

UNIVERSITY OF NAIROBI

FACULTY OF ARTS

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

**AN ASSESMENT OF FACTORS INFLUENCING UTILIZATION OF YOUTH-FRIENDLY REPRODUCTIVE HEALTH SERVICES IN WALDAI WARD,
BELGUT SUB-COUNTY - KENYA**

BY

KIPKOSKEY JOSEAH MUTAI

C50/71502/2008

**A PROJECT PAPER SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR THE AWARD OF MASTER OF ARTS DEGREE IN
SOCIOLOGY (MEDICAL SOCIOLOGY) AT THE UNIVERSITY OF NAIROBI**

2016

DECLARATION

Declaration by the student

This project paper is my original work and has not been presented for a degree in any other University. No part of this thesis may be reproduced without the prior written permission of the author and/or University of Nairobi.

Signature: **Date**.....

KIPKOSKEY Joseah Mutai

C50/71502/2008

Declaration by supervisor

This project has been submitted for examination with my approval as University Supervisor.

Signature..... **Date**.....

Mr. Allan Korongo

Lecturer, Department of Sociology and Social work,
Faculty of Arts,
University of Nairobi,
KENYA

DEDICATION

This research is dedicated to my family members especially my dear father Mr. Joseph Kerich, my mother Elizabeth Kerich, my lovely wife Neddy and daughter Talia, my brothers Japhet, Jared and Joram and my sister Evelyne for the support they accorded me during the study and to my dear friends for their untiring support.

I also dedicate this work to my relatives who have played a major role in my education.

ACKNOWLEDGEMENTS

I offer my heartfelt thanks to my family for the unwavering and loving support throughout my study. My supervisor Mr. Allan Korongo deserve special thanks for their guidance, prompt responses, encouragement, advice, understanding and patience throughout the difficult period. May the almighty God grant you all your wishes in life.

I would like to express my sincere thanks to all Sociology department lecturers that gave their full commitment throughout my study. Special thanks to the University of Nairobi librarians, for providing the best facilities and a comfortable environment throughout my Master study. A special mention goes to the Head of Department, department of Sociology for all the support during the studies.

I would also like to acknowledge and express my gratitude to all my classmates, and friends who worked together with me to strive for great success in every assignments and projects given. I wish too to express my appreciation to the Ministry of Health, and the health facilities that I visited for granting me permission to carry out the study, as well as using their staff and the facilities of the Health institutions, for assisting me with the arrangements. In addition, I extend my heartfelt gratitude to all the participants for their time sharing and input.

Even with the assistance from the above persons, the completion of this project would have not been possible without the wisdom, guidance and gift of life from the Almighty God, whom I owe everything.

TABLE OF CONTENTS

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	v
List of Tables	viii
List of Figures	viii
List of Charts	viii
ACRONYMS AND ABBREVIATIONS	ix
ABSTRACT	x
CHAPTER ONE: INTRODUCTION	1
1.1 Introduction	1
1.2 Background to the research problem	1
1.3 Problem statement.....	2
1.4 Significance of the study.....	4
1.5 Research Questions	5
1.6 Broad objective	6
1.7 Specific objectives of the study	6
1.8 Limitations and scope	6
1.9 Assumptions.....	7
1.10 Operational definitions of terms and concepts.....	8
CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK	9
2.1 Introduction	9
2.2 Scope of literature review	9
2.3 Understanding Adolescent and Youth friendly Reproductive Health Services....	10
2.3.1 Reproductive health from the global perspective	10
2.3.2 Sexual and Reproductive Health Services provision in Africa	12
2.3.3 Sexual and Reproductive Health service provision in Kenya	13
2.3.4 Provision of reproductive health Services in Belgut Sub-County.....	15
2.4 Factors influencing utilization of youth friendly reproductive health services ...	16

2.4.1	Demographic factors influencing utilization of youth friendly reproductive health services.....	17
2.4.2	Socio-economic factors influencing utilization of youth reproductive health services.....	18
2.4.3	Socio-cultural and religious factors influencing utilization of youth reproductive health services.....	20
2.4.4	Knowledge related factors influencing utilization of reproductive health services among the youth.....	22
2.4.5	Health System factors influencing utilization of youth friendly reproductive health services.....	22
2.5	Theoretical framework.....	25
2.5.1	The General Systems Theory (GST).....	25
2.5.2	The Health Belief Model (HBM).....	26
2.6	Conceptual Framework.....	28
2.6.1	Dependent variables.....	29
2.6.2	Independent variables.....	30
	CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY.....	31
3.1	Introduction.....	31
3.2	Study design.....	31
3.3	Study area.....	32
3.4	Unit of analysis.....	33
3.5	Unit of observation.....	34
3.6	Sources of data.....	34
3.7	Study population.....	34
3.8	Sample size and sampling procedure.....	35
3.9	Data collection methods and research instruments.....	38
3.10	Data management and analysis.....	39
3.11	Ethical considerations.....	40
	CHAPTER FOUR: DATA ANALYSIS, PRESENTATION, AND INTERPRETATION.....	41
4.1	Introduction.....	41
4.2	Characteristics of study respondents.....	41
4.3	Demographic factors and utilization of youth reproductive health services.....	42

4.3.1	Age and sex in relation to utilization of YFRH services	43
4.3.2	Places where youth go for reproductive health services	44
4.4	Socio-economic factors and utilization of youth reproductive health services ...	46
4.5	Socio-cultural and religious factors influencing utilization of youth reproductive health services	47
4.6	Knowledge factors and utilization of youth reproductive health services	51
4.6.1	Youths knowledge of different reproductive health services	51
4.6.2	Main sources of receiving reproductive health information.....	52
4.6.3	Awareness on reproductive health information in health facilities	53
4.7	Health System factors influencing utilization of reproductive health services for the youth.....	54
4.7.1	Distance to the nearest health facility.....	55
4.7.2	Organization of the health facility	56
4.7.3	Attitudes of the health service providers	57
4.8	Implications of findings	59
CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS		60
5.1	Summary of findings.....	60
5.2	Conclusions.....	61
5.3	Recommendations	62
REFERENCES.....		64
APPENDICES		66
Appendix I: Informed consent form		66
Appendix II: Youth questionnaire		67
Appendix III: Key Informant interview guide (health service providers).		70
Appendix IV: Key Informant interview guide (other resource persons)		71
Appendix V: Health facilities in Belgut Sub-County by Ward and sub-location		72
Appendix VI: Reproductive Health services by type.....		73
Appendix VII: Authorization for fieldwork (University of Nairobi).....		74
Appendix VIII: Research authorization (Belgut Sub-County).....		75

List of Tables

Table 1: Youth Reproductive Health Services in Waldai Ward by type and facility.....	16
Table 2: Target respondents by category.....	35
Table 3: Data sources by type of tool used	39
Table 4: Description of respondents by age, marital status and level of education	42
Table 5: Patterns of utilization of reproductive health services by age and sex	43
Table 6: Savings and income status of youth in relation to utilization of services	46
Table 7: Respondents' view on utilization of reproductive health services	48
Table 8: Respondents opinion on cultures allowing use of reproductive health services	49
Table 9: Youths knowledge of reproductive health services	51
Table 10: Youths' awareness of existing reproductive health information by sex	54
Table 11: Distances of the health facility	55

List of Figures

Figure 1: Conceptual framework.	29
--------------------------------------	----

List of Charts

Chart 1: Pattern of consumption of reproductive health services by health facility	44
Chart 2: Main sources of information on reproductive health services	53
Chart 3: Reasons for missing reproductive health services	56
Chart 4: Attitude towards providers of reproductive health services.....	57

ACRONYMS AND ABBREVIATIONS

ADRA	Adventist Development and Relief Agency
ANC	Ante-natal Care
ARHD	Adolescent Reproductive Health and Development
ASRH	Adolescent Sexual and Reproductive Health
DCT	Diagnostic Counseling and Testing
DRH	Division of Reproductive Health
FHI	Family Health International
FHOK	Family Health Options Kenya
FP	Family Planning
GoK	The Government of Kenya
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IUCD	Intra-Uterine Contraceptive Devices
PICT	Provider Initiated Counseling and Testing
KDHS	Kenya Demographic Health Survey
KFC	Kenya Forestry College
KEPH	Kenya Essential Package for Health
KMTC	Kenya Medical Training College
KNBS	Kenya National Bureau of Statistics
KTTC	Kericho Teachers Training College
MOH	Ministry of Health
NASCOP	National AIDS and STIs Control Program
PEPFAR	President's Emergency Plan for AIDS Relief supports
PNC	Post Natal Care
PSI	Population Service International
RH	Reproductive Health
SDA	Seventh Day Adventist
SPSS	Statistical Package for Social Sciences
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
UNAIDS	United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YFRHS	Youth Friendly Reproductive Health Services

ABSTRACT

Utilization of Youth-Friendly Reproductive Health Services (YFRHS) could save many adolescents from the numerous sexual and reproductive health problems. Characteristics among the youth such as demographic, socio-economic, socio-cultural, knowledge and health system factors could influence utilization of reproductive health care. The objective of this study was to assess the extent to which such factors influence utilization of reproductive health services among the youth.

This population based study was conducted between September 9 and October 15, 2014 in Waldai ward, Belgut Sub-County, Kenya. In its design, the study adopted a survey research design, use of random sampling and purposive sampling of cases. A total of 120 adolescents aged 15-24 years participated in the study. A total of 12 key informants, including 8 facility level health service providers and 4 community level representatives, took part in the study. Data was collected using interview schedule and key informant interviews. Qualitative data was analysed through content analysis whereas quantitative data was analysed using figures and tables. Findings are presented in tabular format with an explanation.

The study revealed that youths highly utilized general counseling services, Voluntary Counselling and Testing services and family planning services respectively. Antenatal and postnatal care services and management of STI's were the least consumed reproductive health services by the young persons. Majority of the youths who had some form of income or savings were not going for reproductive health services. Culture, religious beliefs and morals are the most impediments to reproductive health service utilization. Youths understands mainly counseling services, VCT services and family planning services. Friends, print and electronic media and relatives were the main source of reproductive health information to the youth. Majority of the youths resided far from health facilities and required money to travel to the facilities. Youths could not access reproductive health services due to costs involved, long queues and facility closures. Age influenced use of reproductive health services as older youths dominated consumption of the services. Sex did not influence use of the services as they were similarly utilized by both males and females. Economic status influenced use of reproductive health services as the youths without income did not go for the services. Socio-cultural and religious factors restricted youths from consuming some reproductive health services.

The study recommends continuous sensitization of youth on less consumed services, training of more peer educators at family and community level and exploring possibilities of utilizing the mobile clinic approach. It is necessary to also increase funding to make the services possibly free of charge as well as offer exclusive reproductive health services for the youth in existing facilities. Health facilities should properly manage information and psychological needs of adolescents and workers should be mandated to adjust and make work environment conducive to the youth.

CHAPTER ONE: INTRODUCTION

1.1 Introduction

This chapter presents the background, statement of the problem, objectives, research questions, and significance of the study, limitations and the scope of the study.

1.2 Background to the research problem

Reproductive health continues to be a global priority because of the gap and challenges that exists in the status of youth's well-being between the developed and developing countries. The World Health Organization (WHO) 2008 defined reproductive health as a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life. This means people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. It is therefore the right of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health care.

The 1994 International Conference on Population and Development (ICPD) recognized that reproductive health needs of young people had largely been ignored by existing health, education and other social programmes. The conference recommended that adolescent and reproductive health issues be addressed through promotion of responsible and healthy reproductive and sexual behavior and provision of appropriate services and counseling specifically suitable for that age group (WHO, 2002).

Countries participating in the conference were encouraged to ensure that programmes and attitudes of health-care providers are friendly and allow the youths to adequately

access and consume the services and information. These services must safeguard adolescents respect, assures privacy and confidentiality as well as secure the informed consent of the youth, while respecting cultural values and religious beliefs and the duties and responsibilities of parents (ICPD, 1994).

The Kenya National Bureau of Statistics (2010) census report estimated Kenya's youth to be approximately 40% of the Kenya's population, of whom 36% are aged between 10-24 years.

1.3 Problem statement

According to Barnet B. (2000), cited in Family Health International (2005), utilization of healthcare services, including sexual and reproductive health, is essential in addressing numerous health problems affecting the adolescents. Barnet B., further conceptualized utilization as the extent to which an adolescent or group of youths uses specific reproductive health services, including pattern of use and type of service used, at a particular point in time. This implies that reproductive health services exists and are at their disposal including the health facilities.

According to the Ministry of Health (MoH) cited in the Kenya Demographic and Health Survey (KDHS) 2014 report, about 56% of women and 66% of men have some level of knowledge and understanding on sexual and reproductive health. The Ministry further noted that about 46% of Kenyan married women use some form of family planning to control child-timing and determine the size of the family. As a result, a Kenyan woman now has four children, on average, which is a significant drop from eight children per women 30 years ago. The report further identified more men than women of between

15-24 who reported to have had two or more sexual partners (10% and 2% respectively), a clear indication of numerous challenges adolescent are facing in Kenya.

