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*Sexual orientation* tends to be a taboo subject especially on the African continent where the topic is perceived by many as part of cultural affront by neo-colonial interests. In this issue of *African Health Sciences*, we bring you very interesting work by Nigerian authors who took on this subject by the horns and studied sexual orientation among African University students.<sup>1</sup>

What we now see is that sexual orientation is a real issue that cannot be swept under the carpet, nor can we bury our heads in the sand and become the proverbial ostrich.

The authors set out to determine the pattern of sexual orientation and relationship between sexual orientation and quality of life among University students in Nigeria. They found that 0.1% of the students self identified as gay/lesbian. Almost 12% reported varying degrees of attraction to the opposite gender. Those who self identified as gay/lesbian had a lower average score on all domains of the WHO QOL BREF. You need to read details of their seminal paper.

*Contraception:* Keeping with our reproductive health theme among university students, we bring you an interesting study by South African and Thai researchers on 'contraceptive non-use and associated factors among University students in 22 countries.'<sup>2</sup>

They aimed to investigate contraceptive non-use and associated factors (socio-demographics, sexual behaviour, internal assets and mental health) among undergraduate University students in 22 countries.

They found that '41.9% reported to have been sexually active in the past 12 months. Of those who had been sexually active, 42.6% reported never (42.7% among male and 42.6% among female students) using contraceptives in the past 12 months.' Some factors associated with non contraceptive use included: 'young age, religious affiliation, intrinsic religiosity, and sexually protective behaviour were associated with contraceptive non-use.' Lack of internal assets (among men, low life satisfaction and lack of personal control, and among

women low personal mastery) were also associated with contraceptive non-use. They conclude that 'Low contraceptive use was found and the several factors identified as associated with contraceptive non-use may help guide intervention efforts.'

*Toxic skin bleaching products.* Finally we selected the issue of skin bleaching because it belongs in the realm of sexuality and self esteem. Swedish and Norwegian workers bring us a very interesting paper on this subject which is often viewed as part of the neo colonial affront on the culture of African population.<sup>3</sup> The authors were interested to know if 'such products are used in Sweden in particular by pregnant women, and furthermore to explore immigrant women's view on skin bleaching.'

They found that skin bleaching products were used by 2.6% of pregnant women, significantly more by women born in non-European countries. Motivating factors were associated with the concept of beauty together with social and economic advantages. The women had low awareness of the potential health risks of the products.

They conclude: 'Regulations on the trade of skin bleaching products have not effectively reduced the availability of the products in Sweden nor the popularity of skin bleaching.'

## References

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