FACTORS INFLUENCING UTILIZATION OF REPRODUCTIVE HEALTH SERVICES AMONGST YOUNG PEOPLE IN RIFT VALLEY PROVINCIAL HOSPITAL, NAKURU COUNTY- KENYA

BY

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DECLARATION

I hereby declare that this dissertation is my original work and has not been presented to any other university and other academic institution for evaluation, examination and a ward of the degree.

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Signature…… Date……..

CERTIFICATE OF APPROVAL

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DEDICATION

This study is dedicated to my two beloved daughters; **Ashley** and **Janeapple.**

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Thanks to God for giving me His grace, mercy, good health and power to complete this thesis, may He be praised forever.

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LIST OF ACRONYMS

AIDS: - Acquired immune Deficiency Syndrome

ARH&D: - Adolescent Reproductive Health and Development

CRC: - Convention on the Rights of Children

CSA: - Centre for the study of Adolescent.

EC - Emergency Contraception

FGC: - Female Genital Cutting

FGM: - Female Genital Mutilation

HIV: - Human Immunodeficiency Virus

ICPD: - International Conference on Population and Development

KAPAH: - Kenya Association for the Promotion of Adolescent Health

KDHS: - Kenya Demographic and Health Survey

NACADA: - National Agency for the Campaign against Drug Abuse

VCT - Voluntary Counseling and Testing

WHO: - World Health Organization

YFRHS: - Youth Friendly Reproductive Health Services

OPERATIONAL DEFINITIONS

Adolescent - a person aged between 10 to 19yrs.

Female genital cutting - Is an operation, during which the female external genitals are partially removed or injured with the goals of inhibiting a woman's sexual feelings.

Female genital mutilation- Is a destructive operation, during which the female genitals are entirely removed or injured and introducing substance into the vagina to tighten it and also stretching the labias with the goals of inhibiting a woman's sexual feelings.

Health behavior - any activity undertaken by individuals who believe themselves to be healthy for the purpose of detecting and preventing disease in any asymptomatic stage.

Health Determinants-These are a range of physical, social, economical and environmental factors which determine the health status of the individuals or populations

Reproductive health - A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its function and processes.

Sexually active - one is regarded as being sexually active if she/he reports to have had a sexual intercourse within the previous three months."

Sexual rights-Sexual rights include right of all young people to the highest attainable standards of sexual health, i.e. access to sexual and reproductive health care services, access to information related to sexuality

Young people -People aged between 10 and 24 years.

Youth - defined as people aged between 15 and 24 years.

Youth friendly services - These are services that are accessible, affordable and Appropriate for adolescents. These services are in the right place delivered by the right person, in the right style, acceptable to the young people and are effective, safe and affordable

Utilization-The ability to consume services, or the usage of the youth friendly Reproductive health services

ABSTRACT

Background: In the past, young peoples' reproductive health services have been largely neglected, leaving them vulnerable to reproductive health problems like STI/HIV/AIDS, teen pregnancy, unsafe abortion and harmful practices. International Conference on Population and Development (ICPD) 1994 endorsed the right of the young people to obtain the highest level of health care. In line with the ICPD recommendations Kenyan government put in place an Adolescent Reproductive Health and Development (ARH&D) policy to enhance the implementation and coordination of programs that address the reproductive health issues and challenges of young people. Although much has been done the uptake of Youth Friendly Reproductive Health Services (YFRHS) is still low.

Objectives: The broad objective was to identify factors influencing utilization of the YFRHS; Age mostly influenced utilization of the Youth Friendly Reproductive Health Services. Sixty percent of the young people aged 20-24years utilized most of services more as compared to 30 and 10 percents of those whose age bracket were 15-19 and 10-14 respectively.

Methodology: This was a descriptive cross-sectional study where 160 young people aged 10-24 years and 5 health service providers were interviewed. Data was collected using semi-structured questionnaires and Key informant interview guide. Quantitative data was analyzed using statistical package of social science (SPSS) version17.0 Qualitative data was transcribed and content analysis was carried out.

Results: The study established that sex, age, level of education, type of school and youth's awareness about existence of reproductive health facility and the services offered were significantly associated with utilization of (YFRHS) $p< 0.05$.