Some literature suggests that that some health care systems may sometimes fail to prioritize adolescents' health and end up overlooking reproductive health service provision to them (FHI, 2000). In some cases, adolescents themselves may fail to consume existing reproductive health services due to a number of factors. For instance, adolescents may or may not know about the services and do not want to seek them due to some concerns that they need to be addressed (Chen J, 2002).

Some researchers argue that the youth have autonomy over their health which impacts on their health and this should be investigated using those factors that reflects the different aspects of adolescent's autonomy. Thus emphasis should be placed on those pre-disposing factors that influence them on utilizing reproductive health services including understanding its context. Different aspects of the youths' autonomy and some of the factors have not been fully clarified.

To understand and explain consumption of reproductive health services in the developing world, studies focused on provision and geographic accessibility of reproductive health services and a few of them looked at how factors such as youth's autonomy impact on consumption of services.

This study is seeking to fill research gaps by identifying and studying specific factors that influence consumption of reproductive health services among the youth.

1.4 Significance of the study

Before trying to improve adolescents' utilization of the reproductive health services, most researchers agree that it is important to first get a good understanding of what those circumstances are and they can be investigated using measures reflecting "the health care system" responsible for delivery of the reproductive health services and from the "perspective of the users", in this case adolescents, who are expected to use these services. The context and reasons for using a group of indicators reflecting different aspects of utilization has not been fully clarified. Saleem S and Bobak M (2005) argue that both approaches should be used simultaneously to avoid research gap.

Firstly, studies that have been undertaken in Kenya concerning factors that influence the utilization of reproductive health services have mainly focused on the provision and availability of the services. However, the studies have not taken into account youths' autonomy which is what influence them on the use of reproductive health services.

Secondly, there is need to understand, contextualize and address the factors that impede the demand for and utilization of reproductive health services in Kenya. The National Reproductive Health Strategy 2009-2015 identified some of these factors within the health care system including: weak management systems, inadequate skilled attendants, lack of needed equipment and maintenance, drugs and supplies, and poor referral and linkage systems.

Thirdly, over the last two decades, there have been huge investments in the public health systems in Kenya with emphasis on increasing the availability of reproductive health care services and encouraging provision different populations. However, the health

challenges facing the Kenyan youth has not yet reduced overtime and the strategies so far put forward have not yet brought the desired results. Presumably, there are some other demographic, socio-cultural and socio-economic, knowledge and health system factors that influence utilization of reproductive health care services that have not been explored and this study intends to explore.

Fourthly, underutilization of reproductive health care services by youth put them at risk. Utilization of these services requires voluntary participation; however, there could be a number of factors that make the youth most likely not to utilize reproductive health care services.

Finally, there is scanty information concerning any study on utilization of reproductive health services done in Belgut Sub-County focusing on young people despite the fact that the Sub-County is well endowed with health facilities offering reproductive health services for adolescents.

1.5 Research Questions

The study attempted to answer the following questions:

- i. To what extent do demographic, socio-economic and socio-cultural factors influence utilization of reproductive health services among the youth?
- ii. To what extent do knowledge related factors influence utilization of reproductive health services among the youth?
- iii. To what extent do health system related factors influence utilization of reproductive health services by the youth?

1.6 Broad objective

The main objective of this study was to assess the extent of influence of selected factors on utilization of youth friendly reproductive health services among the youths in Waldai ward, Belgut Sub-County.

1.7 Specific objectives of the study

The following were the specific objectives:

- i. To explore the extent to which demographic, socio-economic and socio-cultural factors influence utilization of reproductive health Services among the youth.
- ii. To explore the extent to which knowledge factors influence the utilization of reproductive health services among the youth.
- iii. To explore the extent to which the health system factors influence utilization of the reproductive health services by the youth.

1.8 Limitations and scope

Best and Kahn (1998) noted that in research, limitations are conditions that re beyond the control of the researcher which may place some form of restrictions when concluding and applying the study to other situations. Gay (2006) further adds that a limitation is some aspect of the study that the researcher knows may affect the results of the study but over which the researcher has no control.

Respondents were integral in data collection and responses they gave couldn't be controlled by the researcher. The researcher therefore requested the respondents to be as honest as possible for the research findings to be valid. The researcher further assured

them that their identities were to be kept confidential and that the information that they gave was to be used for the purpose of this study only.

While concentrating on the reproductive health services for the youths, the study analyzed important factors in utilization of youth friendly reproductive health services hence enhancing uptake of the services by the youth. This includes socio-economic, socio-cultural, knowledge, level of awareness and health system factors. The study did not concentrate on other health services available to the youth and other general services provided to the youth in the sub-county.

This study was conducted in Waldai ward of Belgut Sub-County with a special focus on youths between 15-24 years. Findings from the study thus may not be representative of other wards in the Sub-County or elsewhere and generalization to other populations outside the Sub-County and this age bracket might not also be feasible.

1.9 Assumptions

As a researcher, i assumed that;

- i. Health care units within Waldai ward have been providing reproductive health services for the youth.
- ii. Young people have been seeking reproductive health services in the health facilities to meet their health needs and were aware on the use of the services.
- iii. Participants were honest and truthful in giving responses hence the information provided were accurate.
- iv. Inadequate knowledge of available reproductive health services and facilities had affected utilization of reproductive health services.

1.10 Operational definitions of terms and concepts

In this study, the following concepts and terms will have the following meaning unless otherwise specified in the text.

Adolescents/Youth(s)/Young people: refers to persons aged between 15 - 24 years.

Health system: refers to the health structure or organizations whose primary purpose and activities is to promote, restore or maintain health (WHO, 2007).

Health-service provider: refers to someone providing health care services to users. In many places, services are provided by qualified and authorized persons.

Utilization: refers to the ability to use particular health care services including economic aspects, geographical location and availability of sufficient health care services, physical and social resources (Rebman, 2005).

Utilization of reproductive health services: refers to use of reproductive health services including medical checkup, consultations, Family Planning, health education on HIV/AIDS and STI treatment services provided in health centers.

Youth Friendly Reproductive Health Services (YFRHS): refers to reproductive health services that can be easily accessed, are acceptable and adequate for consumption. The services are in the right place at the right price and are delivered in the right manner in an effective, safe and affordable manner (WHO, 2004).

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter presents a review of the literature on the utilization of reproductive health care. The relevant studies in both developing and developed countries were also reviewed with an interest of emphasizing on the findings and methodological issue in developing countries.

2.2 Scope of literature review

In reviewing literature on reproductive health care services for the youth, the researcher concentrated on the various studies and reports that were conducted in selected countries world-wide including Kenya where this study was conducted. In this case reproductive health care services have been reviewed with a focus on how adolescents, youths and the young people are in terms of using the reproductive health services for the youth and any possible challenges they encounter when seeking the services.

For the purposes of this study, literature has been presented according to the different themes as obtained from the global, regional and national perspectives as follows:

- Defining “Reproductive Health services”.
- Reproductive health from the global perspective.
- Reproductive Health Services in Africa.
- Reproductive Health in the Kenyan context.
- Provision of reproductive health services in Belgut Sub-County.

2.3 Understanding Adolescent and Youth friendly Reproductive Health Services

There is no single definition of sexual and reproductive health services but within existing literature, sexual and reproductive health is described by the combination of “sexual health” and “reproductive health”. The World Health Organization (WHO), cited in McIntyre P (2002), defined sexual health as “a state of complete physical, emotional, mental and social well-being in relation to sexuality; not merely the absence of disease, dysfunction or infirmity”.

The 1994 ICPD Programme of Action considered “sexual health” to be part of the larger definition of reproductive health. In this case reproductive health services for the young people aims to provide information, education and health services to them so that this can help and enable them know their sexuality and protect themselves from potential pregnancies and/or sexually transmitted infections including HIV/AIDS.

Youth friendly SRH services have been described by the WHO (2002) as “services that are accessible, acceptable, equitable and appropriate to meet the SRH needs of young people aged between 10–24 years”. The services offered should include family planning, information on sex, pregnancy tests, treatment of Sexually Transmitted Infections and the provision of counseling support (International Planned Parenthood Federation (IPPF), 2007; Kipp et al, 2007; Pathfinder, 2005; Warenius et al., 2006).

2.3.1 Reproductive health from the global perspective

Globally, barriers to access and consumption of reproductive health services include inadequate access, lack of provision of reproductive health services acceptable to all, lack of clear directions and services being offered without due consideration of privacy

of users, appointment times that do not consider work schedules of the young people, and little or no accommodation for the non-frequent users (WHO, 2004).

Senderowitz and others (2003) in one of their assessments of the various reproductive health services found out that there are some barriers caused by the current condition of reproductive health services that seems non-conducive to young persons.

One of the studies that was conducted in Cambodia found out that challenges that made the youth not able to adequately access to reproductive health services include not being confident, being generally shy, not relating well with health personnel, low literacy levels, and lack of prioritization of reproductive health services for the youths by their families (ADRA, 2007).

A study in China that was seeking to evaluate youth friendly services found out that despite there being some form of good infrastructure, good equipment, friendly health personnel and conducive environment, some youths could not use reproductive health services because of lack of publicity, lack of full time health service providers, poor health care services and a loose referral system (PATH, 2001).

Studies in the republic of Russia showed that despite young people's reproductive health needs being a key concern and priority to the government, health care and education systems in the country were not adequately equipped for them to tackle some of the common reproductive health challenges among the youth. In this case the Russian youths of ages between 15-18 years were being attended to non-health practitioners. Further the various health reports indicated that many of the young people who had a long relationship with health practitioners were in most cases feeling embarrassed to

discuss common reproductive health issues such as contraceptives and STIs due to what they felt lack of confidentiality (WHO, 2010).

2.3.2 Sexual and Reproductive Health Services provision in Africa

One of the studies that was conducted in Zimbabwe on what was mainly affecting the reproductive health of many Africans found out that the majority of the youth were not visiting existing reproductive health facilities due to long distance, young person's being too busy with others generally feeling shy to go for the services (Anableet al 2005).

In one of the studies that were conducted in Nigeria to assess health care facilities providing reproductive health services, it was found out that there were several gaps existing and was a challenge in service provision. It reported that a limited number of health facilities actually had very few reproductive health service providers that were fit to be "youth friendly" because they could not meet the generally known and acceptable standards for the provision of youth friendly services. It found out that most of the facilities were operated by NGOs and learning institution's. They had few staff, did not have clear policies, procedures and guidelines and did not have adequate Information Education Communication (IEC) materials for the youth (Osanyin, 2009).

In South Africa, interventions targeting the young people were limited despite being implemented (Erulker, 2001). One of the studies conducted in South Africa to assess the factors that discouraged the youth from using reproductive services for the youth found that odd hours or wrong locations, unfriendly health care staff and what youths considered to be lack of privacy were responsible for non-usage of reproductive health services meant for the youth (FHI, 2000).

In Ethiopia, one of the studies conducted by Motuma (2012) on the utilization of the youth-friendly services in the Harar region identified that despite most youths having a positive attitude towards the reproductive health services, they still had limited knowledge and understanding of the services they were seeking. The same study also reported that only a few facilities actually provided YFS in the Harar region, thus pointing to the limitations in offering youth-friendly reproductive health services in that region.

Despite such and other efforts, youths mainly in the sub-Saharan African countries continue to face challenges when receiving reproductive health services, for instance obtaining modern contraception and condoms to protect against STIs including HIV and other health challenges.

2.3.3 Sexual and Reproductive Health service provision in Kenya

Reproductive health care services for the youth in Kenya are mainly provided through three types: the public or the Ministry of Health managed facilities, the non-governmental organizations and the faith-affiliated organizations.

Kenya has different policy arrangements that are meant to facilitate the implementation and the provision of adolescent reproductive health services for the youth. For instance the National Reproductive Health Policy and Strategy (2009–2015), and the Adolescent Reproductive Health and Development Policy and Plan of Action (2005–2015) both prioritized adolescent and youth sexual and reproductive health, outlining key actions that need to be instituted to respond to sexual reproductive health problems of the youth.

According to the WHO cited in Godia (2014), two approaches are used to provide and deliver reproductive health care to the youth: the targeted approaches meant for the

youth-only and the integrated approaches which is seen in the context of providing the reproductive health services for the youth alongside other health care services provided in the health system. The targeted approach deals with designing and planning reproductive health care services for the youth alone and may be based within the facility itself or may also be within the community. For the integrated approach, the youth are provided the reproductive health services alongside members of public seeking health services in the health care facilities. In this case special arrangements and measures are initiated so as to ensure that reproductive health services are accepted by the youth and are convenient for them. This and other interventions may take the form of capacity building and training of health care service providers, rehabilitation of existing health infrastructure and facilities and introduction of flexible time schedules.

Godia (2014) noted that utilization of youth friendly sexual and reproductive services in Kenya still face multiple challenges from the youth who have little or lack information on youth friendly reproductive health services, community negative perception youth sexuality and reproductive health services to the youth and health facility perspective where there is no ownership of the services, limited management support, poor funding and poor staff attitude.

