SOCIO ECONOMIC FACTORS INFLUENCING ACCESS TO REPRODUCTIVE HEALTH SERVICES AMONG YOUTH OF LAIKIPIA COUNTY, KENYA

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DECLARATION

This research project is original work and has not been submitted examination in any other University

Signature …… Date ……

Charles Kimani

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This research paper has been submitted for examination with my approval as the University supervisor

Signature …… Date ……

Dr. Dalmas Omia

DEDICATION

I dedicate this project to Almighty God for being my pillar, Source of my inspiration wisdom and knowledge and understanding. I also dedicate this work to my wife Lucy Charles who has been of most encouragement and constant support during the challenges of graduate school and life. I am truly thankful for having you in my life. To my son Travis who has been affected in any way possible by this quest, thank you, my love for you cannot be quantified. To my parents, thank you so much for being such source of my inspiration. God bless you.

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LIST OF ABBREVIATIONS AND ACRONYMS

AFIDEP	African Institute for Development Policy
APHRC	African Population and Health Research Center
DHS	Demographic Health Survey
FHI	Family Health International
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
KDHS	Kenya Demographic Health Survey
KIIs	Key Informant Interviews
KNBS	Kenya National Bureau of Statistics
MDGS	Millennium Development Goals
NRHP	National Reproductive Health Policy
NRHS	National Reproductive Health Strategy
RH	Reproductive Health
RHIS	Reproductive Health Information and Services
RHS	Reproductive Health Services
UN	United Nations
UoN	University of Nairobi

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ABSTRACT

Access to reproductive health services by the youth is influenced by several factors. This study sought to assess the socio-economic determinants of youth's access to reproductive health services in Laikipia County. The study focused on youth aged between 18 and 25 years through a cross-sectional model using mixed method approach in data collection. Thus, the study collected quantitative data though survey while key informant interviews and focus group discussion were used to collect qualitative data. The study was guided by the theory of reasoned action.

The study findings indicate that social determinants of youth access to reproductive health services include social networks and support, service provider relationship with the youths and availability of information in the social spaces such as home and school. The economic determinant is the affordability including the direct costs such as product prices and embedded costs such as transport product prices associated with accessing reproductive health services.

The study concludes that access to reproductive health services among the youth is influenced significantly by socio-economic factors such as social support, stigma, provider relationship and financial constraints. It is imperative to put in place mechanisms for address these challenges and building on opportunities in the improvement and management of reproductive health among the youth. The study recommends that relevant stakeholders in public and reproductive health initiate incentivized programs that attract youth including targeting the youth using youth friendly communication channels and peer education.

CHPATER ONE
BACKGROUND TO THE STUDY

1.0 Introduction

According to WHO (2011), reproductive Health (RH) is the state of complete physical, mental and social well-being of the reproductive system and needs of a people. It should not be looked at as merely the absence of disease related to the reproductive system and its functions. In Africa, some of the reproductive needs that have been identified among young people through previous research include information on prevention and management of sexually transmitted infections(STIS) reproductive tract infections (RTIS) and human immune deficiency acquired Immune Deficiency (HIV/AIDS) syndrome, issues of access to contraception and prevention of abortion and management of complications resulting from unsafe abortion as well as issues of where and how they can get access to safe sex (Remare, 2012).

According to the World Population Council, youth under the age of 25 are close to 50% of the world's total population (WPC, 2008). In Kenya on the other hand, with data from the last census that was conducted in 2009, it noted that youth account for 63% of Kenya's population (KNBS, 2010). A study by the Family Care International conducted in 2008 indicated that by the age of 20 at least 80% of youth in Sub-Saharan Africa are sexually active. The fact that youth account for such a big number of the population and their early debut in sexual activities places them in a position to deserve proper education on reproductive health services. It was also observed that in Kenya, about 64% of youth have various reproductive health related problems varying from unwanted pregnancies to HIV and STIs which need to be addressed in one way or another (FCI, 2008).

The need to bring youth on board as stakeholders in the reproductive health sector started in the early 1990s and was emphasized throughout the 21st century. The right of young people to reproductive health information was endorsed in the 1994 International Conference on Population and Development (ICPD) held in Cairo as well as in the 1995 Fourth International Conference on Women that was in Beijing. Such issues as, family planning counseling, safe delivery, prevention of abortion and the management of the

consequences of abortion and management of STIS, among others, were major highlight targeting youth's reproductive health needs during the conference. This was also later discussed in the 2005 World Health Summit where leaders acknowledged reproductive health as a key issue in the quest to achieve the Millennium Development Goals (Omweno, 2013).

In order for young people to access reproductive health services, it was resolved to make universal access to reproductive health information and services a reality by 2015 by giving priority to offering this information to young people (UNFPA, 2009).
In addition, the Kenyan government has also had previous efforts to address youthhealth needs. After ICPD 1994, in aligning to the reproductive health agenda deliberated in the conference, the Kenyan government formulated the National Reproductive Health Strategy (NRHS)(1997-2010) where core priority areas were identified to meet the reproductive health needs of its citizens. These included, safe motherhood, gender and reproductive needs, family planning, promotion of adolescent and youth health, gender and reproductive health rights, management of STIs, HIV/AIDS and other unmet reproductive health needs (Manoti, 2015).

In 2003, the Ministry of Health in Kenya approved and adopted its first National Reproductive Health Policy (NRHP, 2003) which aimed at providing a framework for equitable, efficient and effective quality delivery of RH services to populations considered vulnerable including the youth. Later on in 2005, a Youth Reproductive Health and Development Policy Plan for 2005-2015 was adopted. This was formulated to respond to the reproductive health needs and rights of the youth which had previously received relatively little attention. This policy aimed at improving the quality of life among young Kenyans by integrating their reproductive health needs into the process of national development as well as scaling up their participation in the process (FHI, 2006).

Several studies have been carried out in the world on youth reproductive health, and all reveal some sort of challenge in offering young people access to RH information and services. The latter does not blame the packaging of the services by programmes but a

myriad of issues ranging from social, cultural, and economic (UNFPA, 2000). This whole idea of introducing and marketing RH to the young touch on matters of great cultural sensitivity especially regarding what is expected and allowed hence limiting how far programmes can go. Consequently, young people end up on the receiving end by being denied the access to appropriate information considering the fact that most societies are culturally obliged to withhold information from the young members until it is felt necessary and they feel ready to give it (UNFPA, 2000).

In Kenya, a myriad of reproductive health problems that affect the youth have been identified their sexual and reproductive health behaviors have been identified as being among main causes of early death, chronic diseases, and disability among their age group. Some of the reproductive health issues that affect Kenyan youth include STIs, unwanted pregnancies, gender-based violence, and trauma resulting from sexual abuse (Manoti, 2015). According to Allen et al, (2005), peer pressure stands out as a key influencer of access to RH services because it is worth noting that most young people tend to spend a big amount of their time in fixed groups where they share all kinds of information and items some of which could include RH information and products.

Through social networks, young people share such myths as perceived side effects and efficacy which could influence how their peers choose to access and utilize the available RH services (Oindo, 2002). Other studies have noted that economic factors such as affordability and availability of RH services also play a key role in determining youth access to RH information and utilization of services. For instance, studies have shown that condom use among the youth decline with lower socio-economic status (Karibu and Orpinas, 2009; Alena and et al, 2011). On the same note, Oindo (2002) also noted the lack of adequate finances among young people as a barrier to their access to such RH services as family planning.

According to Senderowitz (1998), young people are not receiving adequate information and knowledge that they need to manage their reproductive lives as they need it despite the fact that they belong to the group of the vulnerable and most at risk. Youth aged 18-25 years have been identified to be most vulnerable to such major reproductive health issues as HIV, STIs, early pregnancies, and unsafe abortions. According to Manoti

(2015), youth engage in risky sexual behavior which affects their current and future health. They often venture into unprepared sex, engage in sex with multiple partners, and indulge in alcohol and drug abuse which impairs judgment and expose them to unprotected sexual activities. It is also worth noting that youth in this age bracket have limited awareness of STI prevention and lack skills to negotiate safer sex. This makes it very important for them to have access to appropriate reproductive health services and information (FHI, 2010).

Despite the fact that the Kenyan government and non-governmental organizations have put a lot of effort in disseminating information on where and how to access reproductive health services the inequity to accessibility of the services and their general utilization by adolescents and youth is still a worrying trend especially among people of lower socio-economic status. The latter can be attributed to such factors as religion, peer influence, level of education, family values, sources of RH information, and the mode of dissemination.

These factors identified by Omweno (2013) in her study on selected socio-cultural factors that influence access to RH services among youth in the slums, play a crucial role in determining access to RH services among young people. With some of these issues already explored, there is still need for further exploration on determinants of youth access to RH services especially considering the fact that youthfulness is a transient age with several challenges that are dynamic and therefore need regular monitoring since what was an issue to youth yesterday may not be the same today.

