit but also are well-equipped to advocate for and provide these services in their professional careers. The findings of this research can also help shape institutional policies that support female students in making informed sexual and reproductive health choices, thus fostering a healthier learning environment.

At a broader level, the study aligns with national and global public health goals aimed at improving sexual and reproductive health outcomes, particularly for female students. Addressing barriers to sexual and reproductive healthcare access contributes to the reduction of unintended pregnancies, sexually transmitted infections, and other sexual and reproductive health-related complications. Therefore, this study is relevant to Chipata College of Nursing and Midwifery.

1.3 General research objective

To assess sexual and reproductive health-seeking behaviours among female college students at Chipata College of Nursing and Midwifery in the Eastern Province of Zambia.

1.4 Specific research objectives

1. To assess the knowledge of female students on sexual and reproductive health at Chipata College of Nursing and Midwifery in the Eastern Province of Zambia.

2. To find out factors which influence sexual and reproductive health-seeking behaviours among female students at Chipata College of Nursing and Midwifery in the Eastern Province of Zambia.
3. To establish the challenges faced by female college students at Chipata College of Nursing and Midwifery in the Eastern Province of Zambia in accessing sexual and reproductive health services.
4. To make recommendations on how positive sexual and reproductive health-seeking behaviour can be enhanced among female students at Chipata College of Nursing and Midwifery in the Eastern Province of Zambia.

1.5 Research questions

1. What knowledge do female college students at Chipata College of Nursing and Midwifery in the Eastern Province of Zambia have on sexual and reproductive health?
2. What factors influence sexual and reproductive health-seeking behaviour among female students at Chipata College of Nursing and Midwifery in the Eastern Province of Zambia?
3. What challenges do female students at Chipata College of Nursing and Midwifery in the Eastern Province of Zambia face in accessing sexual and reproductive health services?
4. What recommendations can be made to enhance positive sexual and reproductive health-seeking behaviour among female students at Chipata College of Nursing and Midwifery in the Eastern Province of Zambia?

CHAPTER TWO

2.0 Literature review

2.1 Theoretical review

Sexual and Reproductive Health (SRH) is a vital element of universal rights, which helps to achieve good SRH practices for the complete well-being of people regarding the reproductive system (Ajayi & Odetola, 2019). Thus, information access and services support SRH promotion among young people. Access to SRH information and services assists people in making informed decisions regarding sexual matters, which may help to lessen sexual health risks. In addition, this means enabling adolescents to know and use their rights, including the right to delay marriage and the right to refuse unwanted sexual advances. Accurate information regarding SRH can help young people make healthy choices according to their needs.

There is a significant concern, worldwide, concerning the lack of SRH among youths and young people (Biddlecom et al., 2018). The population of youths and young people is confronted with a high risk of contracting STIs such as HIV, in addition to being subjected to aggression and unplanned pregnancies, mainly among young girls (Deshmukh & Chaniana, 2020). Furthermore, adolescents grapple with a range of unfairness, such as inadequate access to information, hostility, exclusion and discrimination (Deshmukh & Chaniana, 2020). Addressing SRH hazards is a matter of global health priority, given that about 1.8 billion people, representing a large part of the global population, fall within the age group of 10 to 24 years (Lwoga, Nagu & Sife, 2019).

The youths and young adults in the range of 15 to 24 years of age make up about one-fifth of the population in low and middle-income countries (LMICs) (Lwoga, Nagu & Sife, 2019). Despite this, more often than not, the sexual and reproductive health needs of these groups of the population are time and again not met, underfunded and in many instances neglected (Yakubu & Salisu, 2018). The risks associated with sexual and reproductive health among adolescents, particularly in Sub-Saharan Africa, have continued to grow considerably. (Ahmed, Foster & Alam, 2021).

The sexual and reproductive health risks have not spared Zambia, whose youthful population under 25 years old stands at 63.2% (Phiri, Kalinda & Musonda, 2019). Worldwide, especially in LMICs, there is overwhelming demand on governments and key stakeholders to establish conducive

environments that enable the youthful population to realise their potential to enjoy their basic human rights to access quality SRH services (Adebayo, Olamide & Okonkwo, 2020).

Generally, studies carried out in several countries worldwide have shown that there is a lack of utilisation of healthcare services among adolescents and young people in the area of SRH services (Wado, Sully & Mumah, 2020). Adolescents and young people continue to encounter challenges in meeting their specific healthcare needs, despite concerted efforts by governments and cooperating partners to enhance access to SRH services (Tadesse, Ayele & Mengesha, 2022). The common hindrances that adolescents and young people encounter in seeking healthcare services include, among others, insufficient knowledge about adolescent sexual behaviour, cultural influences, limited access to reproductive health information, and the absence of adolescent and youth-friendly SRH services (Wado, Sully & Mumah, 2020).

2.1.1 Empirical studies on sexual and reproductive health

2.1.1.1 Global perspective on sexual and reproductive health

Globally, reproductive health-seeking behaviours of female college students vary widely depending on many factors such as governments' healthcare policies, prioritisation of sexual and reproductive health services, accessibility to sexual and reproductive health information, digital space, and attitudes of healthcare providers. These influence the reproductive health-seeking behaviours of college students positively or negatively.

Governments' healthcare policies

Worldwide, restrictive sexual and reproductive health policies significantly hinder access to services among female college students, particularly in Low and Middle-Income Countries (LMICs) where abortion laws are often stringent (Oberoi et al., 2021). In many countries, abortion remains illegal or highly restricted, forcing young women to seek unsafe and clandestine procedures (Haruna et al., 2018). Even in countries where abortion is legally permitted, bureaucratic processes, mandatory waiting periods, and parental consent requirements create additional barriers for college students seeking safe abortion services (Kabir, Saha & Gazi, 2020).

In addition to abortion laws, access to contraception is often regulated through restrictive policies. Some countries impose age-based restrictions, requiring parental or spousal consent for

contraceptive use among young women (Khan, Rahman & Akter, 2019). These policies particularly affect female college students who wish to maintain confidentiality about their reproductive health choices. Even in developed countries, policies limiting over-the-counter access to emergency contraception create obstacles for young women who need immediate solutions for unintended pregnancies (Latifnejad et al., 2020).

Prioritisation of sexual and reproductive health services

Throughout the world, college health centres are often underfunded and understaffed, leading to long waiting times and limited service availability (Creswell, Fetters & Ivankova, 2019). Some universities fail to prioritise reproductive health within their healthcare systems, leaving female students with few options for confidential and affordable services. The availability and quality of reproductive health services also vary significantly across different regions, affecting female college students' ability to access care. In LMICs, many healthcare facilities lack the necessary resources, trained personnel, and essential reproductive health supplies (Kabir, Saha & Gazi, 2020). This results in long waiting times, stockouts of contraceptives, and inconsistent service provision, further discouraging students from seeking care (Kabir, Saha & Gazi, 2020).

Access to sexual and reproductive health information

A study conducted by Smith, Brown and Taylor (2021) in the United States found that female college students who had received comprehensive sex education in high school demonstrated higher knowledge of contraceptive methods, sexually transmitted infections (STIs), and access to reproductive health services. The study further highlighted that students with access to university health centres were more likely to utilise contraception and seek reproductive healthcare services compared to those without such access.

Digital space

Digital space, such as social media, plays a significant role in shaping students' knowledge of sexual and reproductive health. A study by Johnson and colleagues (2020) in Canada found that students who regularly engaged with digital health platforms had a better understanding of emergency contraception and STI prevention strategies. However, the study by Lee and Park (2021) in South Korea on social media as a source of reproductive health information among South Korean female students found that while digital platforms provided an opportunity for young

women to access reproductive health information, misinformation was a major concern, with many students relying on inaccurate sources. Further, the study found that in some institutions, reproductive health services were only available during limited hours, making it difficult for students with tight academic schedules to access (Lee and Park, 2021).

Attitudes from healthcare providers

Healthcare providers' attitudes in influencing reproductive health-seeking behaviour have been extensively studied. For instance, a study by Martínez, González and López (2018) on socioeconomic disparities in access to reproductive health services among female university students in Latin America found that negative attitudes among healthcare providers, including judgmental behaviour and a lack of privacy, discouraged female college students from accessing reproductive health services. Many young women reported feeling embarrassed or shamed when seeking contraception or STI testing, leading them to avoid healthcare facilities (Martínez, González & López, 2018). The study recommended that healthcare institutions implement youth-friendly policies to create a more supportive and confidential environment for young women.

2.1.1.2 Sub-Saharan African perspective on sexual and reproductive health

Sexual and reproductive health-seeking behaviours in Sub-Saharan Africa are shaped by a complex interplay of structural and socio-cultural factors, which significantly affect access and utilisation of reproductive health services among young women, particularly female students. The structural and socio-cultural factors in this section are presented and discussed under thematic areas derived from the objectives of the study, namely: knowledge of reproductive health services among young adults, factors that influence reproductive health-seeking behaviours, and challenges affecting young adults' access to reproductive health services.

Knowledge of reproductive health services among adolescents and young adults

In Sub-Saharan Africa, knowledge of reproductive health services among female college students remains inadequate due to a combination of factors that include cultural/social norms and digital health platforms, among others.

Cultural and social norms

Cultural and social norms play a central role in shaping attitudes toward sexual and reproductive

health in Sub-Saharan Africa. In many societies, discussing sexual and reproductive health is considered taboo, leading to the widespread stigma surrounding contraceptive use, abortion, and STI treatment among young women (Banke-Thomas, Agbemenu & Johnson-Agbakwu, 2020). Female college students who seek reproductive health services are often perceived as being sexually promiscuous, which discourages them from accessing care for fear of being judged by peers, family members, or healthcare providers (Banke-Thomas, Agbemenu & Johnson-Agbakwu, 2020).

A study conducted by Chersich, Luchters and Temmerman (2021) found that although university students in several sub-Saharan African countries were aware of contraceptive methods and sexually transmitted infections (STIs), there were widespread misconceptions regarding their use. For instance, some students believed that contraceptives could cause infertility or lead to birth defects, while others thought that STIs could be treated using traditional herbs (Chersich, Luchters & Temmerman, 2021). Such misconceptions contributed to the low uptake of contraceptives and poor reproductive health-seeking behaviour. The study further highlighted that although condoms were the most commonly known contraceptive method, knowledge of long-acting reversible contraceptives such as intrauterine devices (IUDs) and implants remained limited (Chersich, Luchters & Temmerman, 2021).