Recent data shows that few health facilities meant to provide services were providing limited or not reproductive health services that are friendly to the youth and has been steadily declining. Some of the important element's that have been identified by the Kenyan youth as positive in the provision of friendly reproductive health services for the youth include confidentiality, less waiting time for services, ability of the youth users to

find and obtain almost all the services in one location, the improving attitude of the reproductive health providers. However, girls are highly likely to identify and rate particular characteristic as “very important” than boys (NCAPD, MOPHS; 2010).

For the purpose of this study, reproductive health will be categorized as follows:

- i. **Family Planning(FP) services** including use of pills, condoms, implants, Intra-Uterine Contraceptive Devices (IUCD) etc.,
- ii. **Comprehensive Youth Friendly Services (YFS)** including integrated and stand-alone services or youth centers, etc.
- iii. **Counseling services** including Voluntary Counseling and Testing (including HIV testing), collection of condoms, management of Sexually Transmitted Infections (STIs), etc. and
- iv. **Antenatal Care (ANC) & Postnatal Care (PNC) Services** including care and monitoring of pregnant women in relation to their pregnancy.

This study was designed to explore ‘utilization issues’ among adolescent youths in relation to available SRH services in the health facilities. This categorization was purposely meant to facilitate this. Detailed description and explanation of these categories are given in annex V attached.

2.3.4 Provision of reproductive health Services in Belgut Sub-County

As mentioned above, SRH services in Kenya are offered using the integrated model both in public, faith-based and private health facilities including Waldai ward in Belgut Sub-County.

According to the Kericho County Integrated Development Plan (2013-2017), there is inadequate access to affordable and quality reproductive health services and low access

to reproductive health information and services by the youth and adolescents, hence an impediment to the youth (County Government of Kericho, 2013).

Health indicators for Kericho district indicate that the nurse to patient ratio is 1:1,823 and the doctor to patient ratio is 1:15,000. It is only 40% of households that have access to a health facility within an average of 15 kilometers to the nearest health facility (KNBS, 2010).

Statistics from the Kenya’s Ministry of Health indicates that Belgut Sub-County had a total of 30 health facilities (as of August 2015), out of which 8health facilities were spread across Waldai ward. Table 1 below presents the reproductive health care services offered in the eight health facilities in Waldai ward.

Table 1: Youth Reproductive Health Services in Waldai Ward by type and facility

Health service institution	Family planning services	Comprehensive Youth Friendly Services (YFS)	Counseling services	Antenatal Care (ANC) and Postnatal Care (PNC) services.
Kaborok Dispensary			✓	
Hope for today VCT Centre			✓	
Sosiot Health Centre	✓	✓	✓	✓
Sosiot Medical Centre	✓		✓	✓
Cherong’et Dispensary			✓	
Kaptoboiti Dispensary			✓	
Kiplalmat Dispensary			✓	
Chemororoch Dispensary			✓	

Source: Researcher (2016), extracted from e-Health Kenya database (MoH 2016)

2.4 Factors influencing utilization of youth friendly reproductive health services

Reproductive health determines and is determined by the context in which people live including the economic conditions of the people themselves, their level of education, employment or non-employment status, the general conditions where they are living in

in relation to the family, social relationships constructed overtime as well as the traditional structures within which the individuals live and derive their livelihood from. Sexual and reproductive behaviors are governed by complex social, economic, cultural and psychosocial factors (WHO, 2004).

There are factors that could be an impediment take up and demand of reproductive health care services by the youth include deliberate denial and refusal, general fear of the unknown, stigmatization, social and community discrimination as well as high prohibitive costs of obtaining reproductive health care services. In the light of potential complexities and challenges of social, cultural, economic, and geographic factors that affects and influence health-seeking behavior, there are a few of these factors may be responded to and tackled through the various initiatives and interventions. This therefore calls for more expansive strategies at the community level to change social norms and initiate potential action (UNFPA, 2011).

2.4.1 Demographic factors influencing utilization of youth friendly reproductive health services

According to the MoH's KDHS 2008/09 survey report, there was an increasing consumption of family planning services by the Kenyan youths especially by those between 20-24 years as compared to other Kenyan youths of between 10 - 19 years. A study on reproductive health services by Senderowitz, et al (2003) pointed to unwilling youths who were not willing to go for reproductive health care services due to existing legislations and policies that tend to limit provision of health care due to one's age, the marital status of health service users, lack of better information and understanding of

their ever changing bodies as well as lack of proper awareness creation specifically on the potential and actual risks that comes with first and early sexual activity, HIV/AIDS and getting pregnant.

The youth in the society face numerous challenges during their attempt to obtain reproductive health services. Some of these include policies that limit provision of reproductive health services, barriers related to administration and operation in the health centers, lack of information, and the general feeling of discomfort and embarrassment in relation to the wider environment (Senderowitz 1999). Numerous studies have proposed that many times the youth encounter health providers who in most cases judging them, are rude when communicating and may totally refuse to provide health care services. This is so common especially in the facilities owned and managed by the government (Erulkar et al. 2005).

Different adolescents have varying reproductive health needs and face different vulnerabilities, risks and obstacles that require special attention and understanding within their own context. Results from Kenya's 2014 Demographic and Health Survey showed that sexual and reproductive health was improving but there are areas needed further work (KDHS, 2014).

2.4.2 Socio-economic factors influencing utilization of youth reproductive health services

Seeking and obtaining better healthcare does not only payments for treatment but also include the loss of time by the youth as well as travelling expenses. The young people falling in the low social class and economic status also face numerous challenges in

managing to pay for and utilize reproductive health care making utilization unlikely unless they are provided with subsidized costs (Taylor, 2003).

Poverty has led some adolescents to engage in pre-marital sex with the aim of getting some form of gift or support from their sex counterparts exposing them to very risky and unhealthy behaviors. User fee charged at the health facilities may hinder the youth from utilizing youth friendly services (MOH and NCPD, 2005).

The Kenyan youth are considered to be a key resource in building and contributing to the Kenyan economy. Lack of political will, support and commitment by political leaders has led to lack of financial commitment to reproductive health programmes and interventions. This complicates access by the youths to reproductive health services since there are no funds to provide healthcare services for the youth (Global Fund, PEPFAR and World Bank, 2005).

Most of the youth intending to join the labor market have not been able to get some form on income through employment or other sources therefore leaving them idle hence engage in crime, drug and substance abuse. They also involve themselves in anti-social behaviors. Poverty aggravates the rates of HIV infection (NCPD and MoH, 2010).

Socio-economic status of individuals determines their quality of life. Youths are affected differently by their 'relative poverty' status existing in the immediate society which either limits or facilitates access to resources necessary to consume essential healthcare services. Similarly, economics of allocation of resources and prioritization of health investment programmes may similarly determine how and what health care services will be provided and subsequently benefit different populations (including youth).

2.4.3 Socio-cultural and religious factors influencing utilization of youth reproductive health services

The socio-cultural and religious context in which Kenya's young people live in has considerably changed within the past few generations. The young in contemporary society have access to information via the internet, access numerous youth magazines, lifestyle programmes in the Television sets and several radio stations as well as have mobile phones. Such and other trends have impacted on young people's valued and lifestyles which have subsequently led to an increased alienation between generations (Blum R, 2007).

Traditionally, adults in the society pass information and guide the youths using traditional channels. Due to urbanization, youths continue to live alone in urban areas. This has left the youth prone to sexually related problems due to lack of proper guidance from the wider society. Many societies have traditional rules that restrict the youth from engaging in sex before marriage and discourage teenage pregnancies. In this case any youth found using family planning services are usually punished therefore making them fear using family planning methods. This has made the youth more vulnerable and prone to sexually related problems (Senderowitz, 2003).

Squeller et al (2006), in one of the studies on reproductive health and HIV/AIDS progress in Kenya and Malawi among the youth, concluded that many of the health of many youths are influenced by either the parents, opinions of their religious leaders, as well as their mentors and friends.

Religious norms controls most of the youths and restrict them from engaging in sex. Such and other efforts by the religious community have been eroded by increasing rates of urbanization making the youth live on their own without any form of religious guidance, support and control (MOH, 2005).

Cultural and religious factors frame and shape how individuals perceive the world and their experiences. For instance culture creates values, norms, and expectations about sexual relationships as well as roles, behaviors and practices. Religion also instills values and a philosophy of life in individuals and in their outlook. Each religion has its own outlook, specific culture and specific behavior. However, cultural values and religious beliefs around sexuality and reproduction vary across various ethnic and religious groups.

Utilization of health services is likely to increase where communities engage in positive dialogue to promote value of health services and encourage support for the provision of quality services to youth (WHO 2010).

Although there is evidence demonstrating that use of contraceptive methods improve health and socio-economic wellbeing of families, use of such and some other family planning methods continue to be controversial among some religious groups. Some religious groups have openly opposed the use of some family planning methods especially those that are not natural family planning methods (Rachel K. et al, 2011).

2.4.4 Knowledge related factors influencing utilization of reproductive health services among the youth

Studies indicates that the more a youth is educated, the more the likelihood of seeking reproductive health services as they have a better understanding of their reproductive health needs (KDHS, 2008/09).

Godia P. (2014) in her studies on the perception of the youth on reproductive health services in Kenya found out that most youth do not properly understand the importance of reproductive health care or do not know where to go for reproductive health care services hence do not use the services. Education is an important component in conveying reproductive health information and has the potential of increasing utilization of reproductive health services.

Knowledge and awareness factors influence utilization in that educated youths are presumed to have skills and are more knowledgeable on sexual and reproductive health and related risks and therefore tend to be more responsible for behaviors and actions that have impact on their health.

2.4.5 Health System factors influencing utilization of youth friendly reproductive health services

A study conducted among the youths in Tanzanian suggested that some health service providers were using unfriendly language and shouted at the youth in most cases for being sexually active when seeking reproductive health care services (African Youth Alliance/Pathfinder 2003).

In another study conducted among Ugandan youths, it was found out that majority of the young people resorted to pharmacies without properly divulging the condition that they were seeking attention and treatment on (Kibombo et al. 2008).

Negative attitudes of the health service providers have also been identified as one of the barriers responsible for discouraging the youth people from seeking healthcare or youths returning for further health care support (MOH, 2005; Warenus et al., 2005; Godia, 2010).

A study in Ethiopia on the attitudes of the health care providers on reproductive health care services for the single youth persons concluded that some health care providers were coming up with some form of rules and regulations that discourages premarital sex and ended up discouraging seeking of health services by the youth (Tilahun et al., 2010).

The Kenya's Guidelines for the adequate provision of reproductive health services proposed qualities of a health facility that makes it friendly to the youth and which are likely to increase consumption among the youth. This include services being provided in a place that can be accessed without much challenges, provision having flexible hours for the youths, and the facility itself offering health services that are affordable or cost-free (MOH, 2005).

Provision of quality health care services for the youth can be achieved through favorable policy environment, improved clinical and communication skills of providers and their supportive attitude (WHO, 2004).

The literature revealed that despite initiatives and interventions put in place towards improving reproductive health for the youth, numerous barriers and challenges affecting utilization of the reproductive services by the youth exist.

Studies across the globe pointed to different health needs of the youth noting that the youths face varying vulnerabilities, risks and obstacles that consequently impact on their reproductive health status.

The literature of culture and religion revealed that people of low socio-economic status face difficulties in affording costs associated with the actual use of healthcare services making utilization unlikely. This pointed to the idea that costs and affordability of healthcare services may impact its consumption by different members of the society.

The literature indicated that youth's health is influenced by their parents, members of the religious community and their leaders, their mentors as well as peers. For instance some religious norms played a role in controlling the youth from involving themselves in some sexual behaviors, for instance consumption of family planning services.

Literature on health systems and provision of reproductive health services showed the manner in which health services are provided to the youth and the non-friendly facilities. This is commonly seen in the several factors such as hours for delivery of the services, the cost of the services, lack of confidentiality and the organization of the health facility itself.

Others issues highlighted by the literature include are lack of knowledge, low levels of awareness and personal attitudes.

Despite the great achievements have been made, there are several things that needs to be done to achieve a realize a minimum requirement and to save the youth from reproductive health problems. Kenya is among those countries whose efforts are on-going in the area of reproductive health service delivery. However, limited evidence exists especially among the youth.

2.5 Theoretical framework

To investigate utilization of reproductive health services among the youth, the researcher selected theories that are relevant in the utilization of health services at any given point in time. The theories are the systems theory and the Health Belief Model (HBM).

2.5.1 The General Systems Theory (GST)

This theory was originally proposed by biologist Ludwig von Bertalanffy in the 1920's and later advanced by Ross Ashby and Stephen Hawking in the 1980's. According to the theory, nothing can be understood in separation but must be seen as part of a system that could be separated into several individual parts and components that each of them could considered separately and as an independent entity. The parts could also be added in a linear fashion to describe the totality of the system. According to A. Kuhn (1974), knowing one part of a system enables us to know something about another part.