1.1 Problem Statement

Lack of access to contraceptives and RHS contributes to increased levels of mortality and morbidity in developing countries Izugbara et al (2010). Insufficient information and awareness about reproductive health is widespread among Kenyan societies due to socio-economic factors such as low levels of income. Kenya's national reproductive health programme for the youth primarily focuses on early child bearing, STIs/HIV/AIDS and unsafe abortions (FHI, 2010). A study by the African Population and Health Research

Center (2010) found that despite efforts by the Kenya government and non-governmental agents to operationalize RH and reproductive health policies, access to contraceptives is a challenge to the Kenyan youth (APHRC, 2010).

According to Thumbi (2003) most research in reproductive health among youth concentrate on HIV and STI prevention and less on other youth reproductive health needs such as how to equip them with safe sex negotiation skills, youth access to friendly RH services, affordability to RH services among others. In addition, Kamaara (2005) notes that access to reproductive health services information among youth that would help them make informed health decisions is further hindered by existing social norms and cultural taboos that bar them from discussing reproductive health issues within their peers or with more experienced adult members of the community.

Despite the fact that various reproductive health services available for the youth in this century, their utilization still remains low in Kenya. Globally, although the availability of RH services have been highly promoted among all populations including the youth, there is still a gap among these young people and especially those ones who live in resource limited areas such as slums and rural areas (Flesch, 2013). The case is not different among Kenyan youth and more so in Laikipia County. A myriad of factors that determine youth' access to reproductive health services have been identified in previous research studies. However, very little research has been done among youth of Laikipia County and therefore the proposed study set to establish the socio-economic determinants of access to reproductive health services among youth in Laikipia County by answering the following questions:

i. What are the social determinants of access to reproductive health services by youth in Laikipia County?
ii. What are the economic determinants of access to reproductive health services by youth in Laikipia County?

1.2 Objectives of the Study

1.2.1 Overall objective

To assess the socio-economic determinants of access to reproductive health services by youth in Laikipia County.

1.2.2 Specific Objectives

i. To describe social determinants of access to reproductive health services by youth in Laikipia County.
ii. To establish the economic determinants of access to reproductive health services by youth in Laikipia County.

1.3 Assumptions of the study

The study assumes the following:

i. Poverty is a key economic determinant of access to reproductive health services among youth in Laikipia County.
ii. Lack of and poor information negatively affects access to reproductive health services by youth and is directly linked to the socio-economic factors prevailing in the community

1.4 Justification of the study

The current study focus on investigating the socio-economic determinants of access to RH services among youth in Laikipia County. Despite the fact that RH has been highly pushed by the government and other organizations, there is still a gap among the youth as far as the access and utilization of the services is concerned. The data collected in this study has provided important insights into the ways of filling the gaps. For instance, the challenges related to social support described in the study can inform program implementation and decision making on improving access and utilization of reproductive health services. Also, the findings of this study are useful in providing guidelines to RH services stakeholders both in the government and outside the government. This is by providing support in designing tailor-made programs that address current youth' RH needs. The findings of this study significantly contribute to the growing body of research

knowledge on RH among youth as well as provide reference to future researchers and students who might be interested to conduct further research on this topic.

1.5 Scope and limitations of the study

This study was carried out in Umande and Nanyuki municipality wards of Laikipia County. The study population comprised youth residing within the study area during the data collection period, 11-22 July 2018. Sampling was limited persons between 15 -35 years as conceptualized in the research's description of the youth. While a broad and dynamic range of factors are expected to influence social phenomenon such as access to reproductive health services by the youth, the study only assessed social and economic factors influencing. Other emerging variables such as gender have been considered in explaining findings. Data collection tools and methods used in this study (including questionnaires) are limited in terms of return rates and accuracy of responses particularly in the traditionally sensitive subject of youth sexuality. As a sensitive area of discussion, the youth feared disclosing much about their reproductive health. However, the questions were administered in a friendly and less emotive way. The participants were further reassured of confidentiality and anonymity to increase discloser. The quntative data did not provide the contextual reasons and cause-effect as it lacked subjectivity and was close-ended. However, qualitative data filled the gaps by providing the lived life worlds of the study participants.

1.7 Definition of Terms

Reproductive health (RH) – State of wellbeing of the reproductive processes, functions and system at all stages of life that is significantly determined by socio-economic factors (including gender, social class and education).

Reproductive health Services (RHS) – Services concerned with sexual well-being which include, but are not limited to, reproductive medicine, birth control, abortion services and health education programmes

Reproductive health information and services (RHIS) – Information on contraceptives, unsafe abortion and prevention/counseling/testing of HIV/AIDS and STIs.

Youth: A person between the ages of 15 to 35 years.

CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

This chapter reviews literature on socio-economic factors determining access to reproductive health services by the youth in Laikipia. The chapter comprises the following sub-sections: Religion and access to reproductive health services, education and access to reproductive health services, family and access to reproductive health services, peer influence on access to reproductive health services, and income and access to reproductive health services. The chapter concludes with a theoretical and conceptual framework on which interpretations and discussions have been based.

2.1 Religion and Access to Reproductive Health Information among the Youth

Research has found religion to be an important factor in determining reproductive health beliefs, attitudes and practices of the communities. Kamaara (2005) argues that religious organizations often scrutinize reproductive health programmes before accepting or rejecting them. A study by Mkangi (2000) noted that the youth face conflicts between religious values and personal beliefs when making decisions that relate to use of contraceptives, pre-marital sex, unwanted pregnancies, abortion, and marriage. The study observed that most religious principles view the use of reproductive health services, including contraceptives among the unmarried as sinful. In fact, Muslim and Christian teachings forbid sexual intercourse outside marriage and hence the aspect of birth control is ideally allowed only in marriage (Islamic Relief Worldwide, 2009).

Different religions have varying methods of practicing reproductive health particularly in how they view the use of contraceptives, abortion issues, the testing and prevention of HIV/AIDS, and abstinence. A research by Omweno et al (2015) established that 41% of Kenyan youth believed that their religion agreed with the use of reproductive health services to improve their well-being. However, 34% were against the use of contraceptives stating that it was against God’s will. Resistance by religious leaders on reproductive health issues has limited governmental organizations and NGOs in offering

the necessary education to prevent early pregnancies and unhealthy reproductive practices.

Okonofua (1999) in his investigation of religion versus access to reproductive health in America argued that the teaching of the Catholic Church should not be allowed to influence the forms of health services available in the communities and college clinical environments.

2.2 Education and Reproductive Health Information and Services among the Youth

The Kenya government has implemented policy frameworks and laws aimed at sexuality education in educational institutions in a comprehensive manner. A research conducted in Gucha South district by Mogere and Obutu (2014) revealed that the majority of youth were aware of the causes and effects of HIV/AIDS were willing to learn more about reproductive health issues. Although different platforms are used to provide RHIS, a country's curriculum plays a role in promoting proper reproductive health and services. For example, in the same study, the researchers discovered that the chances of contracting HIV/AIDS were lower in the young people who stayed in school as compared to those who never got any form of formal education. Educational institutions play a significant role in equipping the youth with reproductive health information although there is an imperative need to combine various forms of education for an efficient outcome on the subject.

A report presented to the African Institute for Development Policy by Warira (2014) reiterated the need for sexuality education for Kenyan youth to be prioritized in policy. The paper presents evidence that reproductive health information has significant impact on youth health and wellbeing. Warira concludes that when the youth have information and knowledge, their likelihood of engaging in risky sexual behavior reduces. While Kenya boasts an elaborate policy highlighting the need for adolescent sexuality education access to RHSI is inadequate. The Ministry of Health revised the National Adolescent Sexual and Reproductive Health Policy in 2015 to improve policy outcomes by engaging various stakeholders to facilitate provision of reproductive information and services to the youth.

Ensuring that the youth have access to RHSI is a milestone towards the reduction of maternal deaths according to World Bank of 2010. The report further notes that motivating youth to stay in school is essential as a way of improving their information base regarding reproductive health. A study by DIHO (2011) established that enhancing education chances for female youth helps make better decisions about their sexuality.

2.3 Family and its influence on youth

Parents and family members play a fundamental role in shaping the knowledge and attitudes of the youth in all communities. Most young people view their family members as role models who are likely to influence their decisions concerning sexuality. Literature shows that family members have significant influence on knowledge sources, attitudes, beliefs and values of adolescents. Baker &Wiseman (2009) argue that family members act as role models to the youth shaping their perceptions of gender roles, which influences decisions on sexual behavior.

According to WHO (2003), adolescents from stable families are more likely to abstain from sex, have fewer sexual partners and embrace reproductive health services information. The report notes that parents play a pivotal role in the dissemination of RHSI as well as access to the same among the youth. Studies have indicated that when the youth are positively and emotionally connected to caring adults they feel safe and this helps them avoid risky sexual behavior (USAID, 2006).