60 percent of Service providers said they were not comfortable in offering the family planning services to adolescents/youths that were under the age of eighteen years.

Discussion: 31% of young people aged (20-24) utilized YFRHS more as compared to 18% of those aged 15-19 and 15%of those aged 10-14 respectively. This is in agreement with a Sendowitz (2003) and KDHS 2008/09 that revealed age influenced the uptake of YFRHS.

Conclusion: Only 30% of the YFRHS were utilized. This was low largely due to unfriendliness of the reproductive health facilities to the young people.

Recommendations: active sensitization of the young people on YFRHS through school health programs and other appropriate youth forums such as seminars rallies and churches.

CHAPTER ONE

1.1 Background.

Globally there are 1.8 billion young people aged 10 to 24 years representing one quarter of the world's population with over 90% living in developing countries (Population Reference Bureau 2006). According to the 1999 National Population and Housing Census, the Kenya population is projected to reach 36.5 million by 2015. About 40% of the population are estimated to be adolescent/youths (Kenya National Bureau of statistics census report, 2010). These young people have been largely neglected, leaving them vulnerable to reproductive health problems like sexually transmitted disease including HIV/AIDS, child pregnancy, unsafe abortion and harmful practices.

International Conference on Population and Development (ICPD) 1994 identified and recommended that; Adolescent, sexual and reproductive health issues addressed through the promotion of responsible and healthy reproductive and sexual behavior, including voluntary abstinence and the provision of appropriate services and counseling specifically suitable for that age group (WHO, 2002).

Countries were encouraged to ensure that programs and attitudes of health-care providers do not restrict youths access to and utilization of the services and information they need. These services must safeguard the right of adolescents to privacy, confidentiality, respect and informed consent, while respecting cultural values and religious beliefs as well as the rights, duties and responsibilities of parents. (MOH,2003)

In pursuit of reproductive health agenda which was deliberated in ICPD (1994) held in Cairo, the government adopted the National Reproductive Health Strategy (NRHS,1997-2010),whose aim was to identify reproductive health priority areas as; family planning, Safe motherhood, child survival initiatives, promotion of adolescent and youth reproductive health, Management of STIs including HIV/AIDs, management of infertility, harmful practices like early and forced marriages, female genital mutilation(FGM), drug and substance abuse(MOH, 2005).

Within the context of this Strategy, standards for reproductive health service providers were released in 1997 and implementation plans were developed to guide reproductive health needs in

the country. Ministry of Health in Kenya formally approved the country's first National Reproductive Health Policy (NRHP) to provide a framework for equitable, efficient and effective delivery of quality reproductive health services to the population especially those considered vulnerable such as the adolescents/youths (MOH, 2003). The primary objective of the policy is to guide planning, standardization, implementation, and monitoring and evaluation of reproductive health care provided by various stakeholders. It focuses on: safe motherhood, maternal and neonatal health, family planning, adolescent/youth sexual and reproductive health. All these aims to improve maternal health and reducing neonatal and child mortality rate which contribute greatly towards realization of millennium development goals. The government of Kenya through the Ministry of Health together with the NGOs, FBO, and the private sectors has shown a tremendous commitment in providing a comprehensive and integrated system of reproductive health care that offers a full range of services in order to improve reproductive health status for all Kenyans (MOH, 2005).

Despite these initiatives, adolescents/youths still faces a lot of challenges more especially issues related to sex and sexuality like; early pregnancy, unsafely performed abortion, and HIV and other sexually transmitted infections (STIs) which results in massive school dropout, early marriages increase in neonatal and child mortality.

The health care services given to adolescent/youths in schools mainly focus on services such as physical environment and sanitation, nutritional status, immunization and treatment of common childhood illnesses. No special program meant to address on reproductive health needs which are the core issue in this age bracket (Kenya National School Health Policy, 2009).

The information gap on reproductive health issues amongst adolescent/youths is one of the factors resulting in premarital sex among adolescents leading to abortion, school drop outs, early marriages and maternal mortality.

It is important to note, that adolescents and the youths form a critical national resource which is the backbone of economic development of any country their health is a worthwhile investment for the growth and development**,** yet they are highly vulnerable to conditions and issues which are reproductive health in nature and they are preventable, yet little is done.