The theory offers a clear framework that is used to understand on the quality in healthcare systems since it enables us to see the whole system and how this relates to other close parts instead of the separated parts. Provision of high-quality health care is more likely in systems where the different relationships and interrelationships existing are seen and continuously considered as of great importance.

The components of proper care within healthcare systems include skillful and qualified personnel, good policies, procedures and processes that guides practice of health care, safe environments for providing healthcare services, disease management processes that is based on evidence and research, patient involvement in health care through effective communication, and specific behaviors such as organizational commitment to service delivery (JCAHO, 2002; Park & Bishop, 2003).

The theory allows the study to understand the entire health system and also recognizes how the different parts relate to each other (in this case health service provider). The theory suggests that if a problem exists because of system problems, it is necessary to understand the interrelated factors that may be falling outside the system (in this case reproductive health and related challenges among the youth).

2.5.2 The Health Belief Model (HBM)

The Health Belief Model suggests that health seeking behavior is influenced by how the person perceives potential or real threat due to the health problem and the importance that is closely related with the action that is aimed at minimizing the threat causative itself. The different parts that are seen to be this model include: perceived likelihood of harm, perceived severe nature of the outcome of the action and costs involved as well as enabling or modifying factors (Polit & Hungler 1999: 116). Health seeking behaviors of the young persons are based on what they consider as benefiting and costing them, factors that affects them from accessing and using the health services and facilities thus influencing their decisions to seek or not to seek the services.

Butler (1994) defines health behavior as the individual activities carried out with believe that it is healthy and will facilitate detection and prevention of any diseases at any stage in time. In this study, health behavior is considered to be those actions and activities carried out by the young when seeking sexual and reproductive health services for the purpose of preventing potential health problems such unwanted pregnancies and STIs including HIV and Aids.

Components of the Health Belief Model

This model consists of three distinct periods that lead a specific action related to health including: the perceptions of the, modifying factors and the potential of the individual taking action (Butler 1994: 149).

The theory describes perceptions of the individual seen in the context of subjections that the individual faces themselves in relation to the risk of them contracting a health condition they consider to affect them. In this study, individual perceptions are the actions of the youths engaging in behaviors such as premarital sex and potential consequences such as unwanted pregnancies and STIs and how this would make them to go for reproductive health services.

According to Butler (1994), modifying factors could include demographic factors such as age, gender, education level etc. and socio-psychological factors such that might have some form of influence on the health of the individual. In this study, the modifying factors include age, sex, educational level, knowledge and level of awareness of existing sexual and reproductive health services and facilities. In this study, the ability to

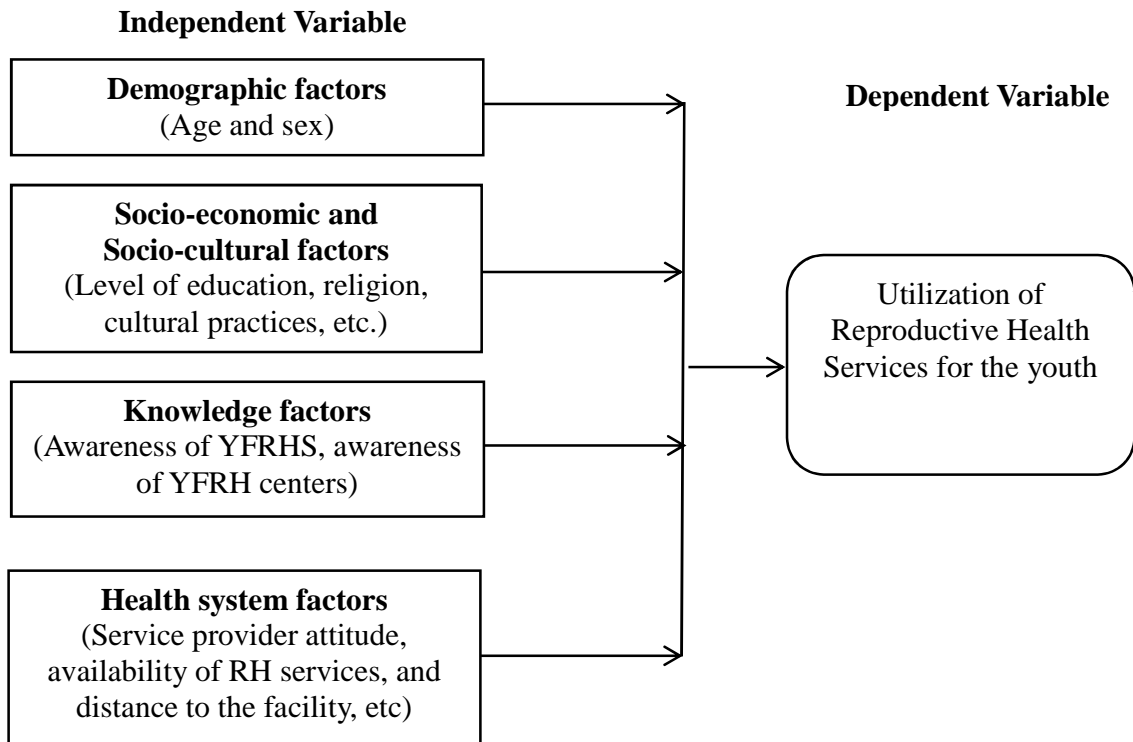
consume reproductive health services would be influenced by factors that either promote or discourage consumption of such services by the youth.

In summary, the health belief model helps in understanding human behavior on what tend influence consumption of youth reproductive health services and help in contextualizing ‘utilization challenges’ and approaches to reduce health problems affecting youth.

2.6 Conceptual Framework

Considering the theoretical framework, utilization of youth friendly reproductive health services by adolescents and young persons I seen to be influenced by interactions of several aspects including demographic factors, socio-economic factor, socio-cultural factors, knowledge factors, level of awareness among the youth as well as the delivery of the health services. The conceptual framework below aims to show the numerous relationships between determinants and utilization of the reproductive health services.

Figure 1: Conceptual framework.



Source: Adapted from Andersen and Newman, 2005

Figure 1 above illustrates the variables that may have an influence on the utilization of reproductive health services hence have impact on the use of health care services. Predisposing factors refers to the variables used in this study to measure actual utilization of reproductive health services among the youth which in itself is a factor. The factors lead the young persons into situations that leave them with the final say about reproductive health services.

2.6.1 Dependent variables

The dependent variable in this study was the “actual utilization of reproductive health services” which was measured through dichotomous responses. The dependent variable was investigated using youth-friendly reproductive health services available.

Some of the reproductive health services that were considered in this study include:

- Family planning services,
- Counseling services (general),
- VCT services, PICT services including HIV counseling,
- Management of STIs and
- Ante Natal Care (ANC) and Postnatal Care (PNC) services.

2.6.2 Independent variables

Factors identified during literature review and which revealed influenced utilization of youth reproductive health services by the include;

- **Demographic factors** such as age and sex,
- **Socioeconomic and socio-cultural factors** such as, religion, ethnicity, employment status, and level of education,
- **Knowledge factors** such as awareness of reproductive health services, health facilities, services offered, etc.,
- **Health system factors** such as organization of the health facility, type of reproductive health services offered, attitude of health providers and availability of reproductive health services for young people.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter presents the research methodology, site description, research design, unit of analysis, unit of observation, sources of data, study population, selection of samples and the sampling procedures, methods and tools of data collection, data collection and analysis procedures and ethical considerations for the study.

3.2 Study design

Kerlinger (1986: 279) defines research design as a plan and strategy that is used to investigate phenomena so as to obtain answers to particular research questions. It specifies methods and procedures for acquiring information needed for solving the problem.

This study employed descriptive research design and it sought to describe the extent to which demographic, socio-economic, socio-cultural, knowledge and health system factors influencing consumption of reproductive health services among the youth.

The use of descriptive study enabled the researcher to find out facts without manipulating data, inquire and search opinions, describe, analyze and interpret the influence and relationship between the variables involved in the study. A descriptive study was seen to further help in establishing if there is any influence between the different factors under investigation and utilization of the reproductive health services. It also ensured that research questions were well captured during the process of data collection.

3.3 Study area

The study was carried out between 9thSeptember and 15thOctober, 2014 in Waldai ward of Belgut sub-county, Kenya. Waldai ward is one of the five wards in the Sub-County and has four Sub-Locations namely: Kaborok, Sosiot, Koitalel and Kaptoboiti. According to the Kenya Population and Housing Census report of 2009, Waldai ward had a population of 33,674 persons.

There are public and private primary and secondary schools, middle- level- colleges and universities spread across Kericho County at large. This include: Kabianga University (satellite campus), Moi University (satellite campus), Kericho Teachers Training College (KTTC), Kenya Highlands Evangelical University, Kenya Forestry College and Kenya Medical Training College (KMTC).

Most inhabitants of Kericho County are Christians worshipping in churches including Africa Inland Church (AIC), Catholic Church, Anglican Church, SDA church, Full Gospel Churches of Kenya (FGCK) and other Independent churches. There are also the Muslim faith with at least two mosques and a Hindu population.

Health services in Belgut sub-county, and Kericho County in general, consist of hospitals, clinics and dispensaries. There is Kericho District Hospital, Kapkatet District Hospital, Sigowet District Hospital and Londiani District hospital (all government owned). There are also privately owned health facilities including Litein Mission hospital, Central hospital, Siloam hospital, Kericho Nursing Home, St. Leonard's Hospital and Green View Nursing home. All provide health care services to the public.

Data from the Ministry of Health (MoH) database (as of August 2015) showed that there were a total of thirty (30) health facilities in Belgut Sub-County including three (3) medical clinics, one (1) Health Centre, twenty four (24) dispensaries, one (1) VCT center and one (1) private hospital. Out of these, Waldai ward had a total of eight (8) health facilities including five (5) dispensaries, one (1) VCT center, one (1) private medical clinic and one (1) public health center (sub-district hospital) (see Appendix V below). In view of this, the Sub-County provided an attractive site for research.

For the purposes of this study, the researcher chose Waldai ward because of the familiarity and knowledge of the area more so of the four sub-locations in the ward. Apart from Waldai ward having Sosit town being the headquarters of Belgut Sub-County and Kericho west district, the selected ward hosts both public and private health facilities serving different populations including the youths targeted by the study.

3.4 Unit of analysis

Units of analysis are the objects or events under study (Singleton, 1988:69). This includes individuals, social roles, positions and relationships in organizations and social groupings. The study was mainly interested in finding out the extent to which certain factors influence utilization of RH services among young persons. To help in capturing the extent of the influence of the factors, different variables that define utilization among the youth are covered. The unit of analysis in this case then was the adolescent youth aged between 15 and 24 years.

3.5 Unit of observation

Unit of observation refers to whom the data for research will be observed or obtained from chiefly and who/what will aid in the collection of data (Peril, 1999). The unit of observation in this study is the adolescent youths of between 15 and 24 years found within Waldai Sub-location at the time of conducting the study.

3.6 Sources of data

To answer the research problem, research objectives were formulated as stated in Chapter 1 and is addressed in two ways: first is use of the literature review and, secondly, collecting data in order to verify the literature.

The literature review, summarized in Chapter 2 in this study, used secondary data as it was relevant to the problem at hand. This data was in a published form, for example journals, or an unpublished form, for example a thesis. It is important, since it provided information that relates to the research problem.

The collection and analysis of the primary data is summarized in Chapter 4. The focus is to empirically verify the literature and answer the objective of the study, which is to describe and explain those factors influencing utilization of reproductive health services.

3.7 Study population

Target population refers to cases that are in agreement with particular specifications identified for the study. It describes the elements that are included and excluded in the target group (Churchill & Iacobucci, 2002:448).

The target population for this study consisted of one hundred and twenty (120) adolescent youths aged between 15-24 years who were inhabitants of the four sub-

locations. In each of the four sub-locations, the study targeted 15 males and 15 females bringing an overall target of 60 males and 60 males in the study.

Other respondents consisted of twelve (12) key informants including eight (8) facility-based health service providers such as health workers and health administrative staff and four (4) community-based persons.

What was very important and key in this research was to capture the topic of study well.

These respondents are presented in table 2 below.

Table 2: Target respondents by category

Targeted respondents.	No of samples	Description of respondents.
Adolescent/Youths (15-24 years)	120	15 males & 15 females from each of the four (4) target sub-locations (<i>Total = 120 youths</i>).
Key Informant category 1 (Health facility level)	8	Representatives: from public (1) & private (1) health facilities, VCT (1) center and Dispensaries (5) (<i>Total=8</i>).
Key Informant category 2 (Community level)	4	Include 1 representative from each of the four target locations (<i>Total = 4 persons</i>)
TOTAL	130	

Source: Researcher (2016)

3.8 Sample size and sampling procedure

A sample refers to a small number of the population that is used to make a conclusion in relation to the population. Sampling is the process of obtaining the sample with the intention of estimating unknown characteristics of the population (Zikmund, 2003:369).

The sample is the portion of the population targeted to collect information to infer something about the larger group.

In its design, the study adopted a survey research design using the random sampling and purposive sampling technique to select adolescent youth and other participants. This was considered the most appropriate technique that helped in conducting the study well.