Similarly, research by Mbelle et al. (2020) examined the impact of social norms and stigma on reproductive health knowledge among female students in South Africa. The study found that cultural expectations emphasising abstinence before marriage discouraged open discussions about sexual and reproductive health. As a result, many students lacked adequate information about contraception, STI prevention, and safe abortion services. Moreover, the study reported that even when students had some knowledge of these services, fear of judgment from peers and healthcare providers prevented them from seeking necessary care (Mbelle et al., 2020).

In addition, a study by Ninsiima, Chiumia and Namusoke (2020) in Uganda found that many female university students relied on informal sources, such as peers and social media, for reproductive health information. While these sources sometimes provided accurate knowledge, they also contributed to the spread of myths and misinformation. The study noted that students who received information from trained healthcare providers or formal sexual education programmes

had a better understanding of reproductive health services and were more likely to make informed decisions regarding contraception and STI prevention (Ninsiima, Chiumia & Namusoke, 2020).

Digital health platforms

The role of digital technology in sexual and reproductive health education has also been explored. A study by Mbugua and Karonjo (2019) in Kenya found that mobile health (mHealth) applications and online platforms had become essential sources of reproductive health information for university students. The study highlighted that students who frequently accessed digital health platforms had higher awareness of contraceptive options and STI prevention (Mbugua & Karonjo, 2019). However, it also noted that the quality of online information varied, with some students encountering misleading or contradictory advice (Mbugua & Karonjo, 2019).

Influencing factors of reproductive health-seeking behaviours among young adults

Influencing factors of reproductive health-seeking behaviours among adolescents and young adults in Sub-Saharan Africa include socio-cultural norms and inadequate access to youth-friendly reproductive health services, among other factors.

Socio-cultural norms

Socio-cultural norms continue to play a crucial role in determining young women's autonomy in making reproductive health decisions. According to Babalola, John and Okoh (2021), parental influence, traditional and religious beliefs often dictate young women's reproductive choices, limiting their ability to seek contraception or antenatal care independently. In many African societies, adolescent reproductive health is often perceived as a taboo subject, discouraging open discussions within families and communities (Ninsiima, Chiumia & Namusoke, 2020). Consequently, young women are often forced to rely on informal sources of information, which may not always be accurate or beneficial for their health. Additionally, gender norms further restrict women's decision-making power regarding reproductive health. Traditional gender roles in many Sub-Saharan African cultures assign reproductive responsibility primarily to women while simultaneously denying them agency over reproductive choices (Gyesaw & Ankomah, 2021). This lack of autonomy leads to high rates of unplanned pregnancies, unsafe abortions, and poor maternal health outcomes.

Inadequate access to youth-friendly reproductive health services

Inadequate access to youth-friendly reproductive health services is a challenge across Sub-Saharan Africa. Many health facilities do not provide confidential, non-judgmental services tailored to the needs of adolescents and young women. Chersich, Luchters and Temmerman (2021) highlight that a lack of trained healthcare providers, restrictive policies, and stigma surrounding adolescent sexual and reproductive health contribute to low service utilisation rates.

Moreover, geographic disparities in healthcare availability disproportionately affect rural populations, where healthcare facilities are often under-resourced and understaffed. According to Banke-Thomas, Agbemenu and Johnson-Agbakwu (2020), young women in rural areas face considerable difficulties in accessing family planning services due to long travel distances, high transport costs, and poor health infrastructure. The lack of reliable and accessible reproductive healthcare services further discourages utilisation, particularly among vulnerable populations such as students.

Additionally, school-based health programmes and mobile health (mHealth) interventions have shown promise in increasing reproductive health awareness and service uptake among female students (Wado, Sully & Mumah, 2020). However, gaps remain in the implementation of these policies, necessitating stronger government commitment, increased funding, and more community engagement to address the persistent barriers.

Challenges faced by adolescents and young adults in accessing reproductive health services

Several bottlenecks stand in the way of adolescents and young adults hindering them from accessing reproductive health services in Sub-Saharan Africa. The common ones are cultural norms and beliefs, limited availability of well-equipped youth-friendly reproductive health centres, and confidentiality and privacy, among others.

Cultural norms and beliefs

Cultural norms and beliefs play a central role in shaping attitudes toward reproductive health in Sub-Saharan Africa. In many societies, discussing sexual and reproductive health is considered taboo, leading to the widespread stigma surrounding contraceptive use, abortion, and STI treatment among young women (Banke-Thomas, Agbemenu & Johnson-Agbakwu, 2020). Female college students who seek reproductive health services are often perceived as being sexually promiscuous,

which discourages them from accessing care for fear of being judged by peers, family members, or healthcare providers (Banke-Thomas, Agbemenu & Johnson-Agbakwu, 2020). A study by Adebayo, Olamide and Okonkwo (2020) found that many university students in Nigeria avoid seeking contraceptive services due to fear of being labelled as immoral by their communities.

Limited availability of well-equipped youth-friendly reproductive health centres

Limited availability of well-equipped and youth-friendly reproductive health services remains a persistent challenge in Sub-Saharan Africa. Many healthcare facilities in the region suffer from shortages of essential reproductive health commodities, including contraceptives, emergency contraception, and STI treatment (Tadesse, Ayele & Mengesha, 2022). As a result, female students who seek these services often encounter stockouts, long waiting times, and understaffed clinics that fail to meet their needs.

A study conducted by Babalola, John and Okoh (2021) in Zimbabwe found that many university clinics lack dedicated reproductive health units, forcing students to seek services from overcrowded public health facilities with limited privacy. The absence of designated youth-friendly clinics in tertiary institutions contributes to low utilisation rates of reproductive health services among female students (Babalola, John & Okoh, 2021). In some cases, healthcare providers lack specialised training in adolescent and youth reproductive health, leading to poor service delivery and reluctance among students to seek care (Babalola, John & Okoh, 2021).

Confidentiality and privacy

Concerns about confidentiality and privacy further hinder female college students from accessing reproductive health services in Sub-Saharan Africa. Many young women worry that seeking contraception, STI treatment, or abortion services will result in disclosure to family members, lecturers, or peers, leading to social repercussions (Babalola, John & Okoh, 2021). This is particularly concerning in societies where sexual activity outside marriage is highly stigmatised, making female students reluctant to access reproductive healthcare even when they need it. A study conducted by Mbugua and Karonjo (2019) in Kenya revealed that university health facilities often lack private consultation rooms, making students feel exposed when seeking reproductive health services.

Furthermore, some healthcare workers have been reported to breach patient confidentiality by

discussing students' reproductive health issues with their parents or university authorities, leading to a loss of trust in the healthcare system (Mbugua & Karonjo, 2019). A study conducted in Uganda revealed that young women were often reluctant to visit reproductive health clinics because they anticipated negative reactions from healthcare workers who may impose personal moral judgments on their sexual behaviour (Adebayo, Olamide & Okonkwo, 2020). The study concluded that stigma surrounding reproductive health services discouraged many students from seeking care, resulting in poor health outcomes and an increased risk of unintended pregnancies.

2.1.1.3 Zambian perspective on sexual and reproductive health

Sexual and reproductive healthcare in Zambia is receiving attention in line with the reproductive health policy, which sets out to provide guidelines to different sectors involved in the implementation of reproductive health programmes (Chanda, Mweemba & Kasonde, 2020). The policy aims to respond to the country's prevailing reproductive health situation to improve the standard of living and quality of life of Zambians. This subsection focuses on the knowledge of reproductive health services among adolescents and young adults, factors that influence reproductive health-seeking behaviours and challenges affecting adolescents and young adults in accessing reproductive health services.

Knowledge of reproductive health services among adolescents and young adults

In Zambia, studies indicate that while female college students have a general awareness of reproductive health services, gaps persist in their understanding of specific aspects such as emergency contraception, sexually transmitted infection (STI) prevention, and safe abortion services. These gaps are often attributed to an array of factors that can be categorised as socio-cultural factors, peer influence, and inadequate youth-friendly reproductive health services, among others.

Socio-cultural factors

Socio-cultural factors are determinants that affect people's feelings, values, beliefs, attitudes, interactions and personal or group behaviours (Mushili, Nkhata & Mulenga, 2021). They can influence the acquisition and utilisation of knowledge. A study by Mushili, Nkhata and Mulenga (2021) on awareness and misconceptions about emergency contraception among female university students in Zambia found that while many female college students in Zambia were aware of

common contraceptive methods such as condoms and oral contraceptive pills, their knowledge of emergency contraception was limited.

The study revealed that misconceptions about the safety and efficacy of emergency contraception discouraged its use. Some students believed that taking emergency contraception more than once could lead to permanent infertility, while others mistakenly thought it functioned as an abortion pill. This lack of accurate knowledge was found to contribute to unintended pregnancies and an increased risk of unsafe abortions among university students. Similarly, a study by Chanda, Mweemba & Kasonde (2020) explored the level of knowledge and use of modern contraceptive methods among female students in Lusaka. The findings indicated that despite high awareness levels, uptake remained relatively low due to myths and social stigma. The study highlighted that some students feared judgment from healthcare providers, which discouraged them from accessing contraceptives from health facilities. Additionally, the study found that students from rural backgrounds were more likely to rely on traditional methods of contraception due to a lack of exposure to modern reproductive health education before joining college.

Peer influence

Peer influence among college students shapes decision-making on sexual and reproductive health knowledge seeking. A study conducted by Banda, Zulu and Chileshe (2021) to investigate the influence of peer networks on reproductive health knowledge among female university students in Zambia established that many students relied on friends and social media for reproductive health information, which often resulted in the spread of misinformation. For instance, some students believed that the withdrawal method was as effective as modern contraceptives, while others thought that HIV/AIDS could only be contracted through sexual intercourse, neglecting other transmission routes such as needle sharing and mother-to-child transmission (Banda, Zulu & Chileshe, 2021). The study recommended increased efforts to integrate reproductive health education into college curricula to address these misconceptions. A similar study by Chen, Li and Zhang (2020) in China highlighted that peer networks often served as primary sources of reproductive health knowledge, but the information shared was sometimes inaccurate or misleading.

Accessibility of youth-friendly reproductive health services

The accessibility of youth-friendly health services also plays a critical role in reproductive health knowledge and utilisation among female college students. A study by Tembo, Sichone and Banda (2022) investigated the availability and use of youth-friendly reproductive health services in higher learning institutions in Zambia. The study found that while some universities had on-campus clinics providing contraceptives and STI screening, many students still preferred off-campus facilities due to privacy concerns. Additionally, long waiting times and inadequate availability of female healthcare providers at some institutions discouraged students from seeking these services. The study recommended strengthening institutional health programmes to improve accessibility and promote trust between students and healthcare providers. Despite government efforts to improve adolescent and youth reproductive health, misinformation and cultural barriers remain significant challenges. Studies suggest that integrating reproductive health education into tertiary institutions, enhancing access to youth-friendly services, and addressing societal stigma could help bridge the knowledge gaps among female college students in Zambia.

