Cultural and Practical Barriers to Contraceptives in a University Setting: An Exploratory Study

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Background

Importance of Contraceptive Use

Contraceptives are an integral method in not only preventing pregnancy, but some forms also prevent sexually transmitted infections (STIs) (World Health Organization, 2018). In Toronto, from 2005 to 2014, the incidence of gonorrhea has increased. In 2014, there were 97.3 cases per 100,000 in Toronto (Public Health Ontario, 2015). In both males and females, "no condom use" was seen as one of the most significant risk factors for gonorrhea infection, 74% and 74.4%, respectively (Public Health Ontario, 2015).

The following are the various methods available to prevent pregnancy and/or the transmission of STIs:

Barrier methods (e.g. condoms (both male and female), diaphragms, spermicidal sponges, and cervical caps);

Hormonal methods (e.g. birth control injections, birth control pills, contraceptive patches, and vaginal rings);

Intrauterine device (IUD), which is a more invasive type of contraceptive method, as it is inserted into the uterus by a healthcare professional, and remains in the uterus for a long period of time;

Emergency contraceptives that can be used in case of unprotected sexual intercourse (National Institute of Child Health Development, 2017).

In a university setting, accessing contraceptives on campus can be done through the university's medical center, health services, sexual health centers, and student residences. The availability and level of access will vary from campus to campus, given that there are different policies and programs at each university . Currently students can access contraceptives on Ryerson University campus at all Student Health and Wellness offices, in all Residence buildings, at Equity Services in the Student Centre, and at the Ted Rogers School of Management Information Desk.

Known Barriers to Contraceptive Access

Inadequate knowledge of where to access contraceptives on campus, the inability to access these services, and lack of medical insurance for contraceptive methods not available over-the-counter are all barriers in accessing contraceptives. In different cultures and religions, discussions about sexual intercourse, and sexual intercourse itself, may be considered taboo, and/or forbidden by religion or cultural norms (Naz, 2014). Moreover, fear, traditional practices, and personal beliefs may also prevent people from accessing contraceptives and services (Naz, 2014).

Objective

The objective of this study is to assess the potential cultural and practical barriers to contraceptive access in a university setting. This study aims to make recommendations to reduce these barriers, thereby increasing the proportion of students who access contraceptives on campus.

Methods

Study Design

A qualitative study, comprised of a web-based survey with both closed and open-ended questions was conducted between February to March 2018. Ethics were obtained from the School of Occupational and Public Health Education (SOPHe) Ethics Council.

Inclusion Criteria

First year SOPHe students in the 4-year or 5-year program at Ryerson University, who graduated high school, and have no previous undergraduate experience.

Recruitment

Students were recruited via email disseminated by the Administration Assistant of the School of Occupational and Public Health Education (SOPHe).

Data Collection

Data were collected via web-based survey open between February 17th to March 16th, 2018. The survey was designed using a series of opened-ended and close-ended questions, used to assess perceived cultural and physical barriers to contraceptives. Demographic data such as gender, ethnicity, and religion were collected using Ryerson University's Equity and Diversity Questionnaire's scale, in order to maintain uniformity across the data collected at this institution.

Data Analysis

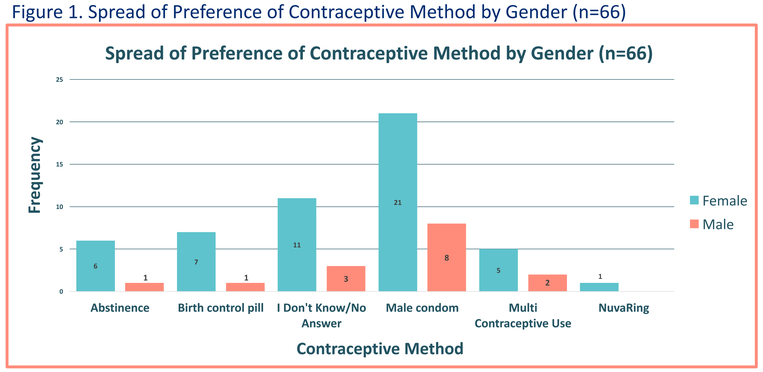
A combination of descriptive statistics and content analysis was used to analyze the data collected through the survey. Descriptive statistics were generated using Excel version (2013) and content analysis was performed manually.