In an article titled cultural factors that affect sexual and reproductive health in Malawi, Bisika (2008) states that family characteristics have long term influence on members' reproductive health seeking behaviour. Individuals' beliefs and perceptions are tailored around prevailing family norms. This implies that health programmes must necessarily view family as a primary determinant of youth sexuality.

2.4 Role of Peers in Determining Health Services Seeking Behavior

According to Flesch (2013), the health behaviour of individuals, regardless of their age or gender, is significantly influenced by others view of them. Kamaara (2005) notes that majority of youth are influenced by peers to engage in sexual activities oblivious of the

consequences. Peer influence is mainly considered to have negative impacts on the involved parties particularly on sexuality.

Adolescents have the highest rate of sexual health risk especially because they are at an age where they are becoming sexually active and are inclined towards experimenting sexual activities. Kamaara (2005) states that the possibility of engaging in risky sexual behavior is high because the youth have limited RHSI and are easily swayed by existing stereotypes in the society. Adolescents are also in most times hesitant to seek sex education from the parents and elders for fear of victimization and hence peer to peer sharing of informed reproductive and health services remains significant in youth sexuality.

A study by Thumbi (2003) found that peer-led interventions in RHSI can reach many youth as compared to adult led interventions. This study argues that trained peer educators are more credible sources of information for some young people as opposed to adult educators, because they pass information in readily understandable manner and act as role models. Similarly, Kamaara (2005) argues that peer-to peer approach is the most effective way of educating the youth on reproductive health. In fact, youth aged between 13 to 18 years noted that they were most likely to actively seek information about sexuality from their peers.

The role of peers in determining health services seeking behaviors is not solely done through peer to peer interaction and counseling. It could also be done through targeted programmes that enable youth to encourage their peers to visit health clinics to get more information on reproductive health.

2.5 Economic Factors Influencing Access to Reproductive Health Services

There has been a wide range of debate and research on the impact of economic factors on reproductive health, especially of women. Solanke (2017) argues that economic status is an important determinant of RHS seeking behaviour more so in developing countries. High direct costs accruing from RHS fees among others and high indirect costs such as cost of lost income hinder economically vulnerable people from accessing adequate RHS. A study by Raymond et al (2013) found that disproportionate poverty among young

women compounded by their low status significantly hinder their access to health care including RHS. This minimizes the women's real and perceived capability to access and sustain RHS use which, according to the theory of planned behaviour, will significantly affect their reproductive health habits. A study titled *Reproductive health, unmet needs, and poverty* conducted among the American youth by Lerner and Vilquin (2005) found that improving a community's economic status has a positive relationship with improved access to all levels of health care and vice versa.

2.6 Theoretical framework

2.6.1 Theory of reasoned action

The theory of reasoned action rose in the 1980s in the works of Martin Fishbein and Icek Ajzen According to the theory of reasoned action the likelihood that a behavior/habit will be adopted by individuals in society is determined by various factors. A study by Richard and French (2008) revealed the constructs that influence behaviour which include: 1. Intention to perform the behaviour– whether the person intends to perform the act. Persons may have information and opportunity but the decision on whether to engage in the activity or not is based on individual intentions. 2. Attitude – a person's mental state and dispositions drive them to respond in certain messages and act in certain ways. Beliefs and values of society influence people's evaluation of phenomena and therefore their willingness to engage in behaviour or not. The attributes and outcomes associated with RHS uptake are therefore primary in determining reproductive health seeking behaviour. 3. Motivation to comply – the value attached to a behaviour and its benefits influences whether it is approved or disapproved. 4. Societal norms – Do the majority of members of society approve or disapprove the use of contraceptives and other reproductive services among the youth? What common behavioural guidelines prevail regarding youth sexuality and what is the degree of motivation for the youth to comply? 5. Prevailing assumptions – this construct is concerned with the common assumptions about who else is engaging in certain behaviour and to what extent. In this case the belief about whether peers are using RHS or not influences individual reproductive health choices. 6. Capability – the individuals' real or perceived capacity to access and sustain use of RHS. Reproductive health decisions are determined by the youth' ability to

overcome barriers including social, economic and cultural to use of reproductive health services.

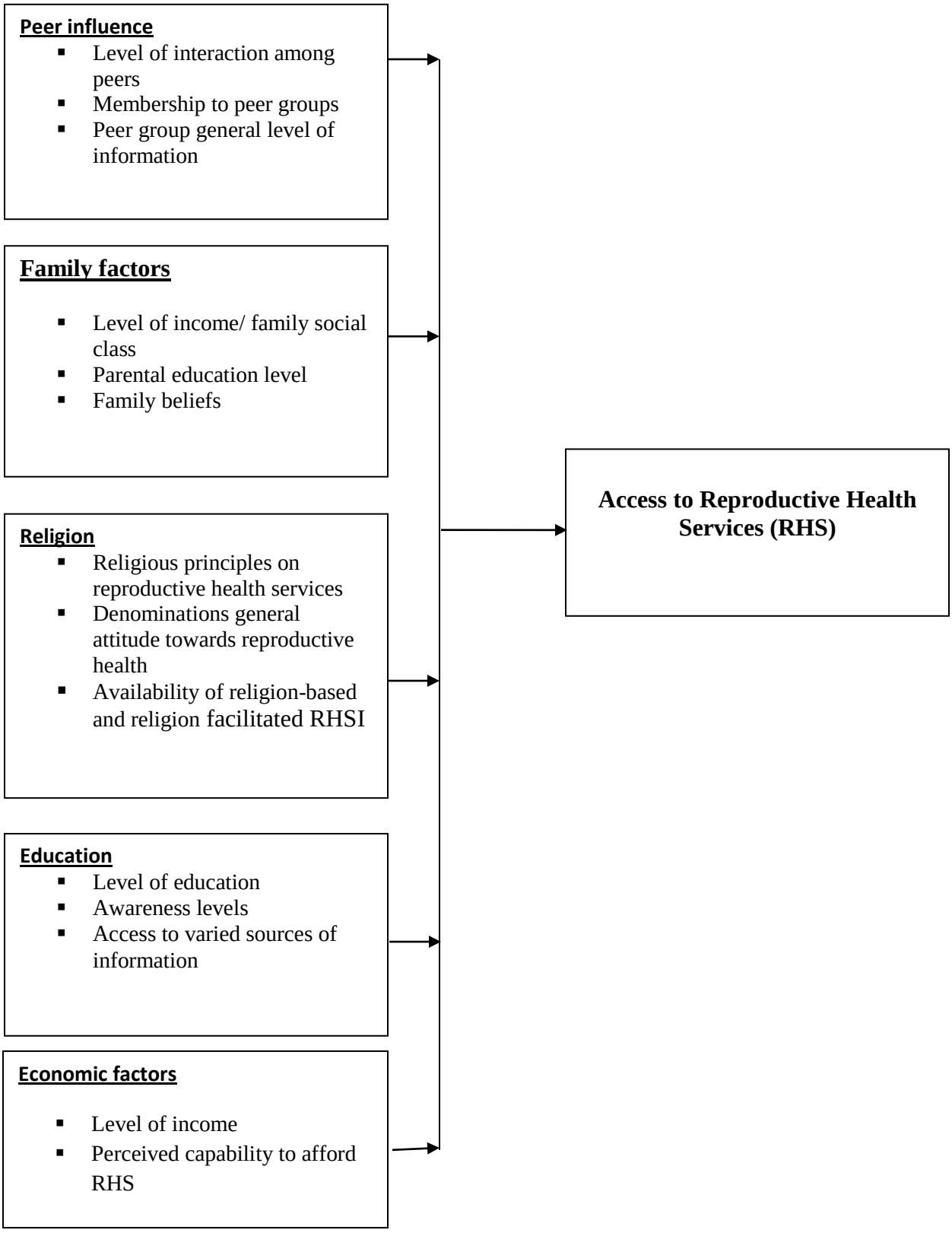
Rye (1999) summarizes the theory of reasoned action by stating that decisions to engage in behavior or not, in this case uptake of RHS and contraceptives, is a result of individual attitudes, intentions and perceived gains. Strategies to enhance effectiveness of youth RHS programmes and to explain trends in youth access to RHS should therefore: 1. Examine the degree to which the youth want to access and use RHS 2. Explain the positives and negatives of RHS 3. Address the question of family and peer support in RHS uptake 4. Provide contact with other youth who embrace RHS, and 5. Enhance individual capabilities to seek access and use RHS.