Factors influencing reproductive health-seeking behaviours among young adults

Reproductive health-seeking behaviour among adolescents and young adults in Zambia is shaped by a combination of systemic factors that are cultural and economic. Studies have shown that factors that influence health-seeking behaviour among adolescents and young adults in Zambia include, among others, cultural norms, financial status, and attitudes from reproductive health services providers. The aforementioned factors play a role in determining whether adolescents and young adults would seek reproductive health services or not.

Cultural norms

Cultural norms play a significant role in shaping reproductive health decisions among female adolescents and young female adults in Zambia. Deeply rooted gender norms often limit female adolescents' and young adults' autonomy over their reproductive choices, as decision-making is largely influenced by male partners or older family members (Phiri, Kalinda & Musonda, 2019). Many young women fear stigma and discrimination from their communities if they seek reproductive health services, particularly contraceptive methods (Banda, Zulu & Chileshe, 2021). The societal perception that premarital sexual activity is inappropriate for young women discourages them from openly seeking contraception, even when they are sexually active (Chanda,

Mweemba & Kasonde, 2020). Moreover, traditional beliefs and misconceptions about contraceptives further deter young women from accessing reproductive healthcare. Some young women believe that modern contraceptives cause infertility or other long-term health complications, making them hesitant to use them (Chanda, Mweemba & Kasonde, 2020). The influence of religious teachings also plays a crucial role, as some religious leaders discourage the use of contraceptives, instead advocating for abstinence as the primary method of preventing unintended pregnancies (Banda, Zulu & Chileshe, 2021).

Attitudes of reproductive health services providers

The healthcare system in Zambia presents several barriers to reproductive health service utilisation among female students. One of the most commonly cited issues is the fear of judgment by healthcare providers (Chibae et al., 2018). Many young women report experiencing negative attitudes and moralistic judgments from health workers when seeking services such as contraception or STI screening (Chibae et al., 2018). Such experiences discourage young women from visiting healthcare facilities, leading to delays in seeking care.

Challenges affecting adolescents and young adults in accessing reproductive health services

Access to sexual and reproductive health services in Zambia enables adolescents and young adults to have complete wellness of mental and physical reproductive health. However, a lack of access to sexual and reproductive healthcare remains a significant challenge for adolescents and young adults in Zambia. The prominent challenges that affect adolescents and young adults in accessing reproductive health services in Zambia include: socio-cultural and religious norms, lack of youth-friendly sexual and reproductive health facilities, financial barriers, the lack of confidentiality and privacy, and limited awareness and misinformation.

Socio-cultural and religious norms

Social, cultural and religious norms in Zambia significantly influence young women's reproductive health decisions. Many societies in Zambia perceive premarital sexual activity as morally unacceptable, leading to widespread stigma against female students who seek reproductive health services (Chibae et al., 2018). As a result, many young women are reluctant to access contraception or STI treatment due to fear of judgment from family members, healthcare providers, and peers.

A study by Phiri, Kalinda and Musonda (2019) on the influence of social and cultural norms on

reproductive health knowledge and service utilisation among female students in universities in Zambia found that students often avoided visiting reproductive health clinics because they were afraid of being labelled as sexually promiscuous.

In some communities, discussing sexual health is considered inappropriate, further discouraging young women from seeking the information and services they need to make informed decisions about their reproductive health (Phiri, Kalinda & Musonda, 2019). The stigma surrounding reproductive healthcare extends to other higher-learning institution settings, where students report feeling embarrassed or ashamed when seeking contraceptives or STI treatment at campus health centres (Phiri, Kalinda & Musonda, 2019).

The lack of youth-friendly sexual and reproductive health facilities

Youth-friendly sexual and reproductive health facilities play a significant role in accessing sexual and reproductive health information by female college students. Many healthcare facilities, including college clinics, are not adequately equipped to provide confidential and non-judgmental reproductive health services tailored to the needs of female students (Mushili & Nkhata, 2021). Tembo, Sichone and Banda (2022) conducted a study to assess the availability and use of youth-friendly reproductive health services in higher learning institutions in Zambia. The results of the study revealed that students in higher learning institutions in Zambia often encounter dismissive attitudes from healthcare providers who impose moral judgments on their reproductive choices, discouraging them from seeking care. Further, few institutions are dedicated to sexual and reproductive health programmes, leaving students with limited access to contraceptive counselling, STI screening, and safe abortion services (Tembo, Sichone & Banda, 2022). This gap in service provision has contributed to low contraceptive uptake among young women in higher education institutions, increasing their risk of unintended pregnancies and unsafe abortions (Chanda, Mweemba & Kasonde, 2020).

Confidentiality and privacy

Confidentiality and privacy play a critical role in sexual and reproductive health services access and utilisation among female college students. A study by Tembo, Sichone and Banda (2022) investigated the availability and use of youth-friendly reproductive health services in higher learning institutions in Zambia. The study found that while some universities had on-campus clinics

providing contraceptives and STI screening, many students still preferred off-campus facilities due to privacy concerns. Concerns about confidentiality further discouraged female students from accessing reproductive health services in higher learning institutions in Zambia (Tembo, Sichone & Banda, 2022). Many young women worry that their personal health information might be disclosed to parents, lecturers, or peers, leading to social consequences (Tembo, Sichone & Banda, 2022). Research by Tembo, Sichone and Banda (2022) revealed that some university clinics do not have private consultation rooms, making students feel exposed when seeking reproductive healthcare. Additionally, some healthcare providers have been reported to breach confidentiality by questioning students about their sexual activity in a judgmental manner, further deterring them from seeking care (Tembo, Sichone & Banda, 2022).

Limited awareness and misinformation

Many students lack accurate knowledge about contraceptive methods, STI prevention, and safe abortion services due to inadequate sexual health education in secondary schools and tertiary institutions (Phiri, Kalinda & Musonda, 2019). A study by Chanda, Mweemba and Kasonde (2020) on knowledge and utilisation of modern contraceptive methods among female college students in Lusaka revealed that myths and misconceptions about contraceptive use, such as beliefs that contraceptives cause infertility or long-term health problems, contribute to low uptake among young women. In some cases, peer influence and misinformation on social media platforms exacerbate these misconceptions, leading to risky sexual behaviours and poor reproductive health outcomes (Chanda, Mweemba & Kasonde, 2020).

2.1.1.4 Literature gap

Most studies on sexual and reproductive health of female college students at the global, regional and local levels focus on general tertiary institutions (Universities and colleges). There are few publications of studies on sexual and reproductive health-seeking behaviours among female students, exclusively focusing on health learning institutions, which are anchors of health-related issues. More studies focusing on health learning institutions like schools of nursing and midwifery, which have training components of sexual and reproductive health, are desired to establish the effect of training and its applicability to female students' real lives.

2.2 Conceptual framework

This study uses the Health Belief Model (HBM) conceptual framework. The illustrated HBM conceptual framework shown in Figure 2.1 below is adopted from Daniati et al. (2022) with modifications to show the influence and resultant effects of different factors that come into play in SRH-seeking. The HBM conceptual framework provides a useful framework for understanding reproductive health-seeking behaviours among female students at Chipata College of Nursing and Midwifery. The model explains how an individual's sexual and reproductive health behaviour is influenced by perceptions of risk, benefits, and barriers related to health actions (Daniati et al., 2022).

In the context of this study, which aims to assess the reproductive health-seeking behaviour of female students at Chipata College of Nursing and Midwifery in the Eastern Province of Zambia, this model is of paramount importance. The HBM offers insights into why students may or may not seek sexual and reproductive health services, based on their perceptions of health risks, available services, and the perceived challenges they face in accessing sexual and reproductive healthcare.

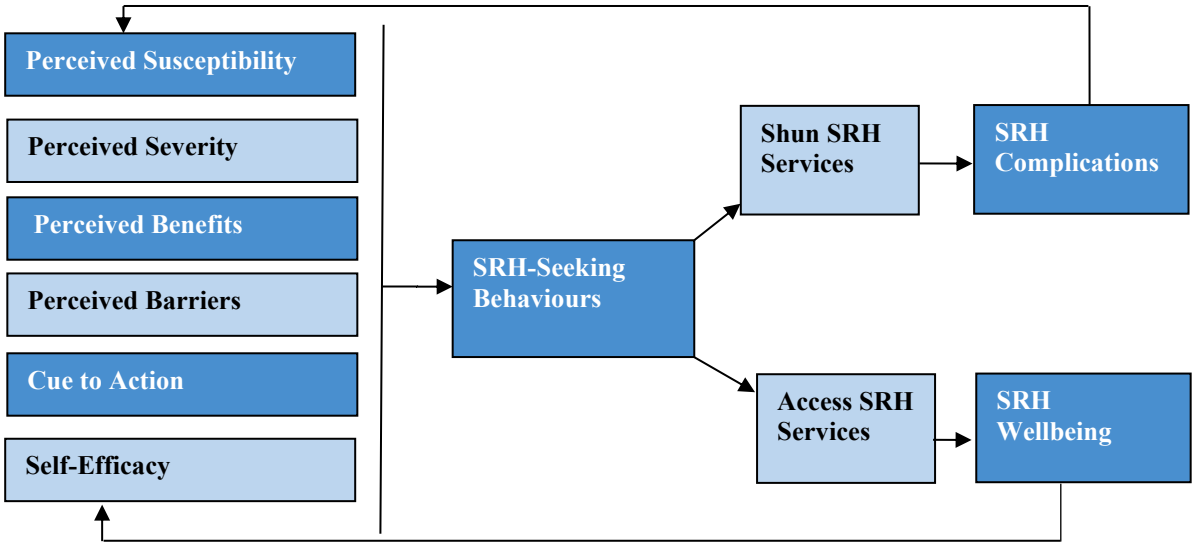


Figure 2.1: Health Belief Model conceptual framework.

Source: Daniati et al., 2022 (modified by the author)

At a glance of the HBM Conceptual Framework shown in Figure 2.1 above, six factors, namely

perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action, and self-efficacy, come into play to influence the SRH-seeking behaviour of female students positively or negatively.

Perceived Susceptibility

Perceived susceptibility as one of the factors that influence SRH-seeking behaviour refers to individuals' perceptions of their vulnerability to health problems (Jones, Smith & Llewellyn, 2014). In the context of sexual and reproductive health, individuals' beliefs or perceptions about their susceptibility to sexual and reproductive health issues, such as STIs or unintended pregnancies, could influence their willingness to seek health services. If individuals perceive themselves as being at high risk of these issues, they may be more motivated to take preventative actions or seek treatment when necessary.