A comprehensive list of both public and private health facilities and centers were collated. A total of eight (8) facilities were identified including one (1) public health center (sub-district hospital), five (5) dispensaries, one (1) Voluntary Counselling and Testing center and one (1) private medical clinic. Since the study was targeting only eight (8) facility-level respondents, all the eight facilities listed participated in the study with every facility contributing a representative.

Next was the selection of facility-level individual respondents targeted in the study. The researcher first visited the health facilities/centers already identified and interviewed the eight respondents based in the health facility. This helped the researcher administer the questionnaire first to the facility-level key informants and acquire information on relevant reproductive health services in the respective wards. It is good to note that the four wards had varying number of facilities.

On completion of the interview with the eight facility-level respondents, they were requested to identify one community level representative targeted in each of the four wards. The researcher then administered the interview schedule to them and subsequently requested them to assist in the identification of potential adolescents fitting the parameters of the study. Each community level representative was requested to identify at least two adolescents (one male and one female) who were fitting the study criteria in each ward.

Upon identification of the two adolescents (1 male and 1 female), the researcher went ahead to administer the questionnaire. Additional adolescent respondents were obtained through the snowball method. During the process of first interviewing the community-level KIs and the two adolescents, the researcher acquired some relevant information that helped in identifying additional adolescents that were fitting the parameters of the study. The two adolescents identified initially were similarly requested to identify other youths that suited the study criteria within the sub-location until the desired number of adolescents in the ward was reached. This helped the researcher recruit the desired number of participants and get information faster.

There are many reasons why the study employed purposive sampling method. First the study topic is a very sensitive area and issues concerning personal sexual and reproductive health are very private such that not every youth is comfortable sharing information concerning their personal life. Choosing participants purposively assured them privacy and enhanced responses.

Secondly, the study concerned only youths aged 15-24 years in the four sub-locations and it proved challenging to construct a fitting sampling frame. Furthermore, a concise sampling frame of all households potentially with adolescent youth within the 15-24 years bracket was not determined prior to data collection. As a safeguard measure to minimize non-representation, primary respondents were equally distributed to the four study locations falling under the main study area.

Those potential respondents aged 14 years and below and 25 years and above were excluded in the study because they fell outside study age bracket. Those who declined to

give informed consent and respond to questions despite being identified as participant were excluded and replaced immediately with those having similar characteristics.

3.9 Data collection methods and research instruments

A survey methodology was used in this study where individual adolescents were sampled from each of the four target locations in reference to the size of the target samples. What was important in the study was getting a representative sample.

All questionnaires were administered through face to face interviews with all the respondents. Open and closed ended questions were chosen because they allowed flexibility as well as restricting respondents to relevant issues. Closed ended questions included themes like demographic information of participants such as age, gender, levels of educational, feelings of the participants about other study variables and their influence on utilization of reproductive health services among others. Other information included types and nature of reproductive health services available, level of satisfaction of users, issues in the health facilities itself among others. All research tools were designed to capture aspects highlighted in the explanation of independent and dependent variables and recommendations that can aid the study in understanding what could influence consumption of reproductive health services for the youth.

The researcher travelled to the four study areas for familiarization purposes and administer the tools firstly to Key Informants and immediately followed by the target youth. This was done deliberately so as to seek more information or even clarification from the providers on the issues not adequately addressed in the questionnaires (Mugenda and Mugenda, 2003).

Before the consent of the participants was sought, the participants were allowed to participate voluntarily and may decide to withdraw from the process. Confidentiality of the data was provided by assuring anonymity.

Table 3: Data sources by type of tool used

Source of data	Data collection tool used
Adolescent youth (<i>primary respondent</i>)	Questionnaire for adolescent youth (15-24 years) (Annex II)
Health service providers (<i>secondary respondents category 1</i>)	Interview schedule for facility-based respondents (Annex III)
Community-level persons (<i>secondary respondents category 2</i>)	Interview schedule for other resource persons (Annex IV)

Source: Researcher (2016)

3.10 Data management and analysis

Data was collected personally by the researcher. Responses were done directly into English from Kiswahili during the interviews. After collection data was coded showing the study locations, the different types of interviews and sex of the respondents. Computer spreadsheets (MS Excel) were used to allow cleaning using pivot tables. This software was chosen because they are easily accessible and are easy to use with small sample sizes.

Outcomes were summarized using descriptive statistics as continuous variables. The categorical variables were organized and presented using frequency tables, graphs, and pie charts. Inferences from the sample in form of inferential statistics to the population have been made in order to make speculations, reason and establish relationships and predictive power of selected variables. The findings have not been generalized because the sample was not randomly selected.

Qualitative data was analyzed using the 'content analysis' involving summarizing and classifying data in several stages. First the researcher read through interview transcripts in each response category in order to identify key issues in the and later as key informants as a whole. This assisted the study in coming up with themes from the data.

An index of numbered themes and sub themes was drawn up. Each transcript was read in detail as noted earlier and the appropriate number from the index entered in the margin against every piece of data, which could also be the whole phrase. Using Microsoft word programme, files corresponding to the main themes were created.

3.11 Ethical considerations

Clearance was obtained from the Department of Sociology, University of Nairobi (main campus). Permission to conduct the study in the study location was granted by the Ministry of Interior and Coordination of National government through the Deputy County Commissioner (Kericho-West district), Belgut Sub-County. Permission to recruit participants was granted by the chief and sub-chiefs for the four sub-locations.

Oral consent, where applicable, was first obtained either from parents or custodians and participants, explaining that the researcher would not do anything that may make them feel uncomfortable. Moreover, respondents were assured that nobody will have access to their responses. Use of anonymous questions and by conducting the interviews privately throughout assured respondents confidentiality. Unique Identifiers (IDs) were used in the questionnaires in place of actual names. Participants were informed that all records will be destroyed upon approval of the project.

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION, AND INTERPRETATION

4.1 Introduction

This chapter presents the findings of the study based on data collected through standardized questionnaires and interview guides. Responses to the items directly related to the research questions are presented in frequency tables, pie charts and bar charts so as to simplify their interpretations and understanding. The findings are presented following the research questions stated in chapter one. Each research objective is dealt with considering different questionnaire items and the interview guide that gave relevant data.

Bellow sections have been used to present findings:

1. Demographic characteristics of the study participants
2. Demographic factors associated with utilization of youth reproductive health services
3. Social-economic factors and utilization of youth reproductive health services
4. Socio-cultural and religious factors and utilization of youth reproductive health services
5. Knowledge factors and utilization of youth reproductive health services and
6. Health system factors and utilization of youth reproductive health services.

4.2 Characteristics of study respondents

The demographic information of interest in this study was: age, sex, marital status and level of education. Table 4 below shows the percentage distribution on the different characteristics of the 120 respondents took part in the study.

Table 4: Description of respondents by age, marital status and level of education

Background characteristic	Sex of participants					
	Males (n=60)		Females (n=60)		Total (N=120)	
	Freq. (n)	Percentage (%)	Freq. (n)	Percentage (%)	Total Freq. (n)	Total Perc. (%)
Age						
15-19 years	22	18.3	17	14.2	39	32.5
20-24 years	38	31.7	43	35.8	81	67.5
Marital Status						
Not married	42	35.0	49	40.8	91	75.8
Married	18	15.0	11	9.2	29	24.2
Separated	0	0.0	0	0.0	0	0.0
Divorced	0	0.0	0	0.0	0	0.0
Education level						
Primary School	15	12.5	17	14.17	32	26.7
Secondary School	21	17.5	19	15.83	40	33.3
College/Tertiary	14	11.7	11	9.17	25	20.8
University	8	6.7	5	4.17	13	10.8
No education	2	1.7	8	6.67	10	8.3

Source: Researcher (2016)

Table 4 above indicates that overall, majority of the study participants were aged between 20-24 years (67.5%), single (75.8%) and had secondary school level of education (33.3%) at the time of carrying out the study.

4.3 Demographic factors and utilization of youth reproductive health services

To establish the relationship between demographic factors of interest to the study (age and sex) and utilization of reproductive health services for the youth, age and sex was compared with the three most commonly consumed reproductive health services by the youth. The results of this relationship are summarized in table 5 below.

Table 5: Patterns of utilization of reproductive health services by age and sex

Type of reproductive health service utilized	SEX					
	M	Perc. (%)	F	Perc. (%)	Total Freq.	Total (%)
Antenatal and postnatal services	2	2.1	6	4.1	8	6.2
Counseling services (general)	25	26.6	22	15.1	47	41.7
Family planning services	7	7.4	21	14.4	28	21.8
Treatment & management of STIs	1	1.1	5	3.4	6	4.5
VCT/PICT services	12	12.8	19	13.0	31	25.8
Total	47		73		120	
Type of reproductive health service utilized	AGE					
	15-19 years	Perc. (%)	20-24 years	Perc. (%)	Total Freq.	Total (%)
Antenatal and postnatal services	3	3.7	5	3.2	8	6.8
Counseling services (general)	18	22.0	29	18.4	47	40.3
Family planning services	10	12.2	18	11.4	28	23.6
Treatment & management of STIs	1	1.2	5	3.2	6	4.4
VCT/PICT services	9	11.0	22	13.9	31	24.9
Total	41		79		120	

Source: Researcher (2016)

4.3.1 Age and sex in relation to utilization of YFRH services

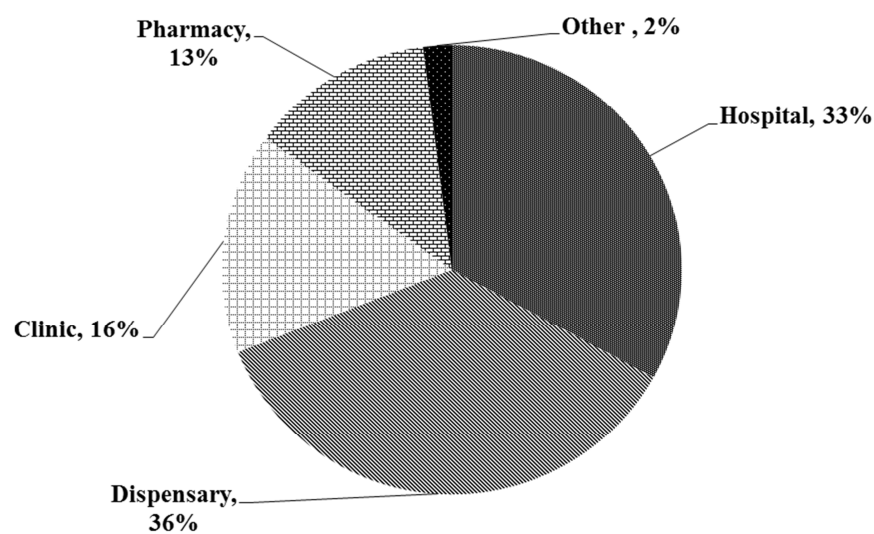
Table 5 above indicates the highly consumed reproductive health services to be general counseling services (41.7%), VCT/PICT services (25.8%) and family planning services (21.8%) respectively. The least consumed reproductive health services are treatment and management of STIs (4.5%) and antenatal and postnatal care services (6.2%).

General counselling services was the highly consumed reproductive health service by both younger persons aged between 15-19 years (22.0 %) as compared to older youths aged between 20-24 years consuming the same counseling services (18.4%). Overall, majority of the youths from the different age groups highly consumed general counselling services.

4.3.2 Places where youth go for reproductive health services

For the respondents who knew about youth reproductive health services, they were further asked to give the facilities that provided them with the reproductive health services and the responses are presented below.

Chart 1: Pattern of consumption of reproductive health services by health facility



Source: Researcher (2016)

Chart 1 shows that majority of the youths highly preferred dispensaries (36%), hospitals (33%) and clinics (16%) for reproductive health services.

Above findings are similar to those of one of key informant on the youths seeking reproductive health services:

“Some of the youths, especially older males, want to have sex without condom against the will of their girlfriends.....some don’t go for counseling; they don’t listen when counselors share the risks of not using condoms. You rarely find youth going purely for reproductive health services. Some of them don’t even know such services exist in these facilities” (Social worker).

The above findings indicate that that age and sex of youth influenced, to a greater extent, consumption of the three most commonly utilized reproductive health services among the youth as seen with the emerging pattern on consumption. Adolescent youth mainly females in the age group of 20-24 highly utilized two RH services as compared to the pattern of consumption of males of between 15-19 years utilizing the same type of reproductive health service.

This finding is normal because younger youth generally have low or limited knowledge on sexuality and reproductive health issues. This agrees with findings by Sendowitz (2003) which identified low consumption of reproductive health care services among young people to be as a result of poor understanding of their changing bodies and lack of awareness of risks associated with sexual activities in early life, common teenage pregnancies and general shyness.

This finding further agrees with the KDHS 2008/09 which identified an increase in the uptake of family planning services among older youth. It is further supported by health providers who pointed out on majority of the youths seeking reproductive health services were above 19 years implying younger youths below 19 years were not utilizing the services.