2.6.2 Relevance of the Theory to the Study

The proposed study seeks to explore the socio-economic determinants of access to reproductive health services by youth in Laikipia County. Fishbein and Ajzen's theory of reasoned action comes in handy as the best theoretical framework to meet the proposed study's objectives. The theory will guide the study to deduce certain attitudes that influence the way youth in Laikipia access to reproductive health services as well as certain behaviours both social and economic that determine their access to the services. One of the objectives of the proposed study is to assess the social determinants of access to reproductive health services by the youth in Laikipia County. Youth social networks play an important role in determining how they get information on existing services as well as what information they will access. Through these networks either at the family level or at the peer level and friendship level, youth are able to share knowledge that influences their decision on how to consume existing RH services. In TRA,there are two models that will be relevant in guiding the line of enquiry in finding these social factors that determine youth access to RH services: this is the model that captures personal psychological feelings(which include attitudes and subjective norms that influences a behaviour) and the other model that only captures individuals personal feelings but also takes into consideration how other people s decision influence on individuals behaviour .In this case, such people as family members and friends play a critical role in influencing youth reproductive health seeking behaviour that consequently determines their access

and utilization. The other objective of the study is to establish the economic determinants of access to the reproductive health services by youth in Laikipia County. Such factors are perceived quality of services, the price of services and how far or close the services are offered influence how youth eventually get access to them. Through their own beliefs and psychological thoughts as guided by TRA, the study will seek to identify how youth make decisions based on the prevailing economic factors that eventually affect their access to RH services. In addition, through the guidance of TRA, the study will seek elicit information on how other people's opinions on the 'economic' of RH services influence youth access to those services. The theory of reasoned action will therefore guide the study to understand how youth use their own beliefs and those of other people to determine whether or not to use certain RH services, where to access them as well as how to access them. This makes the theory relevant in guiding the line of enquiry of the proposed study.

Figure 2.1: Conceptual framework



The conceptual framework shows the dependent and independent variables in the study. Specifically, it shows how socio-economic factors (dependent variables) relate with youth access to reproductive health services (independent) variable. Essentially, peer influence, education, family matters, religion, and economic factors, in different combinations, determine youth access to reproductive health services. In the study, these factors were found to majorly influence access to modern contraceptive methods.

CHAPTER THREE
METHODOLOGY

3.0 Introduction

This chapter explains the research procedures to be adopted in conducting the study. This includes: research, study site, design, target population, sample size and sampling, data collection, data processing and analysis and ethical considerations.

3.1 Research Site

Study was conducted in Laikipia East Constituency, Laikipia County. Laikipia County is ranked as the 15th largest county in Kenya based on the land size. It borders Samburu County to the North; Isiolo County to the North East; Meru County to the East; Nyeri County to the South East; Nyandarua and Nakuru County to the South West; and Baringo County to the West. It covers an area of 9,462 km^2. The majority of the people living in Laikipia County are the Agikuyus, although other communities such as Ameru, Maasai, Kalenjin, Somali and some few Akambas also live in the county. The main religions are Christianity and Islam but there are also a few traditional religious groups such as the Akhorino.

The study area is subdivided into 5 wards namely: Ngobit, Tigithi, Thingithu, Nanyuki and Umande. It has a total population of 116,562 divided as follows: (Ngobit (27,978), Tigithi (27,062), Thingithu (20,836), Nanyuki (28,485) and Umande (16,201). According to the KNBS (2016) report majority, 42% of the populations in the constituency are youth aged between 18 and 30 years. This area is characterized by high levels of poverty with the county poverty level being 42.9% according to the Institute of Economic Affairs (IEA, 2011). The main economic activities engaged in the county include tourism, agriculture, ranching and livestock farming, sand harvesting and greenhouse horticulture.
According to a report by AFIDEP (2016), at least half of the population in reproductive age had had sex by the age of 18 years and married by the age of 21 years. By this age, about 1 out of 5 girls had given birth or had ever been pregnant at one point of their life and either had a still birth, or an abortion, whereas some had safe birth. This is at 19% compared to the national average of 18% (GoK, 2012). Compared to the National level of

37%, none of the adolescents in Laikipia County used modern contraceptives yet they account for 23% of the total population and over 50% of the youthful population. Compared to 23% at the national level, about 60% of the married girls aged 15-19 would prefer to use modern contraceptives to avoid unwanted pregnancies but are not using them due to their unmet RH needs. In Laikipia County, the main RH providers apart from the government facilities include Aphis Plus, World Vision, UNDP, AMREF and Caritas (AFIDEP, 2016).

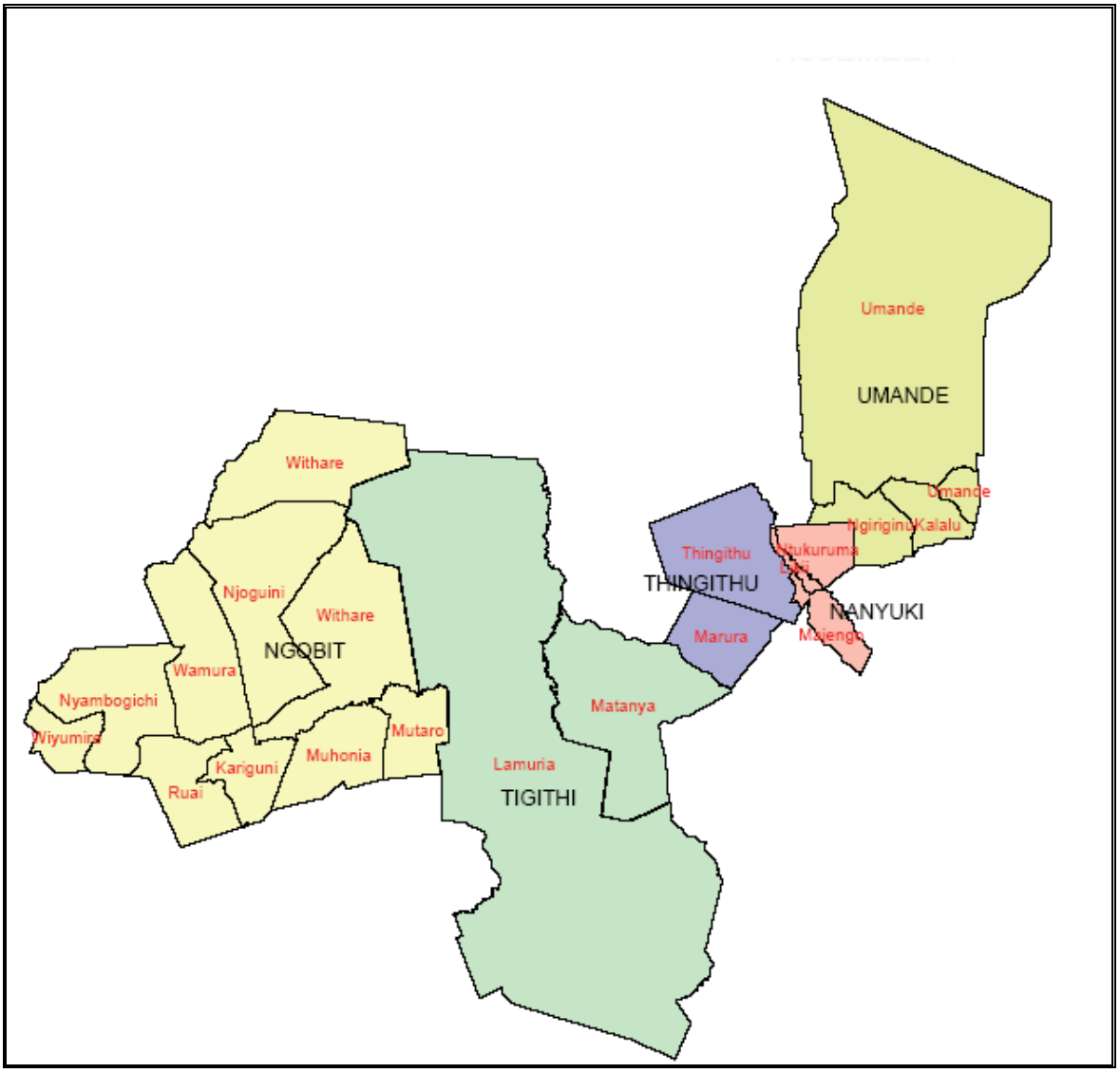


Figure 3.1: Map of Laikipia East Constituency: Courtesy of Google map outlay

3.2 Research Design

The study was a descriptive cross-sectional, using both quantitative and qualitative data collection methods. The mixed method was used for quantitative and qualitative variables that are central to triangulation. While the quantitative approach provided quantifiable data through descriptive statistics, the qualitative approach provided contextually subjective data on youth access to reproductive health services. The qualitative data helped clarify and explain patterns emerging from the quantitative data. Thus, the study benefited from a holistic and complementary view.

For the quantitative data, survey method was used and questionnaires were administered. Stratified sampling was used to randomly select the study participants for the survey. Using the age criterion (18-25), each ward in the study site formed strata from where the participants were randomly selected and recruited based on consenting.