1.2 Statement of the problem

As a response to the reproductive health needs of youth, the Ministry of Health, integrated Youth Friendly Reproductive Health services into the health care service delivery system through the Kenya Essential Package for Health (KEPH) care Program. The government further adopted the Adolescent Reproductive Health and Development Policy (ARH&D) in 2003 with a commitment to address adolescent reproductive health issues raised by the National Population Policy for Sustainable Development and the Kenya Health Policy Framework of 1994 (MOH,2005).

The policy was meant to address: adolescent sexual reproductive health rights, harmful practices, including early marriage, female genital cutting, and gender-based violence; drug and substance abuse; socioeconomic factors; and the special needs of adolescents and young people with disabilities (MOH,2003).

The target of this policy was to increase the proportion of facilities offering youth-friendly services to 85%, up from 7% as at that time and reduction of the proportion of women aged below 20 with a first birth from 45% in 1998 to 22% (NCPD, 2010) .This was far below expectation in meeting the reproductive health needs of the 40% youth population in Kenya (KDHS, 2008/9).

The Adolescent Reproductive Health and Development Plan of Action 2005-2015 was developed to guide the implementation of the policy and later a National Guideline for Provision of youth-friendly services has been developed and funds have been provided all in the effort of meeting the sexual and reproductive health needs of the youth. Other than the government of Kenya, Non-Government Organizations (NGO) have also tried to increase access to reproductive health services by the youth through various initiatives. For example, Family Health Options of Kenya (FHOK) has started various YFRHS in different parts of Kenya like in Meru, Muranga, Nairobi, Nakuru, Eldoret, Kisumu and latest in 2012 in Bondo. Pathfinder International on the other hand came up with University Based Peer Education in 1988 which aimed at addressing the social, reproductive health and informational needs of the youths in Kenyan Universities namely; Jomo Kenyatta University of Agriculture and Technology and Kenyatta University.

Despite the enormous effort from the Ministry of Health and other relevant partners, there is persistence of reproductive health challenges such as; sexually transmitted infections including HIV/AIDS, teenage pregnancy, unsafe abortion, school drop-outs and harmful practices like early and forced marriages, female genital cuttings, sexual violence, drugs and substances abuse prompted this study.

Secondly since not much information exists on utilization of Reproductive health services among the youths, the study would provide information upon which references shall be made.

1.3 Justification of the study

The persistence of reproductive health challenges among the youths in Kenya as revealed from literature also apply to Nakuru county. Moreover there is scanty information on utilization of youth friendly reproductive health services done in Nakuru county despite the fact that the county is well endowed with health facilities offering reproductive health services for adolescents as envisioned in (KDHS 2008/9).

The district also has one Youth Friendly Reproductive Health service at Rift Valley Provincial Hospital The access to and utilization of YFRHS is relatively low a point which makes a primary concern surrounding the promotion of sexual and reproductive health services (NCAPD, 2005).

Studies by Family Health International (FHI) in 2006 further showed that attracting the youth to the clinical services has remained a challenge and that there is need to create demand and improve health seeking behavior of the youths. The study would come out with findings and recommendations which would be first, a point of reference and secondly the recommendation will be used by the hospital administration to implement measures that will improve the utilization of youth reproductive health services at the facility level.

1.4 Research questions

1. What are the demographic factors that determine the uptake of reproductive health services amongst youths aged 10-24 years?
2. What socio-economic factors that determine the uptake of YFRHS amongst young people aged 10-24 years?
3. What is the level of awareness of the young people on the youth friendly reproductive health services?

4. What are the resources available for the provision of youth friendly reproductive health services to the young people?

1.5 Broad objective

To determine the factors affecting utilization of the youth friendly reproductive health services amongst the young people in Rift Valley provincial General Hospital in Nakuru-Kenya.

1.6 Specific objectives

1. To identify demographic factors affecting the utilization of the YFRHS amongst young people.
2. To identify socio-economic factors influencing utilization of YFRHS amongst young people.
3. To determine the level of awareness of the YFRHS amongst young people aged 10 - 24 that influence utilization of the YFRHS.
4. To establish the health facility system factors that influence the utilization of Youth Friendly Reproductive Health Services amongst young people aged 10-24 years.