This study further revealed that there was need to reach younger youth with appropriate and age specific messages so as to enlighten and help them make right decisions as some adolescents were already sexually active as get into sexual activities early and that many have had sex by age 15 years (KDHS 2008/2009 in ICF Macro, 2010).The older youth

are sexually active and have freedom to make their choices as was found out by this study that majority of youth aged 20-24 made self-decisions when they needed services.

The finding that youth aged 20-24 years had a tendency to trust and consult their friends more than parents as compared to the younger ones aged 15-19 years is normal. The older youths in the community are free from the control of parents and are more sexually active. This explains the reason for likelihood of youths to highly utilize RH services especially counseling, VCT, and Family Planning as per the study findings. This finding is agrees with the KDHS 2008/9 which noted that youth of between 20-24 years highly utilized contraceptives as compared with young youths.

4.4 Socio-economic factors and utilization of youth reproductive health services

Factors related to socioeconomic status may account for variations in use of reproductive health care. The cost, geographical location and quality of health services are important as they interact in different ways to determine use of health care.

Income and savings was considered to have an influence on consumption patterns of reproductive health services and a question was asked to establish this relationship.

Responses are indicated in table 6 below.

Table 6: Savings and income status of youth in relation to utilization of services

	Have savings/income		Goes for RH services		Does not go for RH services	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Yes	97	80.8	19	15.8	78	65.0
No	23	19.2	16	13.3	7	5.8
Total	120	100	35	29.2	85	70.8

Source: Researcher (2016)

The table 6 above indicates that that majority of the respondents (80.8%) had some form of income or savings while a few of the respondents (19.2%) did not have any income/savings. The table also shows that majority of the youths who had some form of income or saving were not going for reproductive health services (65%) as compared to those seeking reproductive health services (5.5%) in the different facilities and centers. This shows that most of the young persons are likely not going to seek medical care and treatment for reproductive health infections in time which can lead to serious reproductive health complications such as infertility in future. Implementation of youth friendly reproductive health services should be done in totality such that no fee should be charged at all for all services offered at the health facility.

This finding is similar with other studies which found that there was some relationship between consumption of reproductive health and employment. This suggests that some form of earning could contribute to consumption of healthcare services through empowerment. It further agrees with other studies which found out that non-working individuals are more likely to use some health care services than earning individuals (Skelenburg et al,2004; Kamal, 2009).

4.5 Socio-cultural and religious factors influencing utilization of youth reproductive health services

Cultural practices, religion and beliefs combine to put youth at risk of potential infections with HIV/AIDS, STIs and unwanted pregnancies and may not allow people to adopt protective behaviors. These factors were assessed by seeking opinions of what the

youth perceived to be responsible for non-consumption of RH. Responses are given in table 7 below.

Table 7: Respondents' view on utilization of reproductive health services

What influence utilization of RH services	Frequency (n)	Percentage (%)
Parents decision	12	10.0
Morals	21	17.5
Religious beliefs	31	25.8
Friends Influence	3	2.5
Cultural Beliefs	32	26.7
Cost of the RH services	21	17.5
Total	120	100.0

Source: Researcher (2016)

Table 7 above shows that most youths were not consuming RH services because of their cultural beliefs which accounted for 26.7% of the respondents. This is considered high due to traditional and cultural beliefs and practices of the Kenyan society where individuals' choice of some health services is shaped by the wider view and perspective of family members over health matters. This finding also agrees with studies which showed that Kenyan youth in some cultures were not seeking immediate help from health centers when they suspect reproductive health problems (MOH, 2013).

Religious beliefs accounted for 25.8% which reflects strict religious teachings and practices on reproductive health issues especially on use of family planning methods. Morals and cost of reproductive health services accounted for 21% respectively.

Table 8: Respondents opinion on cultures allowing use of reproductive health services

Response	Frequency (n)	Percentages (%)
YES	23	19.2
NO	97	80.8
Total	120	100.0

Source: Researcher (2016)

Table 8 above shows that, majority of respondents (80.8%) felt that their culture did not support the use of some RH services as compared to those who felt culture allows use of RH services (19.2%). This means that many people would be convinced by their cultures not to go for the services.

This finding agrees with a study report in Youth and Health World Youth Report 2003 which stated that most some cultural groups prohibit premarital sex and pregnancy and youth were reprimanded for using family planning. It also agreed with the common practice on communication where sexuality in some cultures were prohibited and seen as a taboo, allowing only persons such as aunts and uncles to discuss the subject with the young people (Muyinda et al, 2001).

Culture and belief systems are important factors that determine consumption of reproductive health services and this has been a concern to policy makers. The belief system, better understanding of diseases, illnesses and health as well as planned education may assist in proper utilization of reproductive health services. Communities on the other hand should encourage and mobilize members to appreciate available health facilities provided by the government and go seek health care services. In order to reduce the challenge of reproductive health, cultural awareness and health education must be continuously enhanced.

Information from the key informants indicated that some communities continued to face challenges in their efforts to assist the young people due to the restrictive nature of some cultural and religious practices. For instance the youths in some churches are discouraged from using condoms as this was considered to promote promiscuity and irresponsible sexual behaviors as seen below.

“Keeping in mind our traditions, it is against culture for parents to discuss sexuality issues with their sons and daughters.....advise them to use condoms go for medical checkup”. **(Community leader, KI)**

Discussions’ with key informants indicated that issues related to sex, sexuality and family planning were not openly discussed by the youth due to socio-cultural and religious related factors. As a result, adolescents lack basic knowledge and understanding of reproductive issues such as how pregnancy or STIs/HIV transmission occurs, how to prevent them and where to obtain necessary information and services among others. In some cases, parents and adults may feel ill-prepared, uncomfortable, or awkward discussing about reproductive health issues with their children.

Key informants further noted that the youths feel embarrassed and are not willing to discuss sexuality with parents and other close persons in the community. This is a barrier in implementation of reproductive health programs targeting adolescents and the youth. Youths are unable to acquire relevant knowledge and skills they need to make healthy decisions, thus limiting their ability to seek relevant reproductive health services.

These agree with the UNFPA findings on the reproductive health and gender in Malawi. According to Bisika (2008:79), non-involvement of parents and lack of their proper guidance place people at huge risks of contracting and spreading of HIV. Early

marriages especially involving older men marrying young girls are a risky cultural practice.

In conclusion, it is necessary to reduce stigma around discussing sex and sexuality, break the barriers to communication and form new behaviors with the aim of opening up dialogue in the society especially on issues related to adolescent reproductive health.

4.6 Knowledge factors and utilization of youth reproductive health services

Familiarity, awareness or ones understanding some facts or information on health services can determine utilization of reproductive health services. Knowledge and related factors are seen as level of awareness and understanding of reproductive health services and individuals ability to utilize it to better their health.

4.6.1 Youths knowledge of different reproductive health services

Study participants were asked whether they have ever sought or utilized the listed reproductive health services and their responses are summarized in table 9 below.

Table 9: Youths knowledge of reproductive health services

Type of Youth Friendly Services	Boys		Girls		Total	
	n=60	%	n=60	%	n=120	%
Counseling services (general)	19	50.0	25	30.5	44	36.7
Family planning services	5	13.2	18	22.0	23	19.2
VCT/PICT services	8	21.1	21	25.6	29	24.2
Management of STI's	4	10.5	10	12.2	14	11.7
Antenatal and postnatal services	2	5.3	8	9.8	10	8.2

Source: Researcher (2016)

Table 9 above shows that majority of the respondents understands general counseling services (36.67%), Voluntary Counseling and Testing and provider initiated counseling

and testing services (24.2%) and family planning services (19.2%) respectively. The youths have limited information on antenatal and postnatal services (8.2%) and management of STIs (11.7%).

These findings are similar to those of Key Informants:

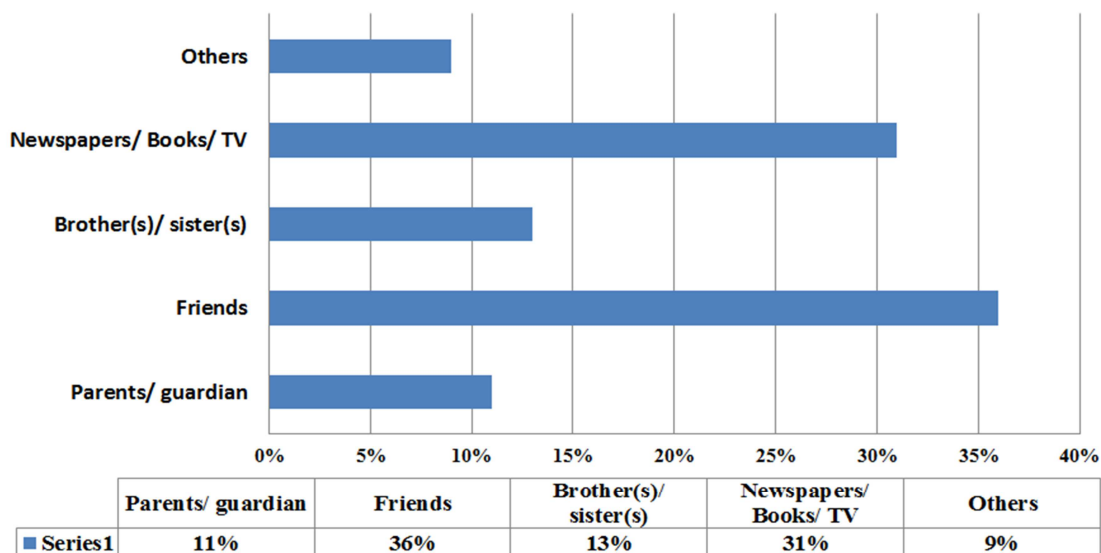
“About reproductive health services here [public health center], we are not talking of youths. We see mainly mothers and their breastfeeding kids.....we can say the services are good and perfect for mothers” (Medical officer in-charge)

This also agrees with findings of a similar study done in Kenya and Zimbabwe where researchers found that most adolescents did not obtain reproductive health services because they did not know where to obtain such services (Erulkar et al. 2005).

4.6.2 Main sources of receiving reproductive health information

Those who knew about the youth reproductive health services were further asked to state their main source of information and their responses are reflected in chart 1 below.

Chart 2: Main sources of information on reproductive health services



Source: Researcher (2016)

Chart 2 above indicates that majority of the youths obtained reproductive health information from their friends (36%), from the print and electronic media (31%) and from relatives (36%) respectively. This finding agrees with Francis *et al.*'s study of school girls in India. He found out that the most common source of information on reproductive facts were books (53.8%) followed by friends (47.3%). This finding is in contrast to our study where friends were the most common source of information followed by newspapers and televisions and relatives.

4.6.3 Awareness on reproductive health information in health facilities

Adolescents' opinion on whether they would use the reproductive health services was assessed by inquiring whether they would visit health facilities/centers offering youth Friendly reproductive health services and use the services being offered. Their responses are summarized in table 10 below.

Table 10: Youths' awareness of existing reproductive health information by sex

Response of awareness	Males		Females		Total	
	n=60	%	n=60	%	n=120	%
Yes	47	78.3	49	81.7	96	80.0
No	13	21.7	11	18.3	24	20.0

Source: Researcher (2016)

The table 10 shows that majority of the youths (80%) said they would go for reproductive health services in available locally, while a few (20%) said would not go for the services.

Youth generally had low knowledge on reproductive health services which consequently led to low levels of utilization of the services. Those who reported knowing of specific reproductive health services provided and the health facilities registered increased utilization of a variety of reproductive health services offered than those who did not know as confirmed by above analysis.

This finding is in agreement with studies by Biddlecom, et al., (2007) and Godia (2010) which found out that inadequate knowledge by the young people caused underutilization of youth reproductive health services. They stated that lack of understanding of the importance of sexual health care or knowledge of where to go for care may discourage the youth from using the reproductive health services.

4.7 Health System factors influencing utilization of reproductive health services for the youth

Health facility and related factors may either encourage or discourage the youth from utilizing the reproductive services for the youth. To investigate this, the youths were asked whether there was a reproductive health facility within their community and other

issues about the facility. The factors investigated include: availability of reproductive health services at local levels, distances to the nearest health facility in case there was none within their community, organization of the health facilities, treatment or handling of the youth by the health providers and the costs of the health services.

4.7.1 Distance to the nearest health facility

The youths were further asked to estimate the distance from the nearest facility using transport fare as an estimate and the findings are shown in table 11 below.