Results

Response Rate

In total, 166 students completed the survey, and 66 participants met the inclusion criteria. Using the latest data of enrollment in the SOPHe program the response rate range was calculated. The response rate of students that met the inclusion criteria is estimated to be between 46.15% and 64.7%. It must be noted that this is an estimate as it is not possible to know the true sample size, as it was not possible to send study recruitment emails to first-year students only. Instead, emails had to be disseminated to all students in the SOPHe department, and responses were narrowed to first-year students afterwards.

Figure 1. Spread of Preference of Contraceptive Method by Gender (n=66)



* Multiuse Contraceptive Use refers to male condom plus one other contraceptive method.

Table 1. Participant Demographics by Decision in Accessing Contraceptives on Campus (n=66)

Variable	Yes n(%)	No n(%)	I Don't Know/No Answer n(%)	Total n(%)
Sex				
Female	7 (10.6)	41 (62.1)	3 (4.5)	51 (77.3)
Male	4 (6.1)	9 (13.6)	2 (3.0)	15 (22.7)
Ethnicity				
Arab	0 (0.0)	1 (1.5)	0 (0.0)	1 (1.5)
Black	0 (0.0)	8 (12.1)	1 (1.5)	9 (13.6)
Chinese	2 (3.0)	3 (4.5)	0 (0.0)	5 (7.6)
Chinese, Southeast Asian (e.g. Vietnam, Cambodia, Thailand)	0 (0.0)	1 (1.5)	0 (0.0)	1 (1.5)
Multiracial	0	7 (10.6)	2 (3.0)	9 (13.6)
South Asian (e.g. India, Pakistan, Sri Lanka)	3 (4.5)	14 (21.2)	1 (1.5)	18 (27.3)
Southeast Asian (e.g. Vietnam, Cambodia, Thailand)	1 (1.5)	5 (7.6)	0 (0.0)	6 (9.1)
West Asian (e.g. Iran, Syria, Israel, Afghanistan)	1 (1.5)	2 (3.0)	0 (0.0)	3 (4.5)
White	4 (6.1)	7 (10.6)	0 (0.0)	11 (16.7)
No Answer	0 (0.0)	2 (3.0)	1 (1.5)	3 (4.5)
Religion				
Agnostic	0 (0.0)	5 (7.6)	0 (0.0)	5 (7.6)
Atheist	2 (3.0)	5 (7.6)	1 (1.5)	8 (12.1)
Buddhism	0 (0.0)	2 (3.0)	0 (0.0)	2 (3.0)
Christianity	6 (9.1)	18 (27.2)	1 (1.5)	25 (37.9)
Hinduism	0 (0.0)	3 (4.5)	0 (0.0)	3 (4.5)
Muslim	3 (4.5)	14 (21.2)	2 (3.0)	19 (28.8)
Orthodox	0 (0.0)	1 (1.5)	0 (0.0)	1 (1.5)
Spiritual	0 (0.0)	1 (1.5)	0 (0.0)	1 (1.5)
No Answer	0 (0.0)	1 (1.5)	1 (1.5)	2 (3.0)

Figure 2. Participants who Access Contraceptives on Campus

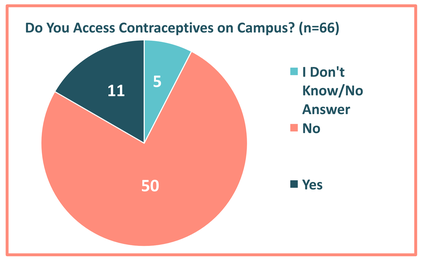


Table 2. Themes identified via content analysis of open ended questions on barriers and access to contraceptives