1.7 Theoretical frame work

The study used Andersen's phase two model of health services utilization (Andersen &Newman 2005) to investigate reproductive health services utilization among adolescent youths in provincial general hospital in Nakuru County. This behavioral model provides a system to investigate a range of individual, environmental and provider related variables associated with decision to seek health care services.

The model proposes that the use of health services is determined by three dynamics: Predisposing factors, enabling factors and need factors. Predisposing factors includes age, sex, level of education and health beliefs, for instance an individual who believes health services are effective treatment for an ailment is more likely to seek for the care.

Enabling factors could be family support, access to health insurance and family and community resources. The Need factors represent both perceived and actual needs for health care system.

Health care system includes health policies, resources and organizations which refers to how health care system utilizes its resources for the consumer satisfaction.

1.8 Independent variable

These were factors which literature review revealed had a significant impact on the utilization of YFRHS by the youths. They included; demographic factors such as age and sex, socioeconomic such as, level of education, parents' employment status and knowledge such as awareness about existence of youth friendly reproductive health facilities and services, Socio-cultural factors studied included religion and ethnicity. Health system factors included health facility organization, service delivery, health provider's attitude and availability of youth-friendly health services.

1.9 Dependent variables

The dependent variable in this study was the utilization of youth-friendly reproductive health services. The utilization of youth-friendly reproductive health services availed in the Youth Friendly Center were; family planning, counseling services, VCT and antenatal services.

Operational frame work of study/Conceptual framework (adopted from Andersen & Newman 2005)