Perceived Severity

Perceived severity shapes health-seeking behaviour. If individuals perceive SRH problems to be very dangerous to their health, with long-term consequences (e.g., infertility or chronic disease), they may be more inclined to seek reproductive health services (Anuar, 2020). This influencing factor in the model helps to guide the assessment of the level of knowledge and attitudes about reproductive health issues among female students.

Perceived Benefits

The perceived benefits are central to the HBM. According to the model, individuals are more likely to engage in health-promoting behaviours if they believe the benefits outweigh the costs or risks (Jones, Smith & Llewellyn, 2014). In the context of sexual and reproductive health, if female college students believe that seeking SRH services results in improved health outcomes, such as preventing STIs, avoiding unwanted pregnancies, or receiving counselling for menstrual problems, they are more likely to engage with these services.

Perceived Barriers

Perceived barriers such as financial constraints, lack of privacy, or fear of judgment can significantly hinder students from seeking SRH services (Daniati et al., 2022). Understanding these perceived barriers is essential for identifying the challenges that female students face in accessing SRH services.

Cue to Action

The cue to action refers to external triggers that prompt individuals to take action regarding their health, such as health campaigns, advice from peers, or personal experiences with health problems (Alamer, 2024). In this study, cues to action may include initiatives by the school, media campaigns, or experiences of close peers who have sought SRH services. These external influences help to motivate female students to take action regarding their reproductive health.

Self-Efficacy

Self-efficacy refers to individuals' confidence in their ability to positively change their healthcare-seeking behaviour. If female students feel confident in their ability to access and navigate reproductive health services, they are more likely to seek healthcare. On the other hand, a lack of self-efficacy, perhaps due to a perceived lack of knowledge about available services or the complexities of accessing healthcare, may prevent students from seeking necessary healthcare services (Alamer, 2024).

Health Belief Model Application to the Study

The Health Belief Model guided the study in addressing the three key objectives. Firstly, it helped to assess the level of knowledge of the female students on sexual and reproductive health services using the students' perceived susceptibility and benefits factors enshrined in the HBM. Secondly, the model helped to address the objective that sought to identify factors that influenced sexual and reproductive health-seeking behaviours by exploring how perceived barriers, perceived severity, and cues to action affected students' SRH behaviours. Finally, the third objective, which sought to establish challenges faced by students in accessing reproductive health services, was addressed through students' perceived barriers that hindered access to services. By utilising the Health Belief Model, this study provides a comprehensive understanding of the psychological and contextual factors that influenced reproductive health-seeking behaviours among female students at Chipata College of Nursing and Midwifery.

CHAPTER THREE

3.0 Methodology

3.1 Study approach

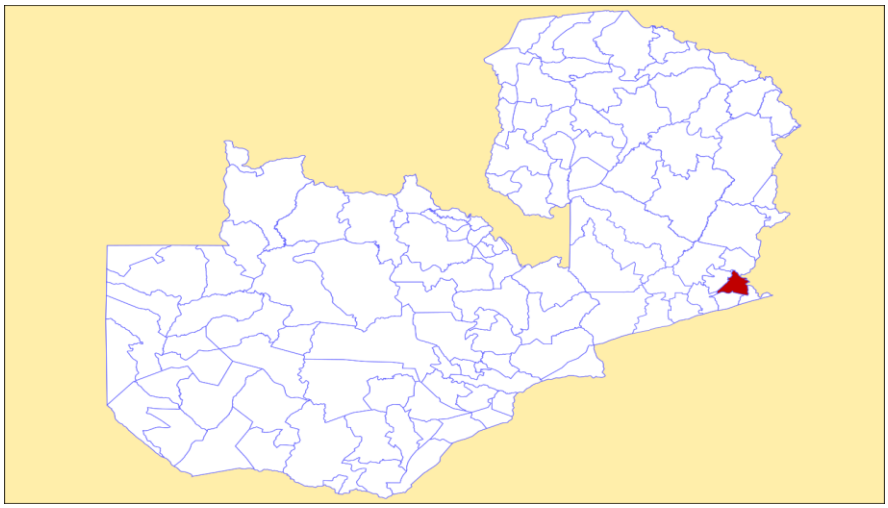
The study used a qualitative approach. This research approach enabled the researcher to collect diverse views on reproductive health-seeking behaviours from the research participants at Chipata College of Nursing and Midwifery in the Eastern Province of Zambia. The study adopted a qualitative approach because it dealt with subjective phenomena that could not be numerically measured, like how college students perceived and sought reproductive health services (Atkinson & Sampson, 2019). The use of a qualitative approach helped to answer the 'why' and 'how' aspects of questions on sexual and reproductive health-seeking behaviours among the research participants at Chipata College of Nursing and Midwifery (Atkinson & Sampson, 2019).

3.2 Study design

A phenomenological study design was used in this study. This study design allowed the researcher to gather information that explained how female students at Chipata College of Nursing and Midwifery experienced sexual and reproductive health services from service providers and how they felt about them (Silverman, 2017a). This design was appropriate for this study because it recognises that there is no single objective reality; instead, everyone experiences things differently (Silverman, 2017a). The phenomenological study design ensured that the outcome of the study was described from the point of view of the participants, though the researcher was able to derive a set of findings that were used to formulate themes surrounding the sexual and reproductive health-seeking behaviours among female students at Chipata College of Nursing and Midwifery.

3.3 Study setting

The study was conducted in the City of Chipata at Chipata College of Nursing and Midwifery (Figures 3.1 and 3.2, respectively). The college is situated within Chipata Central Hospital premises in the south-eastern direction of Chipata Town. The college is approximately 580 kilometres East of Lusaka, the capital city of Zambia (Chipata IDP, 2021).



● City of Chipata Source: (Discover Zambia, 2023)

Figure 3.1: Map of Zambia showing the location of Chipata City

Chipata College of Nursing and Midwifery (Figure 3.2) has an intake of 55 students each academic year in each programme running for three years (Chipata IDP, 2021).

Figure 3.2: Chipata College of Nursing and Midwifery

The college administers three-year Diploma training programmes in Registered Nursing (RN) and

Direct Entry Midwifery (DEM). The college policy provides enrolment ratios of 50% females: 25% Males and 25% both genders (Chipata IDP, 2021). Chipata College of Nursing and Midwifery was purposely selected as a study site because of its proximity to the town centre, which made it easy to access.

3.4 Study population

The target population of the study were female students at Chipata College of Nursing and Midwifery pursuing a three-year diploma programme in Direct Entry Midwifery (DEM). DEM allows people, especially the youth, to enter into the medical profession directly without a formal medical or nursing background.

3.5 Sample size/sampling procedure

The sample size for the in-depth interviews in this study was 24 female students. These were drawn across the first-year, second-year and third-year cohorts as shown in Table 3.1 below. The sample of 24 participants was arrived at when data collection reached a saturation point, a stage where no new information was emerging from the interviews (Casanave & Li, 2015).

Non-probability sampling, employing purposive techniques, was used to select female students pursuing a Direct Entry Midwifery programme at Chipata College of Nursing and Midwifery as participants for in-depth interviews (Casanave & Li, 2015). This technique was used because the study purposely selected female students in line with the study objectives, as shown in Table 3.1 below.

Table 3.1: Sample size of the interview participants

S/n	Year of study	Study programme	Sample size	Students group	Sampling technique
1	First year	Direct Entry Midwifery	8	Female	Purposive
2	Second year	Direct Entry Midwifery	8	Female	Purposive
3	Third year	Direct Entry Midwifery	8	Female	Purposive
		Total	**24**		

To select participants from each year of study, a school register for each cohort of study was used

for orderliness, beginning from the first entry up to the point of data saturation. Table 3.1 above shows that in each year of study, data saturation was reached with 8 participants, making a total of 24 participants for the three study cohorts.

3.5.1 Eligibility criteria

3.5.1.1 Inclusion criteria

The sample included unmarried female students aged 35 years and below pursuing the Direct Entry Midwifery programme who were living with parents or guardians. These inclusion criteria were important for this study because the study targeted the female youth who were about to establish the foundation of their adult life.

3.5.1.2 Exclusion criteria

The study excluded female students aged 36 years and above pursuing Direct Entry Midwifery because these were not in the youth bracket and, in most cases, were mature adults with homes.

3.6 Data collection method/tools

The in-depth structured interviews, using pre-determined standardised open-ended questions, were used to collect data from participants. This method lessened interviewer bias because the questions and their exact wording were pre-decided, leading to consistency in the breadth of information gathered from each participant (Atkinson & Sampson, 2019). A structured interview guide, with open-ended questions, shown in Appendix 1, was used to facilitate the in-depth interviews with selected participants. This interview method was appropriate for this study because of the flexibility with which questions were asked and interviewees were allowed to respond. The general relevance of this method was the fact that different types of questions allowed the researcher to deal more openly with the participants. The method was appropriate for this study because the questions were framed as a mere guide and gave room for follow-up questions (Atkinson & Sampson, 2019). Open-ended questions allowed participants to express their feelings, opinions, and thoughts about sexual and reproductive health-seeking behaviours. This enabled the researcher to gather sufficient information. A notebook and audio recorder were used to write down and record responses from participants, respectively.

3.7 Data analysis and presentation

3.7.1 Data analysis

The study used a thematic analysis method to analyse interview data collected using a voice recorder. This was done by using NVivo version 14 software. Using NVivo software, Digital data was metamorphosed into verbatim, which was repeatedly read for familiarisation. Thereafter, thematic analysis was executed to generate codes through the guidance of research questions (Rapley, 2016). The researcher searched for themes among the generated codes by looking at the scripts of the interview guides and identifying common responses to generate themes. Themes were repeatedly reviewed to ensure that key themes were labelled and described for easy understanding. A codebook was generated depicting descriptions of all the themes and their importance. The codebook guided the production of a report in line with the research objectives and questions.

3.7.2 Data presentation

The data is presented in matrices, a pie chart, and bar charts. These formats of data presentation enable the visualisation of summarised data. In this study, matrices, a pie chart and bar charts contain summarised descriptive data integrated around central themes. Also, data is presented in direct and indirect quotes from participants.

3.8 Ethical considerations

Administrative arrangements

- The researcher obtained ethical clearance from the UNILUS Research Ethics Committee at the University of Lusaka (Appendix 4), which was an acknowledgement that the research study met ethical standards and guidelines. The ethical clearance ensured that the rights, dignity, and well-being of research participants were protected.