Qualitative data was collected through holding focus group discussions (FGDs) with youth and key informant interviews (KIIs) with healthcare providers and RH service providers. Sampling for qualitative data was purposive. This is because there was a set of criteria that was used. For the FGDs, the discussants had to be aged between 18 and 25 years and residents of Laikipia County.

Quantitative data was analyzed using SPSS software. This involved generating simple descriptive statistics: frequencies and percentages. Data was presented using charts and tables for illustration. For the qualitative data, the audio records of the interviews were transcribed to English. The transcripts were subjected to content analysis and generation key themes. Direct quotes were extracted and used in this manuscript to illustrate key themes.

3.4 Study Population and Sample Population

The study population was persons accessing reproductive health services in Laikipia County. This population mostly consists of men and women in their reproductive age, which necessitates access and utilization of reproductive health services. The sample

population for the study was youth aged 18-25 years in Umande and Nanyuki wards of Laikipia East constituency. The unit of analysis will be the individual youth of that age.

3.3 Sample Size and Sampling Procedures

The sample size for the quantitative approach in the study was determined using single population formula for proportions.

Sample size was determined using the single population formula for proportions

$$n = \frac{Z^2 [P(1-P)]^*}{d^2}$$

Whereby:-

n is the required sample size

z= statistical score is the critical value associated with significance level of 95% confidence

Interval, is 1.96

p is the percentage of youth in the study site which is 42% (0.42) (KNBS, 2016)

d2 the margin of error accepted for this study that at 95% confidence interval to give +/- 0.05.

Substituting the variables above: (n=sample; z=1.96; p=0.42; q=0.61; d=0.05)

n= (1.96)2 [0.42x0.85] = 195.

0.05x0.05

After the determination of sample size, the participants were selected using randomly in the two wards until the desired sample size was attained. Attention was paid for equal representation from the wards and across the gender dimension. This called for stratified sampling where the study site was divided into two wards and among male and female. After the stratification, simple random sampling was conducted.

The researcher approached the youth participants and requested for participation in the study. The youth who agreed to participate and provided consent were recruited to the study. If consent to participate was not granted, the researcher moved to the next potential participant. This was repeated until the desired sample size and per ward and gender. In the study, no participants dropped after recruitment.

For the qualitative part, participants for FGDs and KIIs were sampled purposively and through solicitation for participation. In the KIIs, the potential informants were approached and participation was solicited. The key informants approached agreed to participate in the study. For the FGDs, potential youths were asked for participation and if they agreed and consented, they were booked and appointment sought to convene at FGD venue sites on scheduled dates. Four participants dropped before the scheduled FGD dates. These were replaced accordingly.

3.4 Data Collection Methods

3.4.1 Survey

This was the main data collection method that was used to gather data from youth in the sample size using structured questionnaire (Appendix II). The questionnaire contained both closed and open-ended questions to generate quantitative as well as qualitative data. The data collection tool was administered by the researcher. The questionnaire was divided into two sections where section one will seek information on the demographic characteristics of the respondents while section two will seek the youth's opinion on the influence of socio-economic factor on the access to reproductive health service information. The second section of the questionnaire sought to respond to the questions pertaining to the social and economic challenges faced by youth in accessing reproductive health services. These include information on the ease of access and availability of contraceptives among the youth. Youth however faced economic challenges: financial constraints.

3.5.2 Focus Group Discussions

Focus group discussions (FGDs) were employed to collect data about the perceptions, opinions, beliefs, and attitudes of the youth on the socio-economic factors influencing access to RHS. A focus group discussions guide (Appendix III) was used. The method provided an avenue where questions were asked in an interactive group setting where participants were free to talk with other group members. The study carried out 6 FGDs comprising of 8 participants in each. This method of data collection had high validity due to the open interaction opportunity it presented to discussants.

3.5.3 Key Informant Interviews

The study also utilized key informant interviews (KIIs) for qualitative data. This technique was used to gather information from key knowledgeable persons who included reproductive healthcare providers, other services providers and key stakeholders on issues around reproductive health services. A key informant guide (Appendix IV) was be used. These categories of respondents were considered as potential sources of useful information for this study. Based on their experience and exposure in the reproductive health field, they provide information that augmented the responses from other methods. The study purposefully picked 5 key informants who worked closely with the communities around and reproductive health service providers in the selected wards. However, two key informants were not available for interviews and the study collected information on the remaining three.

3.6 Data Processing and Analysis

Quantitative data was analyzed using SPSS software. This was used to generate descriptive statistics for quantifiable data aligned to the study objectives. Specifically, this was data on perceived availability and determinants of access to reproductive health services. The questionnaires were checked for accuracy and completeness and a template was created in the SPSS based on the study variables. The template was used to feed data from all questionnaires. After generating the descriptive statistics, data was presented using tables and figures.

Qualitative data was tape recorded during interviews. The audio files of the interviews were transcribed to English. The conversion of the audio records to text facilitated content analysis. Content analysis involved reading through the transcripts while checking key themes and emerging ones. It also involved checking recurrences within and across data. Using the interview guides and a sample of transcripts, a codebook was developed. This helped capture key themes and associated quotes. Such themes included social and family support, financial constraints, access to information, and interaction with service providers. The quotes were extracted and presented in the final report to

illustrate key thematic areas captured relating to social and economic determinants of access to reproductive health services among the youth.

3.7 Ethical Considerations

The study sought relevant approvals including permit from the National Commission for Science, Technology and Innovation (NACOSTI) in the Ministry of Education, Science and Technology. There was informed consent form (Appendix 1) that the participants were issued with. The researcher also obtained oral consent after reading the informed consent details to the participants. When the participants provided consent, they were recruited to the study. In the informed consent, the participants were informed that participation in the study was voluntary and that they would withdraw at any stage. The study, however, did not experience any withdrawal. The researcher also explained the confidentiality and anonymity components. The participants were informed that the information they would give would be held with utmost confidentiality and the information they gave was not attached to their identity. Pursuant to that, the study findings were not disclosed to other parties and interviews were conducted at private spaces convenient to the participants. Passwords were also used to protect the data in the computing systems. Further, to conceal the identity of the participants, there were no names or other direct identifiers used in the study. Although certain direct identifiers such as names leaked in the discussions and interviews, these were replaced with pseudonyms during transcription and data preparation.

As part of responsibility to the scientific community, the findings of the study are being prepared for publication and report made available in the university library.

CHAPTER FOUR
DETERMINANTS OF ACCESS TO REPRODUCTIVE HEALTH SERVICES AMONG YOUTH

4.0 Introduction

This chapter is a presentation of the study findings. The chapter is organized into two major areas, namely; the socio-demographic characteristics of the respondents and presentations on social and economic determinants of access to reproductive health services by the youth in Laikipia County.

4.1 Socio-demographic characteristics of participants

4.1.1 Gender

Both male and female were included in the study as shown in table 4.2 above. There were a total of 47, accounting for 38.2% males and 76 females, accounting for 61.8% aged between 18 years and 20 as illustrated on Table 4.2 below.

Table 4.1: Gender identity of the participants

Gender	Frequency	Percent
Male	47	38.2
Female	76	61.8
Total	123	100

The rationale of including both male and female youth was to get gendered perspective relating to the accessing reproductive health services. The study sought to understand the gender dynamics and maybe gender-specific challenges in accessing reproductive health services. Qualitative data revealed that the reproductive health services and needs for females are different from that of males. Females also reported facing challenges such as stigma and labeling than males.

4.2.2Age

The participants were aged between 18 and 25 years and the distribution is shown in Table 4.3 below. While those aged between 18 and 20 years accounted for 39.3% of the total participants, those aged above 20 accounted for the majority of the participants.

Table 4.2: Age of the participants

Age	Frequency	Percentage
18	16	13.1%
19	16	13.1%
20	16	13.1%
21	12	9.8%
22	14	11.3%
23	12	9.8%
24	14	11.3%
25	23	18.7%
Total	**123**	**100%**

Although the access and utilization of reproductive health services might vary across age groups (Setianti *et al.* 2017), the study did not find significant variation in the study group. This is perhaps largely attributable to the view that the age bracket was small to create significant variation in terms of experience and perceptions relating to reproductive health services.

4.1.3 Education

The study sought to measure the highest level of education attained by the participants. As shown in Figure 4.3 below, majority of the participants had attained secondary or university/college as highest level of education, accounting for 44.8% and 44% respectively. Only 9 participants had reported Primary education.