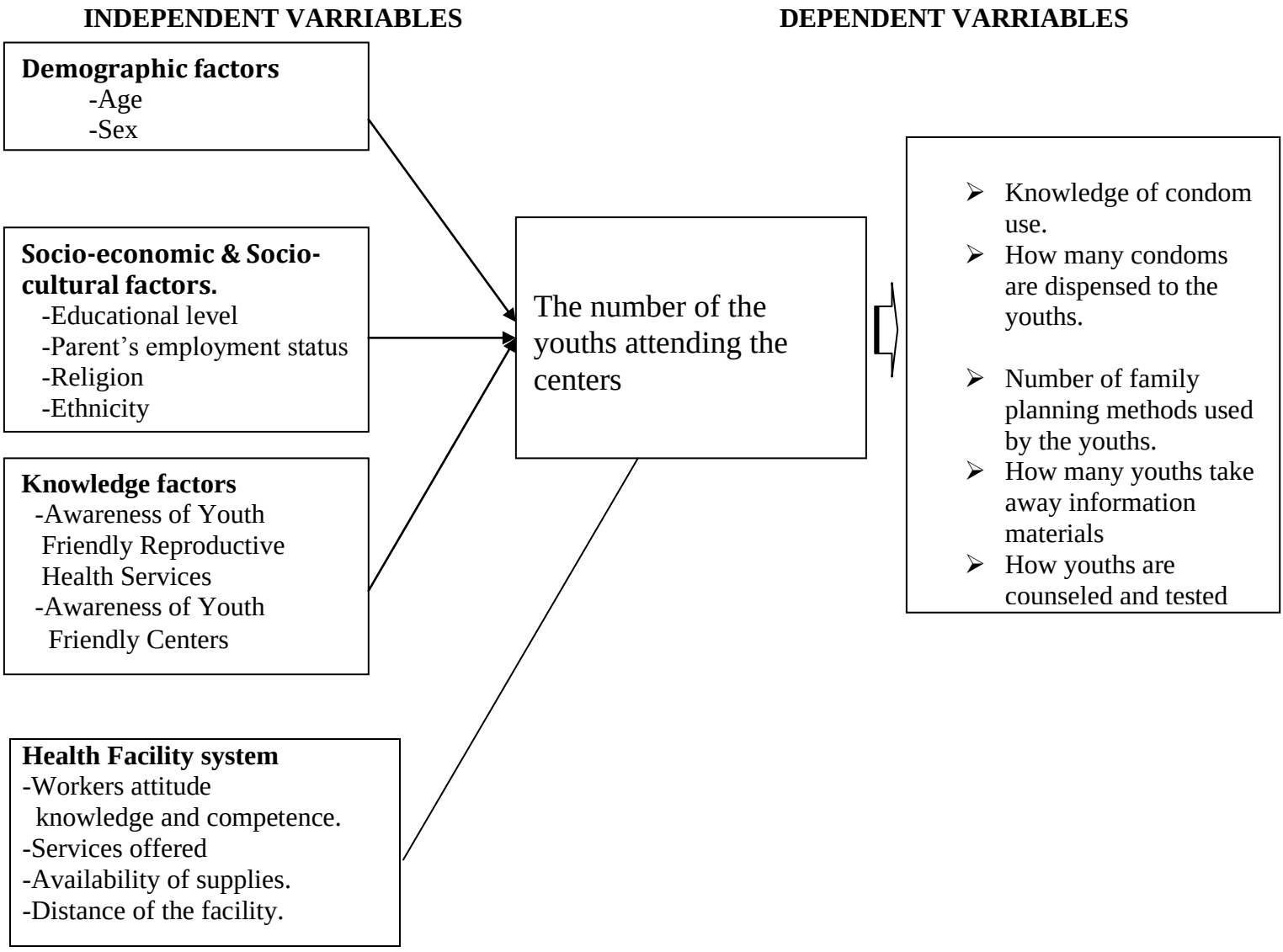

Figure 1: Operational Framework

CHAPTER TWO

LITERATURE REVIEW

2.1 Introducttion

In this chapter we are looking into barriers to youth friendly reproductive health services utilization such as; demographic**,** socio-economic, socio-cultural, traditional beliefs and religion, health system factors, service providers' attitude.

2.2 BARRIERS TO YOUTH FRIENDLY REPRODUCTIVE HEALTH SERVICES

The main factors that block the youth friendly reproductive health services up take include poor access, availability, and acceptability. Lack of privacy, unfavorable appointment times that does not tally with young people's school schedule. Hospital bureaucracies that do not give room for the freedom that the youths want, limited services like contraceptives are among the prevailing impediment to these services (WHO, 2004).

In Russian federation, the government has identified young people's reproductive health issues as a priority but health care system are not yet established properly to address the youth's specific reproductive issues (WHO, 2010). A study conducted in Shangai on the evaluation of the youth friendly services found out that although there was good infrastructure, equipments, and good environment at the city and district, few youths used the YFRHS due to insufficient publicity and unskilled professional health service providers (Path, 2001).

In South Africa, a study to evaluate factors that discourage the youths from using the youth friendly reproductive health services found out the following; inconvenient hours, location of the facility, unfriendly staffs and lack of privacy were among the outstanding barriers.

Utilization of the youth friendly reproductive health services still face multiple challenges from youths who have little or lack of knowledge on youth friendly reproductive health services, negative perceptions from the community on youth sexuality, limited support and poor funding as well as poor staff attitude have worsened the situation (FHI,2000).

According to MOH, (2006) one of the impediments to the provision of the youth friendly health services has been the attitude of the service providers. Some service providers have pre-judged

the youth seeking the sexual and reproductive health services. Negative providers attitude have made the young people reluctant to seek those services(Sendowitz,2003).

2.3 Demographic factors that influence the utilization of the YFRHS.

According to the KDHS 2009, reveals that there was an increase of up take of family planning services among age 20-24 years as compared to 10-19 years. The youths hardly perceive the seriousness of sickness or health needs and this is a major impediment to the YFRHS up take. The youths are unwilling to seek care due to the national reproductive health policies restricting care based on age and poor understanding of their changing bodies and insufficient awareness of risks associated with early sexual debut, STIs and HIV and pregnancy. In their study in Homa Bay and Migori, FCI looked at communication channels and found out that radio in particular, and television were the most strongly preferred sources of health information by both men and women. Public meetings and gatherings, church gatherings, women's groups, and other social and economic gatherings were important channels of information. They found that adolescent women appeared to be particularly disadvantaged in their access to information about pregnancy and child birth because of reluctance to seek antenatal care and lack of contacts with other channels of communication (MOH, 2006).

2.4 Socio-economic and socio-cultural factors that influence utilization of YFRHS.

According to Tylor 2003, The economic implications of reproductive health services,include not only payment for the treatment, but also productive time of the youths lost as they travel all along to look for the services and the travelling expenses incurred. This means that if the young people will not be supported by their parent/guardian then, it will be more difficulty for this kind of population to access the services.