- Permission to conduct research was sought from the National Health Research Authority (Appendix 5) and the Chipata College of Nursing and Midwifery (Appendix 6).

Researcher-participants engagement

- The researcher explained to all the participants that the study was a partial fulfilment of the

requirements of a Bachelor of Science Degree in Public Health and that its findings would be used for academic purposes. This was necessary for the participants to make informed decisions for participation in this study (Haynes, 2019).

- The participants were assured of their privacy, confidentiality and anonymity before, during and after the interviews (Haynes, 2019). This assurance allayed their anticipated potential social risks of stigma and judgment from peers or authorities. Through this assurance, participants' identities and personal information shared during the interviews were kept private, confidential, and anonymised.

- The participants were informed that participation in the study was voluntary and that they had the right to withdraw from the study at any stage of the research process. This enabled the participants to make an informed decision whether to participate in this study or not (Silverman, 2017b).

- The researcher used non-sensitive and non-judgmental language when asking sensitive questions about sexual and reproductive health-seeking behaviours to enable participants to answer the questions comfortably and explain more where there was a need.

- The researcher was culturally sensitive and aware of cultural differences and tailored the interview session to respect participants' values and beliefs (Silverman, 2017a). This made participants open up easily and provide more information.

- Interviews took place at a convenient time for the participants and were conducted in private settings, a room where only the researcher and a participant at a time were available, to protect participants' privacy to reduce potential discomfort. This provided a conducive and enabling environment for the participants to provide the required information.

- The participants were requested to sign a consent form upon agreeing to participate in the interviews. This promoted transparency and trust between the researcher and participants, which fostered a positive research relationship (Silverman, 2017b).

- The researcher sought permission from participants to use a voice recorder during interviews. Voice recording helped the researcher to concentrate on asking questions from

the interview guide, carefully listening to answers, asking follow-up questions, and taking notes (Silverman, 2017b).

The above-mentioned ethical issues undertaken by the researcher ensured that participants fully understood their involvement in this study. By adhering to these ethical principles and procedures, the researcher prioritised the well-being and rights of participants while ensuring the integrity and reliability of the research process and outcomes (Haynes, 2019).

CHAPTER FOUR

4.0 Results

Biographic/demographic data of participants

Age groups

In this study, 9 out of 24 participants were between 22 and 26 years of age. The next largest group was those aged 27 to 31 years (7 out of 24), as shown in Table 4.1 below. The study established that most of the participants were between the ages of 22 and 26, while the fewest were between 18 and 21 years (3 out of 24), as shown in Table 4.1 below.

Table 4.1: Participants' age groups

Age group	No. of Participants
18 – 21 years	3
22 – 26 years	9
27 – 31 years	7
32 – 35 years	5
Total	**24**

Residential settings

Table 4.2 below shows that about half of the participants (11 out of 24) lived in rural areas.

Table 4.2: Participants' residential areas

Residential setting	No. of Participants
Rural	11
Peri-urban	8
Urban	5
Total	**24**

The next largest group came from peri-urban areas (8 out of 24). Only a small number of participants (5 out of 24) were from urban areas, as shown in Table 4.1 above. Thus, there were more participants from rural areas than from peri-urban and urban areas that participated in this study. However, cumulatively, participants who came from peri-urban and urban areas were more than those who came from rural areas.

4.1 Participants' knowledge of sexual and reproductive health

4.1.1 Sexual and reproductive health services most appreciated by participants

The results show that 8 out of 24 participants liked the pregnancy prevention services, while 7 out of 24 liked the contraception services. Some participants, 4 out of 24, liked the services for preventing STIs, and 3 out of 24 liked the services for STDs and HIV. Further, 2 out of 24 found the information about types of STDs most helpful, as shown in Figure 4.1 below.

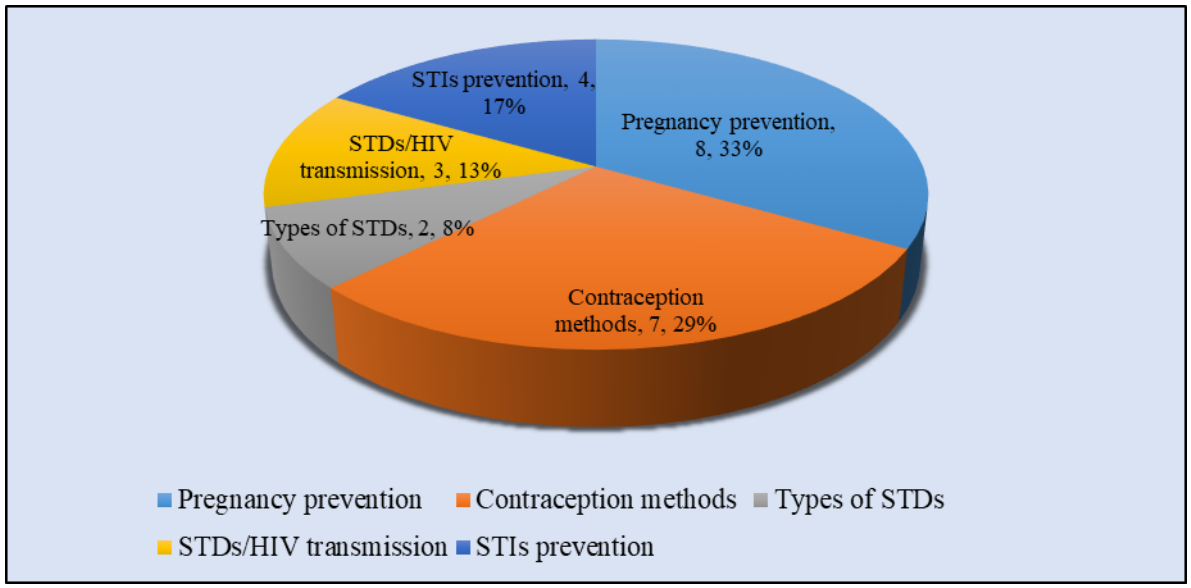


Figure 4.1: Sexual and reproductive health services most appreciated by participants

Thus, most participants appreciated the pregnancy prevention services, followed by those who appreciated the contraception services. A second-year student from a peri-urban area, whose words represented all those who appreciated contraception services, mentioned that she liked contraception services more than any other SRH services offered at the youth-friendly SRH centre to help her with unwanted pregnancies: She argued that:

"If I happen to have an unplanned pregnancy, the only option is to abort, but again, abortion is not legalised in Zambia, meaning it is a crime. So to avoid getting an unwanted pregnancy, I like using contraceptives".

4.1.2 Advice received by participants from parents/ guardians on SRH

When comparing the experiences of participants from rural, peri-urban and urban areas about how their parents or guardians influenced their sexual and reproductive health (SRH), 11 out of 24 participants from rural areas and 7 out of 24 participants from peri-urban areas did not talk about SRH matters with their parents/guardians. However, participants from urban areas talked about SHR issues, with 2 out of 24 having little discussions and 3 out of 24 talking a lot about SRH issues, as shown in Figure 4.2 below.

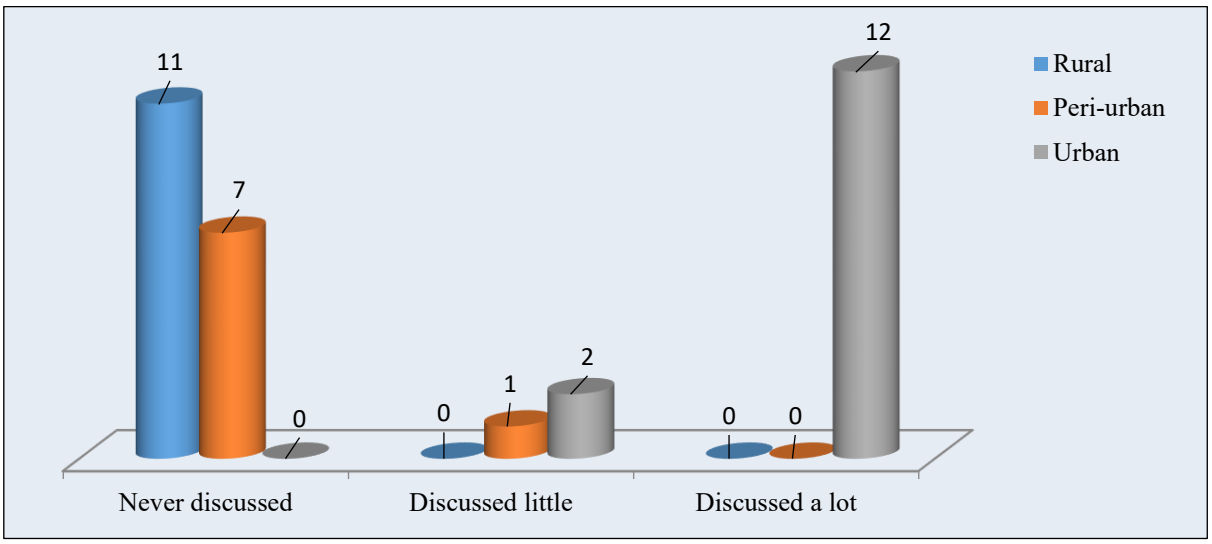


Figure 4.2: Participants' discussions with parents/guardians on sexual and reproductive health

The study found that most participants who were from rural areas did not talk to their parents or guardians about sexual and reproductive health issues. On the other hand, some participants from peri-rural areas talked a bit about SHR issues, but those from the urban areas talked a lot about them. One first-year student from a rural area explained that what discouraged her from presenting SRH issues to her mother was traditional and religious norms that her parent believed in strongly. She said:

"My mother believes that sex outside marriage is taboo; as such, any complaint presented to her on my reproductive anatomy is received with suspicion, and more

often than not perceived as a result of sexual promiscuity and immoral acts, a tag which discourages me from consulting her".

On the other hand, a second-year student from an urban area said she had no issues discussing sexual and reproductive matters with her parents; however, she was freer to do so with her mother than her father.

4.2 Influencing factors on SRH-seeking behaviours among participants

When comparing the experiences of participants on where they got help for their sexual and reproductive health issues based on their year in college, 3 out of 24 of the second-year students and 5 out of 24 of the third-year students got their help from private health clinics. Participants (4 out of 24) who got help from youth-friendly health centres were first-year students, while 1 out of 24 was a second-year student, as shown in Table 4.3 below. Some students relied on their peers for help. This included 2 out of 24 from the first year, another 2 out of 24 from the second year, and 1 out of 24 from the third year. Some participants used the internet to get help for sexual and reproductive health issues. This included a second-year student and 2 out of 24 third-year students, as shown in Table 4.3 below.