Table 11: Distances of the health facility

Response category	Frequency	Percentage (%)
Walking distance	18	15.0%
Requires about Ksh. 20 to Ksh. 40 for transport	39	32.5%
Requires more than ksh.40 for transport	63	52.5%
TOTAL	120	100%

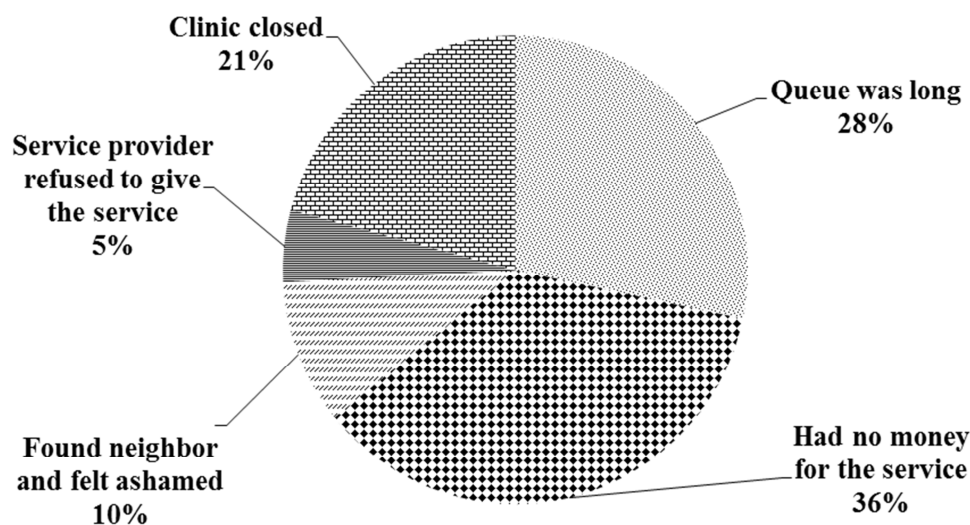
Source: Researcher (2016)

The table shows that majority of the youths resided far from a health facility and they required more than Ksh. 40 to pay for transport (52.5%) and others required between Ksh. 20 and 40 for transport (32.5%) lings to the nearest facility (52.5%). It is only a few of the youths who accessed reproductive health services within a walking distance (15%). Fare and money, in this case, was used to estimate the distances because it was difficult for the study to estimate the actual distances in terms of specific kilometers as most roads within Belgut Sub-County were not all marked showing specific distances.

4.7.2 Organization of the health facility

The youth who had sought reproductive health services but were not able to get the health services were asked to give the reasons that made them miss the service. Chart 3 below displays the reasons for missing the services as stated by the youth.

Chart 3: Reasons for missing reproductive health services



Source: Researcher (2016)

Chart 3 above shows that most of the youths did not receive the reproductive health services because they didn't have money to pay for the services (36%), long queues at the facility (28%) and due to closure of the facility at time of arrival (21%).

These findings indicate that most of the youths did not consume reproductive health services available in the health facilities due to cost. Those who managed to visit the health facility could not also manage to pay for the reproductive health services.

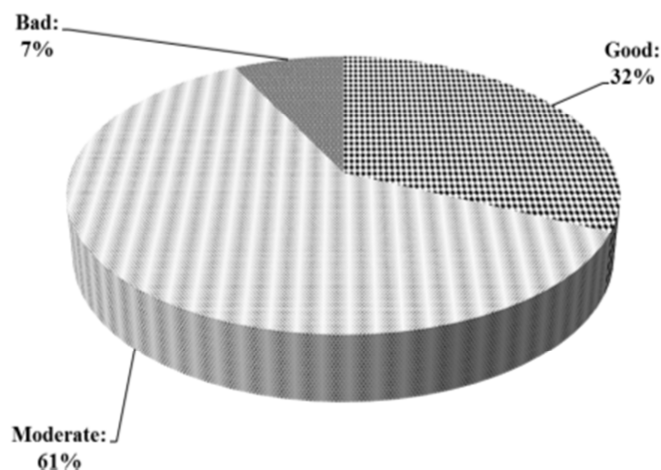
This finding is similar to the one by the Key Informant in one of the health facilities:

“This is the only hospital in Belgut Sub-County and sometimes our staffs are too busy attending to older parents and young children who are coming for other health services. They may not get time and space to give special attention to youths particularly those coming specifically for reproductive health services”. **Medical officer in charge, Sosiot sub-district hospital.**

4.7.3 Attitudes of the health service providers

Attitudes of the health service providers was captured by asking the youth who had ever utilized the reproductive health services on how they were handled by the staff when they sought the services and findings are presented in chart 4 below.

Chart 4: Attitude towards providers of reproductive health services



Source: Researcher (2016)

Chart 4 above shows that majority of the youths (61%) considered the health service providers to moderate meaning they were welcome but asked too many questions before they were given the reproductive health service they were looking for. Only 32% of the youths felt that the health service providers were fairly good to them implying that the providers were friendly and welcoming hence were given the service they required. It is

only a small proportion of the youths (7%) who felt that the service providers were bad implying that the providers were harsh and rude and ended up not giving them the health services they wanted.

Throughout the interviews with key informants, the need to integrate more youth-friendly services into existing health facilities, especially dispensaries in the respective wards, was often raised. It was noted that very few facilities were providing reproductive health services for the youth at village level. However, beyond the need for greater numbers of facilities, there is a challenge to overcome in relation to reducing health worker bias against serving adolescents.

The above findings indicate that reproductive health services were not friendly to the youth. Fees were charged for the reproductive health services, long queues was evident due to providing all healthcare services at the same point possibly to all people and early closure of the facilities. All this were against the recommendations contained in Adolescent Reproductive Health and Development (ARHD) policy which required that all aspects of reproductive services be free and convenient for the youth (MOH, 2005).

These findings are also in agreement with other studies which pointed out similar reasons that acted as main impediments to utilization of reproductive health services by the youth. The reasons included unfavorable operation hours which do not accommodate the youths, lack of clear directions and services on offer, overcrowding and inadequate privacy and confidentiality as the main impediments to utilization of reproductive health services by the youth (IPPF, 2008; FHI, 2006; and WHO, 2004).

The findings also agree with what has been widely discussed by researchers on reproductive health for adolescents. Some scholars have argued that some young people avoid health centers because they have come across some health workers who try and judge them, are rude and sometimes refuse to give them services, especially in some health care facilities owned and managed by the government (Erulkar et al. 2005).

These findings reveal persistence of prohibitive issues to utilization of the reproductive health services which has been extensively studied but strategies to solve them by concerned persons and institutions seem not forthcoming.

4.8 Implications of findings

The above findings show that utilization of reproductive health services among the youth remained low and this has serious implications on their reproductive health status. The youth in particular are at a great risk of suffering the consequences of poor reproductive health such as STIs, HIV and AIDS, unwanted pregnancy and abortions especially among females, the very problems which the Adolescent Health policy sought to reverse (MOH, 2010).

There are challenges in implementation of adolescent health policies and barriers in meeting its objectives. The suggestions brought forward by the health service providers that services need to be made accessible through necessary adjustments in health facilities are valid if success in having the youth fully utilize them is to be achieved.

Low level of awareness among the youth implied that there are gaps between policy makers and target communities and this need to be bridged by improving structures of information dissemination to the youth.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of findings

This study sought to assess the factors that influence utilization of youth friendly reproductive health services and a number of findings came up from the study. Although there are other research that found that adolescent youth were more likely utilizing reproductive health services, the findings of this study gave mixed results.

The study showed that demographic socio-economic and health facility barriers are the leading challenges to utilization of reproductive health care services among the youth in Belgut Sub-County. Ages of the youths greatly influenced consumption of reproductive health services as older youth aged 20-24 years dominated consumption of mainly general counseling services, VCT/PICT counseling services and family planning services compared to younger youths aged 15-19 years. Sex of the youth did not have any relationship with consumption of reproductive health services as there was no pattern of dominance by either gender.

Health facility factors influenced utilization of reproductive health services including organization of the health facility, reproductive health services not being affordable to the adolescents and the youths and the adults being given health services in the same area.

Mainstream media, parents and siblings had minimal contribution in educating the youth about youth friendly reproductive health services whereby the youth had to get reproductive health information from their friends.

5.2 Conclusions

In view of the results of this study, demographic factors (age, sex), level of education, and knowledge of the reproductive health services influenced utilization of almost all youth reproductive health services.

The study also established that income and savings of the youth did not have an important role in utilization of all reproductive health services. However, level of education played a big a role in the utilization of all youth friendly reproductive health services as youths in tertiary level/ college registered increased utilization as compared to the school youths in both primary and secondary. It can be concluded that young adolescents bellow 19 years have not been adequately reached with reproductive health information and services.

On the health system factors, the study established that utilization of reproductive health services were affected by health facility organization, key among them were; long queues, facility closed very early, youths meeting neighbors/relatives at the facility and felt ashamed and being turned back by service provider because of poor timing or some services not available like treatment of STIs. The study further revealed that the attitude of health service providers was negative towards young people as some of the providers were not willing to serve the adolescents/youths who were aged 19 years and below. Further, the integrated model adopted in both the government and private health facilities to deliver reproductive health care services have not favored the youth. Cost and affordability is responsible for low levels of utilization among the youth.

Inadequate knowledge and low levels of awareness on existing reproductive health services among the youth contributed to poor utilization of reproductive health services.

5.3 Recommendations

The recommendations that came out of this study are:

1. It is necessary to engage on continuous and active sensitization of the youth to provide comprehensive information especially on less utilized services. These scales up the youth's knowledge on all the existing reproductive health services hence increase utilization of the services.
2. It is necessary to train more health service providers to specifically deal with the youth so that they may be friendly to the youth. It is also necessary to train more peer educators at family and community level to complement health service providers in passing reproductive health knowledge, information and messages to the youth.
3. Efforts should be geared towards offering exclusive youth friendly reproductive health services in existing health facilities. This will increase the youth's confidence as well as bridge distances and brings services nearer for youth to access and in turn enhance utilization among the youth.
4. The government should try the mobile clinic approach whereby health services are taken to the community on specific days as a temporary measure as proper modalities of increasing the number of reproductive health services facilities are sought.

5. It is necessary for the government and partners to increase funding towards reproductive health services for the youth so that service providers may offer them free of charge thus enabling the youth access them without any constraints.
6. Utilization of reproductive health was measured, among other factors, through health system factors and selected factors among adolescent youths aged 15-24 years in Waldai ward. Studies need to be done in other wards of Belgut Sub-County especially at the community and facility levels covering all youths of qualifying age to generate more supportive evidence among the youth in different ward.
7. A comparative study between the urban and rural youths of different age groups should be done to gauge their utilization patterns for reproductive health services and to inform policy adjustments and formulation.
8. The underutilization of reproductive health services in formal facilities (such as dispensaries, clinics hospitals and VCT centers) as the place of reducing youth reproductive health problems should be a matter of concern for policy makers and program managers.

REFERENCES

- ADRA (2007): *LDP youth friendly services in Cambodia: Leadership management sustainability*. Cambodia: Management Sciences
- Anable, S., Cabarl, J. and Alford, P (2005): Factors affecting Africans on reproductive health. *Journal of African Reproductive health* (9) 25-45.
- Barnett B, Schueller J. Meeting the Needs of Young Clients: A Guide to Providing Reproductive Health Services to Adolescents. Research Triangle Park, NC: Family Health International, 2000.
- Bearinger, L. H., Renee, E. S., et al (2007). Global perspectives on the sexual and reproductive health of adolescents: Patterns, prevention, and potential, *Lancet* 369: 1220–31.
- Biddlecom, A.E., Munthali, et al (2004). Adolescents' views of and preferences for sexual and reproductive health services in Burkina Faso, Ghana, Malawi and Uganda, *African Journal of Reproductive Health* 2007 11(3): 99-110.
- Castagnaro, K. (2007). Comprehensive Sexuality Education: Recognizing the Realities of Young People's Lives. Exchange on HIV/AIDS, Sexuality and Gender 3: 1-3
- Chen J, Hou F. *Unmet needs for health care*. Health Rep 2002; 13(2):23–34
- Erulkar, A.S., Onoka, C. J and Alford, P (2005). What is Youth-Friendly Adolescents' Preferences for Reproductive Health Services in Kenya and Zimbabwe, *African Journal of Reproductive Health* Vol. 9 No.3.
- Godia, et al.: (2010). Youth friendly sexual and reproductive health service provision in Kenya: What is the best model? Nairobi, MOH
- Godia, et al.: (2014) Young people's perception of sexual and reproductive health services in Kenya. *BMC Health Services Research* 2014 14:172.
- Joyce, S., I. Askew, et al. (2008): Multi-sectoral Youth RH Interventions: The Scale up Process in Kenya and Senegal. Frontiers in Reproductive Health Program Brief No.13. Washington DC, Population Council.
- Kenya National Bureau of Statistics (KNBS) and ICF International; “*Kenya Demographic and Health Survey (KDHS), Key Indicators 2014*”. (Rockville, MD: ICF International, 2014).
- KNBS and ICF Macro, “*Kenya Demographic and Health Survey 2008-09*”. Calverton, Maryland: KNBS and ICF Macro, 2010.
- Kotecha PV, Patel S, Baxi RK, Mazumdar VS, Misra S, Modi E et al. *Reproductive health awareness among rural school going adolescents of Vadodara district*. *Indian J Sex Transm Dis*, 2009; 30: 94-99.
- McIntyre P, et al., (2002). Adolescent Friendly Health Services: An Agenda for Change. 2002, Geneva: WHO