Half of adolescent begin childbearing at the age of 19 years and among all pregnant mothers twenty three percent are adolescents KDHS (2003). The same fact is revealed by the World Bank (1989), in Sub-Saharan Africa, for example, an approximate 23 percent increase in adolescent birth is predicted for 1995-2020. Pregnant teens are more likely to suffer from malnutrition, pregnancy- induced hypertension and ecclampsia than women over age 20. In addition, an immature birth canal may prolong labor, increase the risk of vesico-vaginal fistula, cause

permanent damage to bladder and bowels and to the infant's brain, or lead to death of mother and child. Young mothers aged 15-19,are twice as likely to die of pregnancy –related causes than women aged 20-24.The risk of death may be five times higher for girls aged 10-14 than for women 20-24.The mortality and morbidity rates of infants of young mothers are higher than for older mothers(World Bank, 1998). Children from poor household are more likely to have begun child bearing than those from economically stable household. Within the Multicentre study (1996/97) in Kisumu, the link between socio-economic status and risk of HIV infection was examined. The findings were that new infection might occur faster among women of low socio-economic status. There was prevalence of 19.8 percent among males and 30.2 percent among females. The risk of infection among low socio-economic status women in the age's 15-25years was associated with early sexual debut and early marriage. Low condom use, high partner change, principally for material support, resulting in high prevalence of STIs (MOH, 2006).

Poverty is another factor that is forcing young people to engage in pre-marital sex in exchange of economical support hence exposing them to reproductive health risks. Lack of political will has led to lack of financial commitment by the government by supporting the health reproductive activities and making the services accessible even for those youths who are financially disadvantaged. The youths are under-utilizing the reproductive health services because of lack of information and understanding of the benefits of sexual health information and where to get it when they need it (Godia, 2010). A study done in Uganda, found out that young people still under-utilize health services like family planning, treatment of sexually transmitted infections and VCT services because of lack of knowledge about this services (Biddlecom, et al., 2007).

Young people who are well educated understand better their health needs and they are likely to seek for youth friendly reproductive health services than those with little education (KDHS, 2009).

2.5 Traditional beliefs

Polygamy is widely practiced in Kenya and in particular in Nyanza province. Young girls are married to men who are much older than them; often as second, third or fourth wives. 8 percent of youths aged between 16 and 18 and 10 percent of the youths aged 20 to 24 years are in a polygamous relationship (KDHS, 2003). The significance of this relationship is that there is

multiple sexual partners and high risk of HIV infections. The young wives will often look out for younger partners (MOH, 2006)

Poor communication channels between parents and their children that are being experienced nowadays due to urbanization has erased and disintegrated the strong and rich kind of education that existed traditionally with our forefathers, where sex and sexuality related information was done actively with grandparents and aunts to the young people. This has created a gap where young people are vulnerable to sexually related problems (Senderowitz, 2003). Most of traditional teachings constitute moral information that prohibit pre-marital sex and pregnancy and any youth discovered to be using the family planning services is reprimanded thus instilling fear among youths especially on family planning use, (Senderowitz, 2003).

The family, the basic unit of society, is undergoing profound change and as a result other family structures are emerging. One of the greatest impacts of the HIV/AIDS epidemic, for example, is the increasing number of child-headed households. As the family structure changes, and parents and caregivers are preoccupied with making a living or meeting social obligations, young people often lack the guidance and support they need to make responsible life decisions and yield easily to advice and misinformation from their peers (MOH, 2003).

In African societies, expectations about what it means to be a man or a woman, which are indeed integral part of the socialization process, leave many youth and adults ill prepared to deal with their sexuality or protect their health. Gender influences sexual behavior, especially when stereotypical assumptions are considered. Stereotypes of submissive females and powerful males restrict access to health information, hinder communication between young couples, and encourage risky behavior among young women and men in different, but equally dangerous, ways. Ultimately, these gender disparities increase adolescents' vulnerability to sexual health threats such as violence, sexual exploitation, unplanned pregnancy, unsafe abortion and sexually transmitted infections (STIs) including HIV/AIDS. The power imbalances between men and women can sometimes make it difficult for adolescent girls to refuse unwanted or unprotected sex, negotiate condom use, or use contraception against a partner's or husband's wishes (MOH,2003).