Table 4.3: Relationship between sources of help on SRH issues and participants' year of study

Sources of help	Year of study			Total
	First year	Second year	Third year	
	n	n	n	n
Private health facilities	0	3	5	8
Public health facilities	2	1	0	3
A youth-friendly health centre	4	1	0	5
Peers	2	2	1	5
Internet	0	1	2	3
Total	**8**	**8**	**8**	**24**

Note: n = number of participants

The study found that most participants received help for their sexual and reproductive health

problems from private health clinics. Some also got help from peers and youth-friendly health centres. A few participants received help from public health facilities and the internet. A third-year student from an urban area, whose views represented participants who liked accessing SRH services from private health facilities, mentioned that she preferred private clinics to public health facilities because of their efficiency, confidentiality and privacy. She said:

> *I like consulting private clinics on personal SRH matters because they offer quick services and uphold confidentiality and privacy, unlike public health facilities that have long queues, and sometimes without private rooms for private discussions.*

Similarly, one third-year student from an urban area said she had developed trust in consulting digital platforms on issues relating to her SRH. She argued that:

> *"In the global world, digital spaces, such as social media and Artificial Intelligence (AI) tools, offer medical service consultation platforms which play a significant role in shaping students' knowledge on sexual and reproductive health, when used carefully".*

4.3 Challenges in accessing sexual and reproductive health services

Among 24 participants, 9 indicated that negative attitudes from some healthcare providers were a big barrier to getting sexual and reproductive health (SRH) services. Additionally, 7 out of 24 participants mentioned that a lack of confidentiality and privacy was also a problem, as shown in Table 4.4 below. Four participants out of 24 said that the lack of privacy at a youth-friendly centre within the college was a big problem for them.

Table 4.4: Obstacles participants faced in accessing sexual and reproductive health services

Obstacles to access SRH services	No. of Participants
lack of privacy at a youth-friendly centre	4
Negative attitudes from some healthcare providers	9
Lack of confidentiality and privacy	7
Limited awareness and misinformation	3
Negative norms, customs, traditions and religious beliefs	1
Total	**24**

Note: SRH = Sexual and Reproductive Health

Further, 3 out of 24 participants mentioned that not having enough awareness and misinformation were the main issues they faced in accessing sexual and reproductive health services. Only one out of 24 participants mentioned that negative norms, customs, traditions, and religious beliefs were a big problem, as shown in Table 4.4 above. Most participants thought that negative attitudes from some healthcare practitioners providing sexual and reproductive health services were a big problem, followed by those participants who saw a lack of confidentiality and privacy as another problem that made it hard to access the services. One first-year student from a rural area, whose views represented the participants who were concerned about negative attitudes from some healthcare practitioners, stated that:

> *"The challenges I find with consulting public health facilities on SRH issues are negative reactions I sometimes receive from healthcare workers during consultations, which border on personal moral judgments of my sexual behaviour. Sometimes I worry that my personal health information might be disclosed to people I do not want to know about my health status".*

4.4 Recommendations to enhance positive SRH-seeking behaviours

Out of 24 participants, 8 recommended improvement of attitudes of some healthcare practitioners towards seekers of sexual and reproductive health services, followed by 6 out of 24 who recommended adherence to confidentiality and privacy by some healthcare practitioners, as shown in Table 4.5 below.

Table 4.5: Participants' recommendations to improve SRH-seeking behaviours

Participants' Recommendations	No. of Participants
Well-equipped youth-friendly reproductive centres	2
Improved attitudes of some healthcare practitioners	8
Adherence to confidentiality and privacy norms	6
Dedicated reproductive digital health platforms	5
Improved SRH information dissemination	3
Total	**24**

Note: SRH = Sexual and Reproductive Health

Other participants, 5 out of 24 and 3 out of 24, submitted that there was a need for dedicated reproductive digital platforms and an improved sexual and reproductive health information dissemination system, respectively. Only 2 out of 24 participants called for the establishment of more well-equipped youth-friendly sexual and reproductive health centres, as shown in Table 4.5 above. Therefore, the study established that all the participants had recommendations on how to improve sexual and reproductive health-seeking behaviours of the female students at Chipata College of Nursing and Midwifery. However, most participants recommended an improvement in attitudes of some health practitioners towards seekers of sexual and reproductive health services and adherence to confidentiality and privacy norms, with the majority recommending the former.

CHAPTER FIVE

5.0 Discussion

5.1 Key findings

5.1.1 Knowledge of participants on sexual and reproductive health (SRH)

Sharing of sexual and reproductive health issues and accessing the services by participants at Chipata College of Nursing and Midwifery provided general awareness and knowledge of SRH. Though participants had a general awareness of reproductive health services, gaps persisted in their understanding of specific aspects of SRH. These gaps were attributed to an array of factors, as discussed below.

Discussing SRH with parents/guardians

The study found that 11 out of 24 participants from rural areas and 7 out of 24 from peri-urban areas did not discuss issues of sexual and reproductive health with their parents or guardians. On the other hand, a few participants from peri-urban areas, 2 out of 24 participants, discussed a bit on SHR issues, but those from the urban areas (3 out of 24) discussed a lot about SHR matters with their parents/guardians. Therefore, the study established that most participants did not discuss issues of SRH with their parents or guardians, especially those from rural and peri-urban areas, because of their parents' strong beliefs in cultural and traditional norms.

The finding stated above is supported by the argument by Phiri, Kalinda and Musonda (2019), who argue that discussing sexual health in some communities in Zambia is considered inappropriate. Phiri, Kalinda and Musonda (2019) further explain that this discourages young women from seeking the information and services they need to make informed decisions about their reproductive health. Youth female children who dare to present SRH issues to their parents or guardians in rural areas are often perceived as being sexually promiscuous and immoral, a tag which discourages them from consulting their parents and opt for other available preventive options (Phiri, Kalinda & Musonda, 2019).

Cultural and traditional norms may hinder female youth students from consulting their parents on

SRH issues, especially in rural and peri-urban areas. Haruna et al. (2018I) explain that in many rural societies, presenting SRH issues to parents by female children in their youth is considered taboo. This deprives them of the much-needed information on matters of SRH from the experienced parents or guardians for the female youth to make decisions.

Sexual and reproductive health services accessed by participants

The study found that 8 out of 24 participants from rural areas appreciated the pregnancy prevention services, followed by 7 out of 24 participants who appreciated the contraception services. Others, 4 out of 24, liked the services for preventing STIs, and 3 out of 24 participants appreciated the services for STDs and HIV. However, a few (2 out of 24) appreciated the available information on the types of STDs. Therefore, the study established that most participants, especially those from rural areas, accessed the pregnancy prevention and contraception services.

The overall finding stated above disagrees with the outcome of the study by Mushili, Nkhata and Mulenga (2021) on awareness and misconceptions about contraception among female university students in Zambia. Mushili, Nkhata and Mulenga (2021) found that while many female college students in Zambia were aware of common contraceptive methods such as condoms and oral contraceptive pills, their knowledge of contraception was limited. The study revealed that misconceptions about the safety and efficacy of contraception discouraged students from using it, as some thought it functioned as an abortion pill. This lack of accurate knowledge was found to contribute to unintended pregnancies and an increased risk of unsafe abortions among university students (Mushili, Nkhata & Mulenga, 2021).

5.1.2 Factors that influenced participants' SRH-seeking behaviours

Reproductive health-seeking behaviours among participants at Chipata College of Nursing and Midwifery were influenced by an array of sources of information or institutions/people consulted. The study found that 8 out of 24 participants received help for their sexual and reproductive health problems from private health clinics. Others, 5 out of 24, got help from peers, while the other 5 out of 24 participants consulted the youth-friendly health centre. A few participants, 3 out of 24, received help from public health facilities, while the other 3 out of 24 consulted the internet. Therefore, most of the participants consulted private health facilities on sexual and reproductive issues, followed by those who consulted their peers and youth-friendly health centres. However, a

few participants sought consultations from public health facilities and the digital space.

Private health facilities consultation

The seeking of sexual and reproductive health services from private health facilities by most participants is supported by the outcome of a study conducted by Tembo, Sichone and Banda (2022) to investigate the availability and use of youth-friendly reproductive health services in higher learning institutions in Zambia. The study found that while some universities had on-campus clinics providing contraceptives and STI screening, many students preferred private health facilities due to privacy concerns. Additionally, long waiting times and inadequate availability of female healthcare providers at some institutions discouraged students from seeking these services. The study recommended strengthening institutional health programmes to improve accessibility and promote trust between students and healthcare providers.

Peer consultation

As regards consultation of peers on sexual and reproductive health (SRH) by participants, the outcome of this study on this matter agrees with the study by Banda, Zulu and Chileshe (2021), which investigated the influence of peer networks on sexual and reproductive health knowledge among female university students in Zambia. The outcome of the study by Banda, Zulu and Chileshe (2021) established that many students relied on friends and social media for reproductive health information, which often resulted in the spread of misinformation. For instance, because of reliance on their peers for SRH information, some students believed that the withdrawal method was as effective as modern contraceptives, while others thought that HIV/AIDS could only be contracted through sexual intercourse, neglecting other transmission routes such as needle sharing and mother-to-child transmission (Banda, Zulu & Chileshe, 2021). The study recommended increased efforts to integrate reproductive health education into college curricula to address these misconceptions.

Youth-friendly health centre consultation

Visitation to the youth-friendly sexual and reproductive (SRH) health facility within the college vicinity played a significant role in accessing SRH information by some participants in this study. However, the outcome of this study on this matter contradicts the findings of a study by Tembo, Sichone and Banda (2022), who assessed the availability and use of youth-friendly sexual and

reproductive health services in higher learning institutions in Zambia. The results of their study revealed that students in higher learning institutions in Zambia often encountered dismissive attitudes from healthcare providers who imposed moral judgments on their reproductive choices, discouraging them from seeking care (Tembo, Sichone & Banda, 2022). Further, their findings revealed that few institutions were dedicated to sexual and reproductive health programmes, leaving students with limited access to contraceptive counselling, STI screening, and safe abortion services (Tembo, Sichone & Banda, 2022). This shows that many college clinics are not adequately equipped to provide confidential and non-judgmental reproductive health services tailored to the needs of female students.