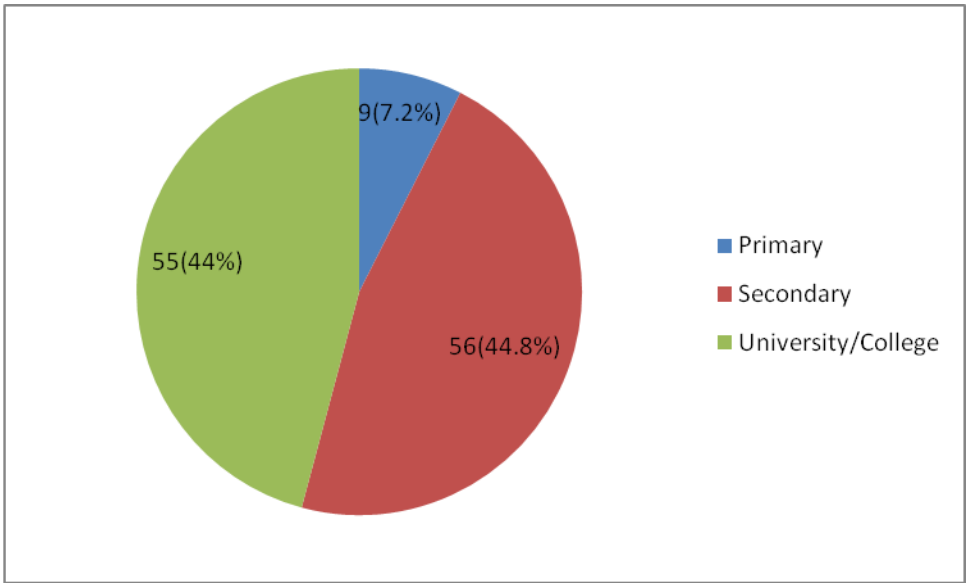


Figure 4.1: Participants' Education

In the study, education level revealed relationship with access to reproductive health services. Qualitative data especially from the key informants showed that education influences perception and knowledge level relating to accessing reproductive health services. Apparently, higher level of education is associated with improved and informed access to reproductive health services as well as utilization. Consider the quotes below.

> Even though challenges are there, people face them differently. For example, when we talk of lack of information, well educated youth with outside exposure and have access to media have a lot of information of reproductive health. They are also likely to be employed or have income generating activities compared to these other ones [with low level of education] (KII 1 Social worker, FP).
>
> Access to information might not be a challenge to learn youth. They know where to get the information. The problem would be cash (FGD 2 Discussant, Female).
>
> All times, access to reproductive health services and enjoying the right depends on knowledge level. The more one is educated, the more the uptake. Some youth rely on misleading statements of fellow youth (KII 2 Community Health Worker, FP).

There is thus a correlation between level of education or knowledge level and experience in reproductive health services including access. As shown by the excerpts, the level of education also determines how youth experience and address the challenges.

4.1.4 Religion

The religious affiliation of the participants showed that majority (88%) were Christians. Only 6 participants, constituting 4.8% were Muslims, while other religious affiliations accounted for 2.4%. Table 4.3 shows the religious affiliation of the participants.

Table 4.3: Religious affiliation of Participants

Religion	Frequency (n)	Percent (%)
Christian	111	92.5
Muslim	6	5.0
Others	3	2.5
Total	120	96.0
Missing System	5	4.0
Total	125	100.0

Although it was revealed in the study that religion might influence access and uptake of reproductive health services, this was not evident in the study. According to a nurse key informant, religious affiliation might dictate type and inclination to reproductive health services.

> The youth are lucky not to be so much affected by the religious influence. Some are Catholics and take contraceptives, against the stand of the church on contraception. The older adults and staunch ones can be affected. Youths are however flexible (KII 3 Nurse)
>
> The problems for the youth are limited to negative peer pressure and individual reasons. Youth do not hold onto supernatural or other doctrines. (FGD 3 Discussant, Male)

Religion can thus have adverse effect in the context of reproductive health services by influencing access and utilization. However, the study did not find such connection among the youth.

4.2 Reproductive Health Services Available for the Youth

The study sought to determine the social determinants related to access to reproductive health services among the youth. However, it was important first to assess the reproductive health services available to the youth specifically and they have ever used. The findings indicated that services most used by the youth are VCT (19.2%) and family planning (20.5%) and family planning methods. However, there are some services that youth prefer and use more. Figure 4.4 show the preference rate and trend of reproductive health services among the youth.

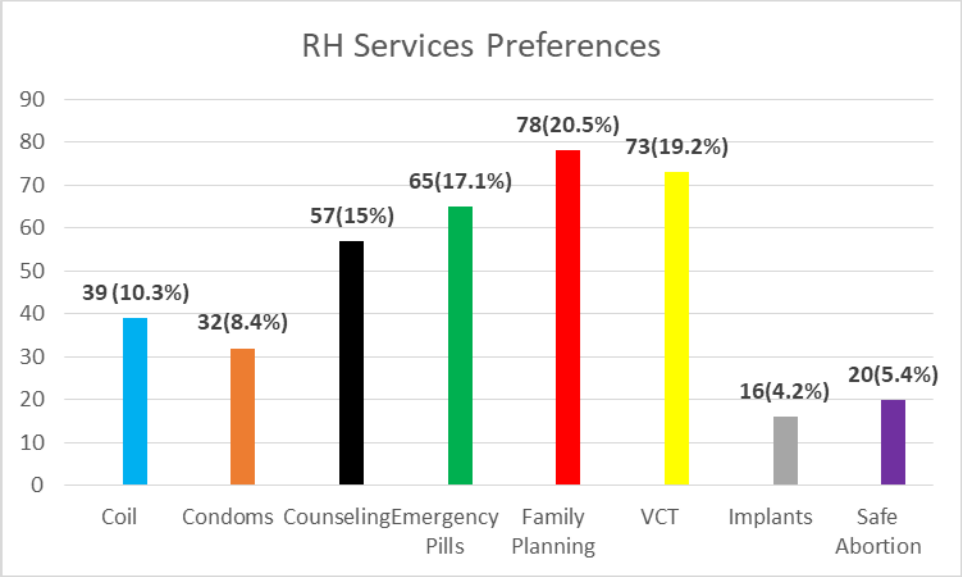


Figure 4.2: Reproductive Health Services Preferred by Youth

The figure above figure illustrates that the reproductive health services that the youth prefer mostly are contraceptives and family planning. There are various reasons for the use of one or more reproductive health services, specifically FP services as shown by the representativeness of Condoms and daily emergency pills. The reasons included safe to use, pregnancy avoidance, easily available, affordable and the need to manage one's income. This was revealed in the qualitative data.

> Youth often ask for family planning methods when seeking reproductive services. Some in fact think that RH is about contraceptives! (KII 1 Social worker, FP)
>
> Of all the services, contraception is most affordable. The condoms are most sought and the e-pills [emergency contraception] alike. They are easily available and inexpensive. By default, they are youth's most preferred. FGD 3 Discussant, Male)

The findings indicated that to most youth, reproductive health services mostly encompass contraception and family planning.

4.3 Socio-Economic Determinants of Youth's Access to Reproductive Health Services

4.3.1 Client-provider Relationships

The study findings indicate that the relationship between the youth clients and healthcare provider is a major determinant of access and utilization of reproductive health services among the youth. Although youth are generally satisfied with the messages they get from the health care providers on reproductive health services, quantitative data shows difficult relationship. Specifically, the youth find it difficult to discuss reproductive health issues with the providers, an indication of a waning relationship. On a Likert scale, most youth (55%) agreed that it is difficult to discuss reproductive health issues with providers and a further 24.2% strongly agreed. This is illustrated in Table 4.4.

Difficulty with Provider	Frequency	Percent
Agree	66	55.0
Strongly agree	29	24.2
Maybe	16	13.3
Disagree	8	6.7
Strongly agree	1	0.8
Total	120	100.0

Table 4.5: Difficulty discussing reproductive health service with provider

The difficulty discussing reproductive health issues with providers was reinforced by qualitative data. Qualitative data was instrumental in illustrating the difficult relationship between the youth client and the providers.

> Many youth, like other adults, have not developed good rapport with reproductive health providers. Also, many providers are rude and are not friendly to the youth. But we are trying to improve. Some youth fear since they see us like their mothers (KII 2 Community Health Worker, FP).
>
> In most cases, you wonder where to start and where to end. It is nervous to talk about some things [reproductive health issues] with them [providers] (FGD Discussant Female)

Findings also showed that youth find some reproductive healthcare providers are judgmental when seeking services. This was cited a major barrier to accessing reproductive health services by the youth and youth's difficulty discussing RH issues with providers. On a Likert scale, majority of the youth agreed and strongly agreed that providers are judgmental. This is shown in Table 4.5.

Providers Judgemental	Frequency	Percent
Agree	47	39.5
Strongly agree	31	26.1
Maybe	18	15.1
Disagree	19	16.0
Strongly agree	4	3.4
Total	119	100.0

Table 4.6: perception on Judgmental nature of providers

Qualitative data showed that stigma can arise from the providers by negatively judging the youth. This judgment discourages youth from using the services and strained access.

> I do not like people who ask you questions like they think you came because you have sex all the time. (FGD 2 Discussant, Female).