2.6 Religion and contraceptive use.

Although there strong body of evidence demonstrating that contraceptive methods use and prevention of unintended pregnancy improves the health and socio-economic well being of a woman and the families, contraceptives continues to be perceived as a controversial among religious denomination, catholic hierarchy specifically opposes the use of contraceptives.

Most sexually active women who do not want to become pregnant, whether unmarried, currently married or previously married practice a contraception. The majority use highly effective methods. This is true of all women of religious denomination including Catholic, despite the church's formal opposition to contraceptives methods other than natural family planning methods. Rachel K. et al (2011)

2.7 The health system factors that influenced the utilization of the health services provider

Health service provider determines the quality of services the client can get MOH, (2004). This is ensured through favorable policies, conducive environment, improved clinical and communication skills According to the National guidelines for provision of youth friendly reproductive health services in Kenya, states that these services should be easily accessible, available at the convenient time of the youth's schedule, at affordable or free of charge and being served by a friendly service provider (MOH, 2005).

2.8 Service providers attitude

A study by Warenius et at. (2006) among Kenyans and Zambians midwives revealed that reproductive health services are underutilized due to judgmental attitudes of the health workers and lack of competence coupled with lack of knowledge in the YFRHS provision. The attitude has been adversely mentioned to be the major barrier for the youths who seek for the youth friendly health services, (MOH, 2005).

CHAPTER THREE: METHODS

3.1 Introduction

This chapter consists of; study design, study area, target population, sampling criteria variable and study instruments used in the study, data collection, data analysis and interpretation and lastly ethical considerations for the study.

3.2 Study design

The study design was descriptive cross-sectional. It is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals. The major purpose of a descriptive research is to describe the state of affairs as it exists. This technique is used when collecting information about people's attitude, opinions, habits or any other variety of education or social issues (Orodho and Kombo,2002). Descriptive studies are not only restricted to facts finding but may often results in the formation of important principles of knowledge and solution to significant problems, they are more than just a tool of data (Orodho and Kombo, 2002). Therefore the method was used to collect information about the demographic, socio-economic, cultural aspects and the health system factors that influence the uptake of the youth friendly reproductive health services.

3.3 Study area

The study was conducted in Rift Valley Provincial General Hospital (PGH)-Rift Valley province, which is a teaching and a referral hospital within the province. It's situated half a kilometer away from the Central business district of Nakuru town toward Menengai crater neighboring Nakuru show ground. The Youth friendly center is situated inside the hospital compound, two hundred meters away from the general wards just next to casualty department. This is the only government clinic which offers the youth friendly services in Nakuru municipality. The other two are Gilgil and Bahati youth friendly centres. The youths in Nakuru county like any other county in Kenya, have a range of issues and challenges related to reproductive health; mainly teenage pregnancies, unsafe abortions, school drop outs, drug and substance abuse and sexual violence (KSPA 2010).

Nakuru youth Friendly center provides reproductive health services like Family planning services, counseling services, Information materials on reproductive health issues, volunteer

counseling and testing services(VCT) for both boys and girls of the ages ranging from ten and twenty four years in effort of minimizing the challenges and improving the lifestyle of the adolescent/youths. Eight to twelve clients are seen and served in this center each day making a total number of clients seen in the month to be one hundred and sixty.

Nakuru municipality is cosmopolitan with a population of 307,990 people, 68,565 being the youths. Economically, agriculture accounts for 48% of the people's income, 19% comes from wage employment and 15% of the people are not employed. Main industries include Delmonte fruit processors, parastatal companies like (KTDA),Canning, flowers and pyrethrum factories bakeries, tanneries among others (NCAPD, 2005).

3.4 Target population

The study focused on 160 participants both female and male adolescents/youths aged 10-24 years attending Youth Friendly Center in Rift Valley Provincial General Hospital.