Public health facilities consultation

Participants who consulted public health facilities on sexual and reproductive health matters were few. Though these participants found the public health facilities helpful, some studies have shown that these facilities in Southern Africa, including Zambia, suffer from shortages of essential sexual and reproductive health commodities, including contraceptives, emergency contraception, and STI treatment (Tadesse, Ayele & Mengesha, 2022). As a result, female students who seek these services often encounter stockouts, long waiting times, and understaffed clinics that fail to meet their needs. For instance, a study conducted by Babalola, John and Okoh (2021) in Zimbabwe found that many university clinics lack dedicated sexual and reproductive health units, forcing some students to seek services from overcrowded public health facilities with limited privacy. In some cases, healthcare providers lacked specialised training in adolescent and youth reproductive health, leading to poor service delivery and reluctance among students to seek care (Babalola, John & Okoh, 2021).

Digital space consultation

Though very few participants in this study relied on digital platforms for consultations, in the modern age, digital spaces, such as social media, Artificial Intelligence (AI), can play a significant role in shaping students' knowledge of sexual and reproductive health when carefully used. For instance, a study by Johnson et al. (2020) in Canada found that students who regularly engaged with digital health platforms had a better understanding of emergency contraception and STI prevention strategies. However, the study by Lee and Park (2021) in South Korea on social media as a source of sexual and reproductive health information among South Korean female students found that, while digital platforms provided an opportunity for young women to access sexual and

reproductive health information, misinformation was a major concern, with many students relying on inaccurate sources.

5.1.3 Challenges encountered by participants in accessing SRH services

In this study, 9 out of 24 participants submitted that negative attitudes from some healthcare practitioners providing sexual and reproductive health services were a big problem, followed by those participants (7 out of 24) who saw a lack of confidentiality and privacy as another problem that discouraged them from accessing the services. Other participants (4 out of 24) mentioned a lack of privacy at a youth-friendly centre, while others (3 out of 24) complained of limited awareness of SRH and misinformation. A lone student thought negative norms, customs, traditions and religious beliefs hindered her from freely accessing SRH services. Therefore, most participants cited negative attitudes of some healthcare practitioners, a lack of confidentiality/privacy, and a lack of privacy at a youth-friendly centre within the college as hindrances in accessing SRH services.

Negative attitudes of some healthcare practitioners

The outcome of this study on the above captioned challenge is supported by several studies that have been conducted on factors affecting sexual and reproductive health-seeking behaviours worldwide. For instance, a study by Martínez, González and López (2018) on socioeconomic disparities in access to reproductive health services among female university students in Latin America found that negative attitudes among healthcare providers, including judgmental behaviour and a lack of privacy, discouraged female college students from accessing reproductive health services. Many young women reported feeling embarrassed or shamed when seeking contraception or STI testing, leading them to avoid healthcare facilities (Martínez, González & López, 2018). The study recommended that healthcare institutions implement youth-friendly policies to create a more supportive and confidential environment for young women. Similarly, a study conducted in Uganda by Adebayo, Olamide and Okonkwo (2020) revealed that young women were often reluctant to visit reproductive health clinics because they anticipated negative reactions from healthcare workers who may impose personal moral judgments on their sexual behaviour. The study concluded that stigma surrounding reproductive health services discouraged many students from seeking care, resulting in poor health outcomes and an increased risk of unintended

pregnancies.

Lack of privacy at a youth-friendly centre within the college

Lack of privacy at a youth-friendly centre as a challenge is supported by a study by Tembo, Sichone and Banda (2022), which investigated the availability and use of youth-friendly reproductive health services in higher learning institutions in Zambia. Tembo, Sichone and Banda (2022) found that while some universities had on-campus clinics providing contraceptives and STI screening, many students still preferred off-campus facilities due to privacy concerns. Concerns about confidentiality further discouraged female students from accessing reproductive health services in higher learning institutions in Zambia (Tembo, Sichone & Banda, 2022). Many young women worry that their personal health information might be disclosed to parents, lecturers, or peers, leading to social consequences (Tembo, Sichone & Banda, 2022). Further, a study by Tembo, Sichone and Banda (2022) revealed that some university clinics do not have private consultation rooms, making students feel exposed when seeking reproductive healthcare. Additionally, some healthcare providers have been reported to breach confidentiality by questioning students about their sexual activity in a judgmental manner, further deterring them from seeking care (Tembo, Sichone & Banda, 2022).

5.1.4 Participants' recommendations to enhance positive SRH-seeking behaviours

In this study, 8 out of 24 participants recommended an improvement in attitudes of some health practitioners towards seekers of SRH service, followed by those participants (6 out of 24) who recommended adherence to confidentiality and privacy. Others, 5 out of 24 participants suggested dedicated and reliable SRH digital platforms, while 3 out of 24 recommended improvement on SRH information dissemination, with others (2 out of 24) recommending a well-equipped youth-friendly SRH centre. Therefore, the study established that most participants recommended an improvement in attitudes of some health practitioners and adherence to confidentiality/privacy.

The recommendations by most participants demanding an improvement in health workers' attitudes and adherence to confidentiality/privacy can address a lot of concerns raised in Zambia's healthcare system. For instance, Chibae et al. (2018) explain that many young women report experiencing negative attitudes and moralistic judgments from health workers when seeking

services such as contraception or STI screening. Such experiences discourage young women from visiting healthcare facilities, leading to delays in seeking care. Also, a lack of confidentiality/privacy hinders female college students from accessing reproductive health services. Babalola, John and Okoh (2021) argue that many young women worry that seeking contraception, STI treatment, or abortion services will result in disclosure to family members, lecturers, or peers, leading to social repercussions. A study conducted by Mbugua and Karonjo (2019) in Kenya revealed that university health facilities often lack private consultation rooms, making students feel exposed when seeking reproductive health services.

5.2 Limitations of the study

The researcher acknowledges that this study may have some methodological-centred limitations, which are matters and circumstances that come up in a study that the researcher has little or no control over (Lury, 2018). These limitations may restrict the extent to which a study can go and affect the results and conclusions to be drawn (Lury, 2018). Therefore, the researcher acknowledges that the qualitative study approach adopted for this study may have been influenced by researcher bias. The researcher also acknowledges that the purposive sampling method used to select Chipata School of Nursing and Midwifery may not allow generalisation of the findings beyond the study site; therefore, generalisation may be confined to the study site. Further, the purposive sampling of participants may have increased the risk of researcher bias. To minimise researcher bias, a college register was used. It is also acknowledged that the sample may not have been representative of the study population; as such, generalisation of the findings may be undermined.

CHAPTER SIX

6.0 Summary, conclusion and recommendations

6.1 Summary

The study assessed sexual and reproductive health-seeking behaviours among the female students at Chipata College of Nursing and Midwifery in the Eastern Province of Zambia. Specifically, the study assessed the knowledge of female students on sexual and reproductive health, factors which influence sexual and reproductive health-seeking behaviours among female students, and challenges which female students faced in accessing sexual and reproductive health services at Chipata College of Nursing and Midwifery in the Eastern Province of Zambia.

6.1.1 Knowledge of sexual and reproductive health

At Chipata College of Nursing and Midwifery, participants' access to some sexual and reproductive health services entailed that they had some knowledge and information about SRH. The common SRH services that most participants accessed were pregnancy prevention and contraception services.

Although some participants were aware of available SRH services at the health learning institution, there were some misconceptions regarding the use of some products, especially among the first-year students from rural areas. For instance, some first-year participants believed that contraceptives could cause infertility or lead to birth defects, while others thought that STIs could be treated using traditional herbs. Even when some first-year participants had some knowledge of the available SRH services at Chipata College of Nursing and Midwifery, fear of judgment from peers and healthcare providers prevented them from seeking necessary care, and they resorted to consulting informal sources, such as peers and social media, for SRH information. While these sources sometimes provided accurate knowledge, they also contributed to the spread of myths and misinformation.

In as much as many participants at the college were aware of common SRH services such as contraceptive methods, their awareness levels remained challenged by myths and social stigma. Some participants feared judgment from healthcare providers, which discouraged them from

accessing contraceptives. Participants from rural backgrounds, especially those in the first year of study, relied on traditional methods of contraception due to a lack of exposure to modern reproductive health education before joining college.

6.1.2 Influencing factors on SRH-seeking behaviours

Reproductive health-seeking behaviours among the participants were influenced by an array of sources of SRH information. The sources of SRH information that the participants mostly consulted were private health facilities, peers, youth-friendly health centres, public health facilities, and digital platforms.

Some participants consulted their peers on SRH matters. Peer influence among some participants shaped their decision-making on sexual and reproductive health. Some participants relied on friends, while others on social media for reproductive health information, which often resulted in the spread of misinformation. Online platforms were viewed as essential sources of reproductive health information by some participants. However, the quality of online information varied, with some participants encountering misleading or contradictory advice.

Traditional beliefs played a crucial role in determining some participants' autonomy, especially the first-year participants from rural areas, in making reproductive health decisions. Parents with strong traditional beliefs often dictated some participants' SRH choices, limiting their ability to seek contraception or other SRH care independently. Participants from rural areas rarely discussed SRH matters because, in most cases, the topic is often perceived as a taboo subject, thereby discouraging open discussions within families and communities. Consequently, some participants were often forced to rely on informal sources of information, which may not always be accurate or beneficial for their health.

Some participants visited a youth-friendly reproductive health centre within the college premises to access SRH services. In an ideal situation, SRH services from youth-friendly health centres provide knowledge among female college students. However, many participants still preferred off-campus private health facilities due to privacy concerns and fear of long waiting times at the local youth-friendly health centre.

6.1.3 Challenges in accessing sexual and reproductive health services

Access to sexual and reproductive health services by some participants enabled them to have complete wellness of mental and physical reproductive health; however, a lack of it posed some challenges to some participants. The challenges that most participants were concerned about were negative attitudes from some healthcare providers and a lack of confidentiality/privacy.

Confidentiality and privacy play a critical role in promoting access and utilisation of SRH services by female students. Negative attitudes among healthcare providers, including judgmental behaviour and a lack of privacy, discouraged some participants from accessing reproductive health services. Many participants felt embarrassed or shamed when seeking contraception or STD screening, leading to delays in seeking care. Some participants worried that seeking contraception or STI treatment would result in disclosure to family members, lecturers, or peers, leading to social repercussions, making them reluctant to access reproductive healthcare even when they needed it.

6.3 Conclusion

The study concludes that sexual and reproductive health (SRH) services at Chipata College of Nursing and Midwifery are a public health concern as they affect female students' choices, which ultimately affect their lives morally, socially, culturally, health-wise, economically and educationally. As such, effective interventions that concentrate on a multitude of approaches from different stakeholders need to be in place to boost the sexual and reproductive health at Chipata College of Nursing and Midwifery. More information on SRH to help female students avoid falling into sexual and reproductive health problems that may have negative repercussions in their academic lives must be readily available. Sexual and reproductive healthcare information is crucial in the growth and development of students, as it influences their ability to achieve their educational and personal goals and thus affects their adulthood. It is, therefore, imperative to provide students with this important information to help them cope with all situations that put them at risk.