Question	Themes	n (%)
Why is this your preferred method?	Accessibilty	5 (15.6)
	Conflicting Beliefs	1 (3.1)
	Effective	12 (37.5)
	Simple	12 (37.5)
	Education	2 (6.3)
	Total	**32 (100.0)**
Please describe how you feel your cultural upbringing shaped your beliefs around sex and contraceptive use?	No Influence	9 (24.3)
	Strong Influence	14 (37.8)
	Education	6 (16.2)
	Conflicting Beliefs	8 (21.6)
	Total	**37 (100.0)**
Please provide us with any suggestions for improvements to Ryerson Campus contraceptive access.	Awareness	11 (28.2)
	Vending Machines	2 (5.1)
	Adverstising	4 (10.3)
	Accessibility	6 (15.4)
	Social Media	3 (7.7)
	Distribution	3 (7.7)
	Discretion	3 (7.7)
	Education	7 (17.9)
	Total	**39 (100.0)**
Please describe how you feel your religious beliefs influence your choices about sex and contraceptive use.	No Influence	13 (43.3)
	Strong Influence	10 (33.3)
	Education	1 (3.3)
	Conflicting Beliefs	6 (20.0)
	Total	**30 (100.0)**

Table 3. Religious, cultural, and practical barriers vs. those who did not access contraceptives on campus (n=50)

Variables	Strongly Agree n(%)	Agree n(%)	Neither Agree nor Disagree n(%)	Disagree n(%)	Strongly Disagree n(%)	No Answer n(%)	Total n(%)
I do not access contraceptives on Ryerson's Campus because of the cultural traditions of my family.	2 (4.0)	6 (12.0)	15 (30.0)	12 (24.0)	11 (22.0)	4 (8.0)	50 (100.0)
I don't access contraceptive methods within and/or outside of Ryerson University because of my religious beliefs.	5 (10.0)	3 (6.0)	13 (26.0)	12 (24.0)	16 (32.0)	1 (2.0)	50 (100.0)
I feel comfortable using the services on Ryerson Campus that provide contraceptives.	2 (4.0)	10 (24.4)	29 (26.9)	7 (16.7)	1 (3.1)	1 (1.1)	50 (100.0)
I feel that there is a social stigma around accessing contraceptives on the Ryerson Campus	2 (16.7)	9 (18.0)	28 (56.0)	9 (18.0)	1 (2.0)	1 (2.0)	50 (100.0)
I feel that I have or I could access contraceptives on the Ryerson Campus with ease.	1 (2.0)	13 (26.0)	23 (46.0)	2 (4.0)	3 (6.0)	2 (4.0)	50 (100.0)

Discussion

The results show that male condoms are the preferred contraceptive method of both male and female participants.

A large number of respondents who do not access contraceptives disagree (24%) and strongly disagree (32%) that religious beliefs influence their decision to access contraceptives. Furthermore, it is seen that some students who agree they can access contraceptives with ease do not do so.

Accessibility, education and awareness are among the reoccurring themes in the open-ended questions. Students mention that the lack of awareness and knowledge as to the services offered is something that can be improved on campus.

15.4% of respondents suggested accessibility improvements in order to increase access of contraceptives on campus.

Limitations

Small sample size was a major limitation to this study. The lack of diversity in the ethnicity and religion categories were also limitations. Sampling methods are a limitation, as sampling was only of one faculty and not representative of the entire university population. Future research should work to examine a larger sample size .

Conclusions

In conclusion, while there are many barriers to contraceptives that exist, this study shows that there is no relation to religious belief and culture practice as a factor in decision to access contraceptives. There are many practical and social barriers identified that can be improved upon. Future research should look at the program planning that addresses social barriers to contraceptive access such as stigma and comfort levels. A secondary focus should look at practical barriers such as location of services, advertising, and availability of contraceptives.

Recommendations

Program planning should focus on creating a campaign university-wide that presents a unified message about the location of services and procedure for accessing these services in order to obtain contraceptives.

A needs assessment of the current contraceptive access on campus, as well as a gap analysis to assess knowledge of where to access contraceptives on campus should be conducted.

Ensure the locations with contraceptives are well known and accessible to the student population.

Acknowledgements

1. School of Occupational and Public Health Education
2. Dr. David Zakus

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