- Ministry of Health (MOH): *Adolescent Reproductive Health and Development Policy*. Nairobi: Ministry of Health; 2005
- MOH: *National Guidelines for Provision of Youth-Friendly Services (YFS) in Kenya*. Nairobi, Kenya: Ministry of Health; 2005.
- MOH (2007): *National Reproductive Health Policy: Enhancing reproductive health status of all Kenyans*. Nairobi: Ministry of Health.
- Motuma, A. (2012). *Youth-friendly health services utilization and factors in Harar, Ethiopia*. Ethiopia: Harar Bulletin of Health Sciences
- Mugenda, O.M. and A.G. Mugenda, (2003): *Research methods: Quantitative and qualitative Approaches*. Acts Press, Nairobi.
- National Council for Population and Development (NCPD), Division of Reproductive Health, and Population Reference Bureau. "*Kenya Adolescent Reproductive Health and Development Policy Implementation Assessment Report*" (2013)
- NCPD and MOH (2003): *Adolescent reproductive health and development policy*. National Council for Population and Development and Division of Reproductive Health, Nairobi.
- Pathfinder International (2005): *Integrating Youth-Friendly Sexual and Reproductive Health Services in Public Health Facilities: A Success Story and Lesson Learned in Tanzania*. Daresalam; FHI
- Senderowitz, J., Hainsworth, G. and Solter, C (2003): *A Rapid Assessment of Youth Friendly Reproductive Health Service, Pathfinder International Technical Guidance Series Number 4, September 2003 (page 2)*.
- Tilahun, M., Mengistie, B., Egata, G and Reda, A.A (2010): *Health workers' attitude towards sexual and reproductive health services for unmarried adolescents in Ethiopia*. USA: Population studies and training Centre
- Wahome, A.M.M (2010); *An assessment of factors determining access and utilization of reproductive health care services by adolescents in Nairobi City*. Nairobi: Kenya
- Warenius, *et al* (2005); Nurse-midwives □attitude towards adolescent sexual and reproductive health needs in Kenya and Zambia. *Reproductive Health Matters*".2006; 14 (27): 119-128.
- Warenius et al., (2006). *Vulnerability and sexual and reproductive health among Zambian secondary school students*. Karolinska Institutet, Stockholm, Sweden.
- WHO (2004). *Adolescent friendly health services in South East Asia region: Report of 9 Regional consultation, 9-14 February 2004, Bali, Indonesia*.
- World Health Organization (2003). *The Reproductive Health Situation of Adolescents. Progress in Reproductive Health Research*. WHO.

APPENDICES

Appendix I: Informed consent form

I am **Mutai Joseah**, a post graduate student pursuing Masters Studies in Medical sociology at University of Nairobi. I am undertaking a research on **‘Factors influencing utilization of Youth-Friendly Reproductive Health Services in Waldai Ward, Belgut Sub-County – Kenya’** and I am kindly requesting you to take part in this study. It is on voluntary basis and is not risky to you. The information provided will be confidential and is useful in improving reproductive health services for youth in Ward and the whole Sub-County. The survey will take about 20-30 minutes.

Do you agree to participate? YES: _____ NO: _____

Date: Signature:

9. Have you ever used any of the different reproductive health services?

- (1) Yes (2) No

10. Have you used any of the following youth friendly services in this area?

- | | | |
|--|----------|---------|
| 10.1 Counseling services (general) | (1). Yes | (2). No |
| 10.2 Family planning | (1). Yes | (2). No |
| 10.3 VCT/PICT services
(including HIV counseling) | (1). Yes | (2). No |
| 10.4 Management of STIs | (1). Yes | (2). No |
| 10.5 Antenatal/postnatal services | (1). Yes | (2). No |

11. Do you think your **religion** allow you to use above services?

(For example Family planning)

- (1) Yes (2) No

12. Which of the following do you think influence utilization of RH services?

- (1) Parents decision
- (2) Morals
- (3) Religious beliefs
- (4) Influence from friends
- (5) Cultural beliefs
- (6) Costs of the reproductive health services

PART II: KNOWLEDGE AND RELATED INFORMATION

13. Where do you mainly obtain the above reproductive health services?

- (1). Hospital (2). Dispensary (3). Clinic
(4). Pharmacy (5). Other

14. If yes who told you about those services?

- (1). Parent/guardian (2). 2 (3). Brother/sister
(4). Read on newspaper (5). Do not know any (6). Other

Appendix III: Key Informant interview guide (health service providers).

1. In your opinion, what reproductive health services/products are provided in this facility?
2. Of the ones you mentioned, which one of them are mainly used by the adolescents? Which ones are rarely used by the youth?
3. Which reproductive health services specifically targets youths between 15 and 24?
4. In your opinion, how can reproductive health service provision for the youth be improved?
5. Which hours/days do you provide reproductive health services in this facility? And why mainly these hours/days only?
6. Do you have a separate area to provide reproductive health services for male and female youths? Why do you have a separate area?
7. What challenges do you face as a health services provider offering RHS for the youths?

Appendix IV: Key Informant interview guide (other resource persons)

1. What are the most common **health needs** and **problems** faced by adolescents in Waldai ward?*(If SRH problems are not mentioned, raise the problems and probe how they have affected the youth in the ward)*
2. Which **health facilities and services** are provided targeting adolescents facing reproductive health problems in Waldai ward? *(Probe facilities as government, charity or privately owned and the services provided, or those dealing with or sell health products like medicines, condoms, and contraceptives to the youth).*
3. Which of these are the **preferred health facilities and services** among adolescents in Waldai ward and why?*(Probe on attendance and visits to some facilities more than others)*
4. In your opinion, what can be done to make adolescents to go for the reproductive health services mentioned before?
5. Could you know any organizations or agencies that helping adolescents reduce reproductive health problems mentioned above? *(Probe on their initiatives and interventions and what they think about the organizations).*

Appendix V: Health facilities in Belgut Sub-County by Ward and sub-location

	Ward	Sub Location	Facility Name	Facility Type	Owner
1.	Chaik	Chemogondany	Chemase Dispensary	Dispensary	Private Enterprise (Institution)
2.	"	"	Chemogondany Hospital	Private Hospital	"
3.	"	"	Chepgoiben Dispensary	"	"
4.	"	"	Finlay Flowers Dispensary	"	"
5.	"	"	Jamji Dispensary	"	"
6.	"	"	JFK Engineering Dispensary	"	"
7.	"	"	JFK Limited Dispensary	"	"
8.	"	Chemogondany	Kapkoros Dispensary	"	"
9.	"	Kapsongoi	Kapsongoi Dispensary	"	"
10.	"	Chemogondany	Kerenga Dispensary	"	"
11.	"	"	Kipketer Dispensary	"	"
12.	"	"	Marinyin Dispensary	"	"
13.	Kabianga	Kapkitony	Kamawoi Dispensary	"	Ministry of Health
14.	"	Kabianga	Kabianga Tea Research Dispensary	"	Private Enterprise (Institution)
15.	"	Mobego	Kabinga Dispensary	"	"
16.	Kapsuser	Kipsolu	Chepkoton Dispensary	"	Ministry of Health
17.	"	Kakiptui	Kakiptui Dispensary	"	"
18.	"	Kapsuser	Kapsuser Dispensary	"	"
19.	"	"	Kapsuser Medical Clinic	Medical Clinic	Private Enterprise (Institution)
20.	"	Borborwet	Sachoran Dispensary	Dispensary	Ministry of Health
21.	Cheptorriet/Seretut	Seretut	Seretut Dispensary	"	"
22.	Cheptorriet/Seretut	"	Seretut Medical Clinic	Medical Clinic	Private Practice
23.	Waldai	Kaborok	Kaborok Dispensary	Dispensary	Ministry of Health
24.	"	Sosiot	Hope for today VCT Centre	VCT Centre	"
25.	"	"	Sosiot Health Centre	Health Centre	"
26.	"	"	Sosiot Medical Centre	Medical Clinic	Private Practice
27.	"	Kaptoboiti	Cherong'et Dispensary	Dispensary	Ministry of Health
28.	"	"	Kaptoboiti Dispensary	"	"
29.	"	Koitalel	Kiplalmat Dispensary	"	"
30.	"	"	Chemororoch Dispensary	"	"

Source: eHealth-Kenya facilities, Ministry of Health, Government of Kenya (GoK) (last accessed 28.10.20156)

Appendix VI: Reproductive Health services by type.

Type of reproductive health service	Description of the service
Family Planning (FP) services	<p>Services: Includes family planning counseling, basic examination, administration and dispensing.</p> <p>Infrastructure: Include facilities for storing family planning items and equipment.</p> <p>Basic Human Resources: Include trained and skillful health care providers.</p> <p>Categories of services:</p> <ul style="list-style-type: none"> • Non-invasive methods such as pills, condoms etc. • Invasive methods such as Intra-Uterine Contraceptive Devices (IUCD), Implants, Vasectomy etc.
Comprehensive Youth Friendly Services (YFS)	<p>Services: Includes services that are provided in a way that considers information needs of the young people.</p> <p>Characteristics:</p> <ul style="list-style-type: none"> • Health staff trained in youth friendly services, reproductive health issues and communication. • Has at least one staff, nurse, clinical officer, medical Doctor. • Convenient environment of providing health care that is comfortable, convenient and affordable services, involves the engagement of the community as well as participation of the Youth, etc. <p>Categories of services:</p> <ul style="list-style-type: none"> • Integrated Services- services offered to youth with other health care services. • Stand-alone Services- services offered in separate building and targeting the youth.
Counseling services	<p>Services includes:</p> <ul style="list-style-type: none"> • Condom promotion and distribution – refers to counseling on condom use and availability of the condom dispensers • Management of Sexually Transmitted Infections (STIs) - availability of Information, Education and Communication (IEC) materials, diagnosis facilities, treatment guidelines and drugs etc. <p>Categories of services:</p> <ul style="list-style-type: none"> • Voluntary Counseling and Testing (VCT) - counseling and testing initiated by the client(s) themselves. • Provider Initiated Counseling and Testing (PICT) - counseling and testing as a result of encouragement by the providers. • Diagnostic Counseling and Testing (DCT) - testing of suspected disease in order to make a diagnosis. • PMTCT Counseling- Include the provision for counseling & testing for pregnant mothers at either ANC or within the maternity unit.
Antenatal Care (ANC) and Postnatal Care (PNC) services	<p>Services: Include treatment, care and monitoring of pregnant women so as to identify women with high-risk pregnancies and potential complicated deliveries.</p> <p>Infrastructure: Include privacy, essential medical and non-medical supplies, equipment, laboratory support and with right attitude from maternity staff.</p> <p>Basic Human Resources: Nurse, Clinical Officer, Medical Doctor, lab tech, pharmaceutical technologists/technicians.</p>

Source: Adapted from Stephanie Borise, 2009.

Appendix VII: Authorization for fieldwork (University of Nairobi)



**UNIVERSITY OF NAIROBI
DEPARTMENT OF SOCIOLOGY & SOCIAL WORK**

Fax 254-2-245566
Telex 22095 Varsity Nairobi Kenya
Tel. 318262/5 Ext. 28167

P.O. Box 30197
Nairobi
Kenya

August 28, 2014

TO WHOM IT MAY CONCERN

RE: KIPKOSKEY JOSEAH MUTAI – C50/71502/2008

Through this letter, I wish to confirm that the above named is a bonafide postgraduate student at the Department of Sociology & Social Work, University of Nairobi specializing in Medical Sociology.

Further, I wish to inform you that the student is collecting data for his research proposal on "Assessing factors influencing utilization of youth-friendly reproductive health services among the youth in Waldai Sub-county, Belgut Constituency - Kenya."

Through this letter, I am kindly requesting you to provide the student with any form of support that is required to collect data.



A handwritten signature in black ink, appearing to read "Robinson Ocharo".

**Dr. Robinson Ocharo
Chairman, Dept. of Sociology & Social Work**

c.c. Supervisor: Mr. Allan Korongo

Appendix VIII: Research authorization (Belgut Sub-County)

THE PRESIDENCY

MINISTRY OF INTERIOR AND CO-ORDINATION OF NATIONAL GOVERNMENT

Telegrams:
Email: dkerichowest@yahoo.com
Telephone:
When replying please quote



DEPUTY COUNTY COMMISSIONER,
KERICHO WEST (BELGUT) SUB-COUNTY,
P.O. BOX 128-20205,
SOSIOT.

REF: KW/ED/6/6/VOL.1/81

DATE: 8th September, 2014

The Ag.Chief,
Waldai Location.

RE: KIPKOSKEY JOSEAH MUTAI – C50/71502/2008.

This is to confirm to you that the above named is a bonafide postgraduate student at the Department of Sociology & Social Work, University of Nairobi specializing in Medical Sociology.

The purpose of this letter therefore is to request you to provide the student with any form of support that is required to collect data as concerns reproductive health services among the Youth in your area of jurisdiction.

Your full support will be highly appreciated.

A handwritten signature in blue ink, appearing to read 'R. Kibet'.

R.KIBET,
FOR:DEPUTY COUNTY COMMISSIONER,
KERICHO WEST SUB COUNTY.