6.4 Recommendations

The overall conclusion of this study shows that sexual and reproductive health services at Chipata College of Nursing and Midwifery are important for female students' health. These services

influence the choices of female students, which can impact their lives in many ways, including morally, socially, culturally, in terms of health, economically, and educationally. To improve the sexual and reproductive health services at Chipata College of Nursing and Midwifery, the study suggests these recommendations:

i. Ministry of Health and cooperating partners reinforce or design and implement youth-friendly SRH policies that create a more supportive and confidential environment for female students.
ii. Increased efforts to integrate sexual and reproductive health education into college curricula are needed to address these misconceptions.
iii. Strengthening institutional health programmes to improve accessibility and promote trust between students and healthcare providers.
iv. Integrating sexual and reproductive health education into tertiary institutions, enhancing access to youth-friendly services, and addressing societal stigma to bridge the knowledge gaps among female students.
v. Regulate sexual and reproductive health digital platforms to curb inaccuracy and misleading SRH information.
vi. Assess the situation of hospitals and primary healthcare centres where SRH services are provided, to identify the kinds of services offered, those that are needed and the readiness of healthcare professionals to provide such services in a friendly and confidential environment.
vii. Provide periodic SRH in-service training for healthcare staff to reinforce confidentiality and privacy norms.

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Appendices:

Appendix 1: Interview guide for Participants

Section A: Participant's Information Sheet

My name is **Ivert Tembo**, studying a Bachelor of Science Degree in Public Health in the School of Medicine and Health Sciences at the University of Lusaka. I am conducting a study on the topic: **"An Assessment of Reproductive Health Seeking Behaviour among Female Students at Chipata College of Nursing and Midwifery in Eastern Province of Zambia"** for the fulfilment of my BSc Public Health requirements.

You have been selected as one of the participants who can provide valuable insights into the study that can enlighten the findings of this study. Please be informed that your participation is voluntary, and you may choose not to participate in the study or stop at any point during the interviews. In addition, your responses will be confidential, anonymised, and kept private. There are no risks for choosing not to participate in this study. Also, there is no remuneration for your participation in this study.

This interview is necessary to collect information about this study for academic purposes only. You have the right to withdraw from the study at any time with no implications. Further, you may ask questions for clarification(s) or request more information anytime during the course of the study. Are you willing to participate?**…….**

If you are willing to participate in this study, kindly read the Consent Form attached and fill in your details upon being satisfied with the provisions.

Section B: Participant's Informed Consent Form

Study Topic: ***An Assessment of Sexual and Reproductive Health Seeking Behaviour among Female Students at Chipata College of Nursing and Midwifery in Eastern Province of Zambia***

The researcher has explained to me all the salient information contained in the Informed Consent Sheet regarding the research on the above captioned topic. I have appreciated and fully understood the purpose of the research.

Based on the explanation given to me, I understand that:

- My inclusiveness in the study is purely voluntary;
- It is my choice to either participate or not in this study, and there are no risks for choosing not to participate;
- I have the right to withdraw from the study at any time with no implications for me;
- All my responses will be confidential, anonymised, and kept private;
- There is no remuneration for my participation in this study;
- This study is for academic purposes, and
- I may ask questions for clarification or request more information anytime during the course of the study.

I am comfortable with the above outlined provisions. Therefore, I consent to participate in this study.

Participant's name:…….	Contact details:……
Place……	Time:…….
Signature/Thumb Print:……..	Date:…….
Researcher's name:…….	Contact details:……
Place……	Time:…….
Signature:……	Date:…….

Section C: Interview Guide Questions

Part I: Biographic/Demographic Data

a) How old are you (in years)?
b) Where do you live?
c) Who is the head of household at your place of residence
d) What is the level of education of the heads of household at your place of residence?
e) How religious do you consider yourself to be?
f) How traditional do you consider yourself to be?
g) In which year of study are you at Chipata School of Nursing and Midwifery?

Part II: Main Questions

1. What do you know about sexual and reproductive health?
2. Who are the people you most often talk with about sexual and reproductive health matters?
3. If you had a problem or questions about sexual and reproductive health, where would you go for help?
4. Do you think sexual and reproductive health education would increase the incidence of sex practices? Please explain.
5. Explain the sexual and reproductive health services provided for female college students.
6. Do you consider the information on the internet regarding sexual and reproductive health to be reliable? Please explain.
7. Are there challenges which female college students face at Chipata School of Nursing and Midwifery in accessing sexual and reproductive health services? Please explain.
8. Have you ever had any sexual and reproductive health problems or concerns? If so, what kind of problems or concerns did you have? Please explain.
9. How much did you learn from your parents or guardians about sexual and reproductive health?
10. If you can, kindly provide recommendations to enhance SRH for female students.

END: Thank you for your time

Appendix 2: Work Plan

S/n	Tasks	Timelines in Months and Weeks																																			
		March				April				May				Jun.				Jul.				Aug.				Sept.				Oct.				Nov.			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	Proposal Chapter 1 submission																																				
2	Proposal Chapter 2 submission																																				
3	Proposal Chapter 3 submission																																				
4	Proposal Defence																																				
5	Recruitment of Participants																																				
6	Data Collection																																				
7	Data Analysis																																				
8	Report Writing																																				
9	Dissertation Submission for Marking																																				

Appendix 3: Budget

S/N	BUDGET CATEGORY	ITEM	QTY	UNIT COST		TOTAL	
				K	N	K	N
1	**Supplies and Stationery**	Data Bundles	3	100	00	300	00
		Airtime	3	50	00	150	00
		Ream of paper	2	125	00	250	00
		Tonner	1	800	00	800	00
		Binding	3	250	00	750	00
		Flash disc	1	200	00	200	00
				Sub Total		**2,450**	**00**
2	**Transportation**	Transport fare to the study site	10	100	00	3,000	00
				Sub Total		**3,000**	**00**
				TOTAL		**5,450**	**00**

Appendix 4: Clearance letter from the UNILUS Research Ethics Committee

UNIVERSITY *of* LUSAKA

Passion for Quality Education: Our Driving Force

UNIVERSITY OF LUSAKA RESEARCH ETHICS COMMITTEE (UNILUS-REC)

Plot No. 37413, Off Alick Nkhata Mass Media. P. O Box 36711, Lusaka.
Phone: +260211258505, 258409 Fax +260211233409; Cell +260976075850,961917862,
E-mail:unilus@zamnet.zm,ictar@zamnet.zm

UNILUS-RESEARCH ETHICS COMMITTEE

Ref no: FWA00033228-1285(08)/(08)/{2024}

Date: 15 October 2025

STUDENT NAME: **Ms. Ivert Tembo**

Reproductive Health-Seeking Behaviors

The above research was submitted to the research ethics committee for review. The study has no major ethical problems and is approved subject to the following:

1. The study cannot be changed without express permission of the UNILUS research ethics committee.
2. Approval from the necessary authority should be sought.

Professor Kasonde Bowa

MSc(Glasgow),M.Med(UNZA),FRCS(Glasgow),FACS,FCS,DPH(LSTMH),MPH(UCL)

Chairman- UNILUS REC

Professor of Urology and Consultant Urologist

Deputy Vice-Chancellor – Research and Innovation

Executive Dean - School of Medicine and Health Sciences

Appendix 5: Authorisation from the National Health Research Authority (NHRA)

NATIONAL HEALTH RESEARCH AUTHORITY
Lot No. 18961/M, off Kasama Road, Chalala, P.O. Box 30075, LUSAKA
Tell: +260211 250309| Email: znhrasec@nhra.org.zm | www.nhra.org.zm

Ref No: NHRA-11104/28/10/2025 **Date: 28th October, 2025**

The Principal Investigator
Ivert Tembo
University of Lusaka
Lusaka

Dear Ivert Tembo,

RE: REQUEST FOR AUTHORITY TO CONDUCT RESEARCH

The National Health Research Authority is in receipt of your request for authority to conduct research titled **"An assessment of sexual and reproductive health-seeking behaviors among female students at Chipata School of Nursing and Midwifery in Eastern Province of Zambia."**

I wish to inform you that following submission of your request to the Authority, our review of the same and in view of the ethical clearance, this study has been **approved** on condition that:

1. The relevant Provincial and District Medical Officers where the study is being conducted are fully appraised;
2. Progress updates are provided to NHRA bi-annually from the date of commencement of the study;
3. The final study report is cleared by the NHRA before any publication or dissemination within or outside the country;
4. After clearance for publication or dissemination by the NHRA, the final study report is shared with all relevant Provincial and District Directors of Health where the study was being conducted, University leadership, and all key respondents.

Yours sincerely,

Prof Victor Chalwe
Director and Chief Executive Officer
NATIONAL HEALTH RESEARCH AUTHORITY

All correspondences should be addressed to the Director/CEO National Health Research Authority

Appendix 6: Authorisation from Chipata College of Nursing and Midwifery

Ms. Ivert Tembo
Principal Investigator
University of Lusaka
School of Medicine and Health Sciences
LUSAKA

C/o Dr. Royd Tembo
Provincial Administration
Eastern Province
CHIPATA
Cell phone: +260977 496 817
Email: ielice2004@gmail.com

REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH
HEAD OF COLLEGE
21 OCT 2025
CHIPATA COLLEGE OF NURSING AND MIDWIFERY

Approved

20th October 2025

The Head of College
Chipata College of Nursing and Midwifery
CHIPATA

Dear Sir/Madam

RE: REQUEST FOR AUTHORITY TO CONDUCT RESEARCH AT CHIPATA COLLEGE OF NURSING AND MIDWIFERY

My name is **Ivert Tembo**, studying a Bachelor of Science Degree in Public Health in the School of Medicine and Health Sciences at the University of Lusaka. I am requesting to conduct a study on the topic: **"An Assessment of Sexual and Reproductive Health Seeking Behaviour among Female Students at Chipata College of Nursing and Midwifery in Eastern Province of Zambia"** for the fulfilment of my BSc Public Health requirements. This study is purely for academic purposes.

To support my request, I attach herewith the following documents:

1. University of Lusaka Research Ethics Committee Approval, and
2. Interview Guide for participants.

I intend to commence data collection as soon as approval is granted.

Looking forward to receiving your favourable response in the earliest time possible. I wish the Chipata College of Nursing and Midwifery management a **Happy Independence Week.**

Yours faithfully,

Ivert Tembo (Ms)

Principal Investigator