> Some providers come from our place and can judge your morality and spread the information to other people in the community (FGD 4 Discussant, Female)
>
> Girls especially fear them [providers] because they tend to think maybe you even have STIs. Clients feel stigmatized (FGD 3 Discussant, Male)

The findings thus show that social relationship between the youth client and the healthcare providers is an important social determent of youth access to reproductive health services.

Reproductive health is a potentially sensitive area and social relations dynamics are apparent in the service delivery and professional conduct. Thus, it is important that the clients and providers have mutual understanding, confidentiality, cultural sensitivity, and supportive interpersonal competence. In the study, the relationship between the youth and the reproductive health providers was found to be characterized by mistrust and social tension. According to Nuwasiima*et al.* (2017) provision of social incentives and youth friendly services is a best practice in increasing access and uptake of contraception among the adolescents and young people. Further, the improved youth-provider relationship addresses other social associated social variables as labeling and stigma.

4.2.2 Social support: Parents and Peers

According to the study findings, youth are more likely to access and use reproductive health services if supported by the parents and peers. Parental and peer support are key determinants on the nature, course and continued use and access to reproductive health services. In the study, participants cited lack of parental support as key barrier to access and use of reproductive health services. This is shown in table 4.6.

Parent Support	Frequency	Percent
Agree	28	23.5
Strongly agree	9	7.6
Maybe	11	9.2
Disagree	43	36.1
Strongly agree	28	23.5
Total	119	100.0

Table 4.7 Parental Support in RH services

Youth who reported weakened support from the parents reported poor access and use of reproductive health services. Youth reported that they rely on peers for support and their access and utilization of reproductive health services increases resultantly. Majority of youth agreed and strongly agreed to accrue support from peers as shown in Table 4.7.

	Frequency	Percent
Agree	57	47.5
Strongly agree	35	29.2
Maybe	13	10.8
Disagree	7	5.8
Strongly agree	8	6.7
Total	120	100.0

Table 4.8: Friends' support in RH services

Qualitative data affirmed the quantitative data on the issue.

> Parents shy away from discussing sex matters with their children and adolescents. So they may not support youth in terms of advice or financially. The youth end up asking from their friends and may be misled (KII 1 Social worker, FP)

> We only talk about school matters with parents. They avoid the topic of family planning or relationships. Sometimes you may ask for money and they decline saying that one should not have sex (FGD 2 Discussant, Female)

The findings thus showed that youth rely more on peers and friends than parents for support in seeking reproductive health services.

Social networks and support, social and professional relations, and social platforms for information access are significant in the access and even uptake of reproductive health services. This study found out that the support from parents and peers are important in influencing how the youth access reproductive health services. Accordingly, while the parents do not provide the support, peers have been shown be key links to accessing reproductive health services and information. In the social environment, the parents and peers would constitute a support mechanism to encourage meaningful and effective access of the services. This is by providing an enabling environment. Studies have shown that where the youth bear parental and family support, the access and uptake of reproductive health services is profound (Baker & Wiseman 2009). Similarly, like this study, other studies have established a strong contribution of family, peers and friends within the reproductive health domain. However, peers can have a negative influence especially on sexual behaviors and skewed access to reproductive health services (Kamaara 2005). Nevertheless, friends, peers, and parents form an important sphere of social networks that influence youth access to reproductive health services.

4.3.3 Communication channels and Availability of Information

Findings showed that availability of information on reproductive health services is a major determinant of access and utilization. An array of information source and content increase youth's access to and use of reproductive health services. Quantitative data showed that majority of youth get reproductive health information from various sources such as healthcare facilities, social places (church, youth meeting), social media, peers, and mainstream media.

Social Place	Frequency	Percent
Yes	49	40.2
No	73	59.8
Total	122	100.0

Table 4.9: Reproductive Health Information from Social Places

Hospital sources	Frequency	Percent
Yes	67	54.9
No	55	45.1
Total	122	100.0

Table 4.10: Reproductive Health Information from hospitals

School Source	Frequency	Percent
Yes	52	42.6
No	70	57.4
Total	122	100.0

Table 4.11: Reproductive Health Information from School

Media sources	Frequency	Percent
Yes	76	63.3
No	44	36.7
Total	120	100.0

Table 4.12: Reproductive Health Information from (social) media

The findings show that youth get most of reproductive health information mainly from the media (including social media) and hospitals. Rarely do the youth get reproductive health information from information, communication materials such as banners. Availability of information, including the source of information or communication channel, is cited as a determinant especially in the qualitative data.

Qualitative data illustrated that the youth mostly consume reproductive health information from media and social media and this determines access to the services.

> On that [media] I would say that public meetings called barazas and just campaigns on radio or TV. Many youth listen (FGD 3 Discussant Male).
>
> These adolescents are now social media people. They might even ignore you because they know there is Facebook and Google where they get most information. Although it is good because it enhances their knowledge regarding reproductive health services, some information is not accurate (KII 3 Nurse).
>
> All information is on the media. We lack nothing. This is really important since you get what you want there especially on safe sex and sexually transmitted diseases. Health education in schools can also help (FGD 4 Discussant, Male)

The FGDs revealed the importance of campaigns and sensitization to increase youth access and knowledge of reproductive health services. Information access is thus key in the improved access to services.

The adolescents and young adults have highest statistics of media consumption, including social, new and mainstream media. The cohort's consumption rate of reproductive health information is equally high. According to the study's findings, social media is the major platform for youth's information on reproductive health services. Other media outlets were also shown to be significant source of information for youth. Other studies have established similar tends. According to Setianti *et al.* (2017) and Pfeiffer *et al*. (2014), use of social media has been one of the ways to reach out to youth with reproductive health messages. In this study, youth emphasized the need for public sensitization through social and mass media and community meetings and shows. The school was also cited to be important in reproductive health information and knowledge transfer.

4.4 Economic determinants of access to reproductive health services by the youth

The study findings showed that economic factor is central in youth's access to reproductive health services. Specifically, affordability is the key economic determinant. Findings indicated that some of the reproductive health services are not affordable to the youth. Most youth cited "not expensive" or 'cheap" as one of the factors influencing access reproductive health services, illustrating the aspect of affordability. This is illustrated in the affordability Likert Scale shown in Table 4.12.

RH services are Expensive	Frequency	Percent
Agree	50	41.7
Strongly Agree	7	5.8
Maybe	23	19.2
Disagree	35	29.2
Strongly agree	5	4.2
Total	120	100.0

Table 4.13: Reproductive Health Services are Expensive

Affordability of reproductive health services was shown to be a key factor influencing youth access to reproductive health services. Other studies have established that there are important direct and embedded cost in the access and uptake of the services (Solanke, 2017). These might include transport and payment costs for the services. A majority of participants in the study cited most of the reproductive health services as expensive. According to Raymond, *et al*. (2013), women might be doubly disadvantaged because of socioeconomic shortcomings.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter is a summary, conclusion and recommendations drawn from the study findings. It also highlights other areas of interest that can be pursued by future researchers.

5.2 Summary

Youth and adolescents, both girls, have the right to quality reproductive health including contraception and family planning. This right to access to voluntary, affordable RH services and information of choice is recognized in national and international legal and rights instruments. The importance of improving youth access to reproductive health services rests on the reproduction stage of the cohort and its importance in fertility and other demographic variables (Setianti*et al.* 2017). Youth face unique reproductive health needs owing to the complex dynamics on reproductive developments. However, especially in developing countries, reproductive health rights and services thereof face major obstacles. Access to the services is subject to certain subjective and overt determinants. Specifically, there are various determinants whose interplay produces a special matrix in which reproductive health services are accessed and perhaps the utilized. The study targeted the youth to assess the socioeconomic determinants in accessing reproductive health services. The findings showed a web of social and economic determinants that influence the access.

Discrete social variables, in different combination, influence access to reproductive health services among the youth. Although this study did not find a religious connection in the context of youth reproductive health, other studies have for instance demonstrated the influence of religion (Fadeyi and Oduwole, 2016; Hall, Moreau and Trussell, 2012). In these studies, certain religious beliefs and practices discourage uptake and therefore access to certain reproductive health services. Contraception (and abortion) is some of the reproductive health areas that have profound religious manifestation. The youth in the study, however, did not report religious inclination in their reproductive health.

Access to reproductive health services by youth is also influenced by an economic aspect. Essentially, youth incur both direct and embedded cost in seeking reproductive health services. While they may have to pay for the products, there are other costs such as transport to the service providers or facilities.

5.3 Conclusion

Access of reproductive health services among the youth is influenced significantly by poor family and social support, stigma, financial challenges and waning provider-client relationship socio-economic determinants that collectively and in different combination affect service-seeking behavior. Improvement and management of reproductive health among the youth thus rests upon addressing the challenges. Aligning the determinants to the desired improved access is imperative in the programs that seek to improve youth's reproductive health.

Increasing youth access to adequate and right information on reproductive health and services, improving client-provider relationship, and enhancing social support and networks are key practice in improving youth access. Youth rely mostly on peers and social media for information on reproductive health services. Leveraging on these platforms therefore is vital.

5.4 Recommendations

1. Based on the study findings, it is recommended that programs targeting to improve youth access to reproductive health services consider providing incentives such as youth-relevant and friendly services. For instance, facilities can establish clinics for exclusive youth services

2. Use of schools (reproductive health education), social media, and peer educators are strategic communication channels to increase awareness and knowledge level among youth. However, the use of social media among the youth is profound and well documented. Thus, stakeholders should leverage on packaging reproductive health information in the social media platforms for the consumption of the youth. .

5.5 Areas of further research

Future research can focus specifically on the impact of social media platforms in the access and uptake of reproductive health products among the adolescents and young adults (AYAs).

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APPENDICES

APPENDIX I: INFORMED CONSENT FORMS

A: Informed consent form for Respondents

Socio-economic determinants of access to reproductive health services by youth in Laikipia County

Hello, my name is Charles Kimani, a master's student from The Institute of Anthropology, Gender and African Studies (University of Nairobi). I am here to collect data for my master's project. You have been chosen randomly to be in a study about **socio-economic determinants of access to reproductive health services by youth in Laikipia County.** This study will examine social and economic factors that influence youth's access to reproductive health services in Laikipia County. This will take 10 to 15 minutes. If you choose to be in the study, I will ask you a set of questions and record your responses on paper. There are no foreseeable risks to you for participating in this study. Your participation in this study is voluntary and you will not receive any payment for participating. There is no cost or payment expected from you. If you have questions while taking part, please stop me and ask. The information you give shall be treated with confidentiality. We will link your answers to you initially by assigning special participant identity to the questionnaires/scripts but this link will be removed later in order to protect you.

If you feel as if you were not treated well during this study, or have questions concerning your rights as a participant call The Institute of Anthropology, Gender and African Studies on Tel. No.0202082530.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop. May I continue? Yes____ No____

I certify that I have consented to participate(code no.) _____

Participant name:

_____Signature_____

Researchers Name: _____

Signature_____

Date: _____

B. Informed Consent form for Key Informant Interview

Socio-economic determinants of access to reproductive health services by youth in Laikipia County

Hello, my name is Charles Kimani, a master's student from The Institute of Anthropology, Gender and African Studies (University of Nairobi). I am here to collect data for my master's project. You have been chosen randomly to be in a study about socio-economic determinants of access to reproductive health services by youth in Laikipia County. The purpose of the study is to **examine social and economic factors that influence youth's access to reproductive health services in Laikipia County.** This will take 30 to 40. If you choose to participate, I will ask you a set of questions and may record your responses on paper or/and digitally audio-record.

There are no foreseeable risks to you for participating in this study. You will be paid Kshs 500 as a token of appreciation for your time. There is no cost or payment expected from you. If you have questions while at any point please stop me and ask. I will do my best to keep your information confidential.

If you feel as if you were not treated well during this study, or have questions concerning your rights as a research participant call The Institute of Anthropology, Gender and African Studies on Tel. No.0202082530.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop. May I continue? Yes____ No____

I certify that I have consented to participate (code no.) _____

Participant name:

_____Signature_____

Researchers Name: _____

Signature_____

Date: _____

APPENDIX II: QUESTIONNAIRE

Socio-economics determinants of access to reproductive health services by youth in Laikipia County

SECTION I: Social demographics

Age _____

Gender

1. Male
2. Female

Level of education

1. Primary
2. Secondary
3. University/College
4. Never attended school

Religion

1. Christian
2. Muslim
3. African Traditional Religions

   (Specify……..)
4. Other_____

SECTION II: Overview of reproductive health services among youth

1. List the reproductive health services that you know of.

_____

_____

_____

_____

_____

_____

2. List the reproductive health services available in your county.

_____

_____

_____

_____

_____

_____

3. List the reproductive health services that you have ever accessed and used in this county (If none proceed to question 4.).

_____

_____

_____

_____

4. From the list that you provided in question 1 above, which ones are most preferred by youth and why?

_____

_____

_____

_____

_____

5. From the list that you provided in question 1, which ones are less preferred by youth and why?

_____

_____

_____

_____

_____

SECTION III: Social determinants of reproductive health services among youth

1. Where do you get information on RH services (Allowed to choose more than one option- tick appropriately)

Sources of information	Yes	Which ones do you prefer?
Hospitals		
School		
Social media		
Traditional media (Radio, TV, News paper)		
IEC materials (Posters, banners, fliers)		
Social places (Church, youth meetings etc)		

2. Is the source of information that you mentioned as your preference in question 1 accessible to you and other youth?

   Yes_____ No_____

   If yes, how accessible is it

   Very accessible_____ somewhat accessible _____ Accessible_____

3. Where do you prefer to seek RH services and why?

   _____

   _____

   _____

   _____

4. Tick you opinion of the following statements appropriately

Statement	Agree	Strongly agree	May be	Disagree	Strongly disagree
Some youth find it difficult to discuss reproductive health issues with providers					
I find some RH service providers judging when I seek services					

I am always satisfied by the messages I get from service providers about where I can access RH services					
My parents support me whenever I want to get RH services					
My friends support me whenever I want to get RH services					

SECTION IV: Economic determinants of reproductive health services among youth

1. Provide a list of some economic activities practiced in your county that influence access to RH services by youth.

   _____

   _____

   _____

   _____

   _____

2. The following statements are about some economic determinants to youth' access to RH services. Please tick appropriately.

Statement	Agree	Strongly agree	May be	Disagree	Strongly disagree
I find some RH services in our county too expensive for the youth.					
I find some RH services preferred by youth unavailable.					
I find some available RH services preferred by youth inaccessible.					

SECTION V: Suggestions towards improvement

What would make it easier for you to access RH services?

_____

Thank you.

APPENDIX III: FOCUS GROUP DISCUSSION GUIDE

Group……Site of

FGD…….

Date……Start time……End

time……

No. of Participants…….Male

……Female…….

Facilitator……Assistant……

…..

Discussion questions

1. Is it important for you to access reproductive health services?
2. Which reproductive health services do youth in Nanyuki need?
3. Which reproductive health services are available for youth in Nanyuki?
4. Where do the youth go to seek reproductive health services?
5. Where do youth in Nanyuki get information on reproductive health?
6. Do your friends/peers know about reproductive health?
7. Do parents provide youth with money to access reproductive health services?
8. What does your religion teach about reproductive health services?
9. What did you learn in school about reproductive health services?
10. Can the youth in Nanyuki afford reproductive health services?
11. How much do the common reproductive health services cost in Nanyuki?

APPENDIX IV: KEY INFORMANT INTERVIEW GUIDE

Socio-economics determinants of access to reproductive health services by youth in Laikipia County

Experience offering reproductive health services to youth

i. Briefly describe your role in providing reproductive health services?

ii. Tell me about your experience offering RH services to youth in this county

iii. From your experience, what are some of the commonly used reproductive health services by youth in this county? (Probe what most youth prefer and why?)

iv. What are some of the reproductive health services available in this county that are rarely used by youth? (Probe why these services are less preferred)

Social determinants of reproductive health services among youth

i. Describe some of the sources of RH services information among youth in Laikipia and how they influence their access to those services

ii. Tell me how reproductive health providers motivate the youth to access their services

iii. Briefly describe how youth' health seeking behaviour influences their access to RH services in Laikipia

iv. Describe how places where youth in this county prefer to seek RH information influence their access and future use (Probe: Public health facilities, private facilities, within their social networks etc)

v. Briefly describe how RH services providerfactors influence youth access to RH services in this county. (Probe on: Provider attitude, messaging, profile-age, gender, education etc)

Economic determinants of reproductive health services among youth

i. How do family income levels affect access of RH services by youth in Laikipia?

ii. How does the cost associated with seeking RH services available in your county influence access by youth? (Explore services available versus affordability, who finances and when)

iii. Would you say reproductive health services in Laikipia are youth friendly in terms of cost? (Probe what is available versus what is preferred by most youth)

Suggestions towards improvement

i. What would you suggest as ways of making it easier for youth in this county to access RH services?

APPENDIX V: BUDGET

ITEM	QUANTITY	PRICE PER UNIT	TOTAL COST
Research permit	1	Kshs. 2000	**Kshs. 2000**
Research assistant Professional fees (Data Collection)	2	Kshs. 1500 per day for 6 days	**Kshs. 18000**
Transport and logistics		Kshs. 7000	**Kshs. 7000**
Key informant facilitation	40	Kshs. 500 per informant	**Kshs. 20000**
Printing and binding		Kshs. 5000	**Kshs. 5000**
Internet		Kshs. 3000	**Kshs. 3000**
Transcription & Translation	10	Kshs.1500	**Kshs.15000**
GRAND TOTAL			**KSHS. 70000**