3.5 Sampling

3.5.1 Sample Size Determination

For this study, sample size was determined using Fischer's formula.

$$N = \frac{Z^2 \, X \, pq}{d^2}$$

Description

N=desired sample size (if the target population is greater than 10,000)

Z=The standard normal distribution at 95 % confidence level (standard value of 1.96)

P=Estimated prevalence of uptake of youth friendly services of 50%

d=Margin of error 5%

q=1-p

D=level of precision (Set at + or-5% 0r 0.05)

Substitution these figure for the above formula

$$N = \frac{(1.96)(0.5)\,(0.5)}{(0.05)2}$$

$$=384$$

Since the target population is less than 10,000, the sample size is adjusted using the following formula:

$$nf = \frac{n}{\frac{(1+ n)}{N}}$$

Where nf=the desired sample size when population is less than 10,000

n=the desired sample size when population is more than 10,000

N= is the average number per one month of the adolescent/youths attending the Centers for a period of 6 months from 1st Jan. to 30TH Jun. was 160.

Hence

$$nf= \frac{384}{\frac{1+384}{160}}$$

$$=160.$$

The sample size is 160 participants.

3.5.2 Sampling Techniques

Nakuru Friendly Centre serves adolescents/youths on all matters related on reproductive health care; these includes information on reproductive issues, family planning services, voluntary counseling and testing (VCT) and antenatal services. The services are provided on daily basis from Monday up to Friday excluding weekends. All the adolescents/youths who attend the Clinic have no appointment; instead they come as they wish any day and any time. To get cases for interview, the researcher had to wait and interview the participants as they became available. Therefore convenient sampling method was best used to get the participants for interview; this technique involves selecting cases or participants as they become available to the researcher. Using convenient sampling method, the researcher maximized the opportunity of interviewing the adolescents/youths who met the criteria as they became available and accessible until a desired sample size of 160 participants was obtained.

3.6 Independent variables

3.8 Inclusion criteria

The participants comprised of adolescent/youths aged 10-24 years who were fully explained about the study and were willing to participate in the study. They were given an information

sheet which they signed and retained. They were requested to give consent by signing on the space provided. Their signature was a proof that they have accepted to take part in the study without being coerced.

Key informants being health service providers, who were working at the Centers, at the time of study, were also given the consent form to sign as a sign that they have accepted to take part in the study.

3.9 Exclusion criteria

Those who declined to give informed consent and those who were below 10 years or above 24 years were excluded.

3.10 Research instruments

There were two different instruments which were used. The Questionnaire and an interview guide.

3.10.1Questionnaire:

A questionnaire is a research tool which is used to collect important information about the population. It contains items that are developed to address specific objectives, research questions or hypothesis of the study. Information from each item in the questionnaire must be known is to be analyzed (Mugenda &Mugenda 2003)

3.10.2 Interview Guide

An interview guide have a list of questions that the interviewer need to ask the respondent. In this kind of interview, the interviewer asks questions or makes comments intended to lead the respondent towards giving data that is needed in order to meet the study objectives. Because of the open nature of the interview guide, the researcher used the opportunity of probing questions in order to get deeper information from the key informants.

The study employed the two instruments that were designed according to the study objectives, pretested and revised before final data collection: A semi-structured questionnaires which was used to collect data from the adolescent/youths and an interview guide to collect information from the health care service providers (key informants) were used.

3.11 Pre-testing of study tools

The primary purposes of pre-testing the tools in this case; the questionnaire and interview guide was to ascertain their validity. Validity of a test of the tool is a measure of how accurate it measures what it is intended to measure Kombo &Tromp (2006). The questionnaire was tested with a selected sample which was similar to the actual sample the researcher planned to use in the study. Subjects in the actual sample were not used in the pretest. Procedure used in the pretesting the questionnaire was identical to the one used during actual data collection. This was significant because it allowed meaningful observation and prompt corrections. The number of cases in the pretest was 15 which was approximately 9 percent of the sample size. The venue for the pre-test was in Kenyatta National Hospital Youth Center which had the same services as Nakuru Youth Centre.

3.12 Training of research assistants

Two research assistants were recruited and trained on data collection techniques. These research assistants were university graduate Nurses who were doing their internship during the time of the study. They were chosen because of their good research methodology background they have undergone during their undergraduate studies. Their work was to administer questionnaires to the respondents and make any clarification to the respondents when in need. The graduates were preferred because they had good knowledge base of research methodologies.

3.13 Data analysis and interpretation

Data in the field was continually supervised and quality controlled by the principal researcher by clarifying any question which is not understood by the participants and ensuring that all the questions or items in the questionnaire are addressed and completed. Once the questionnaire administration got finished, the mass of raw data was systematically organized in a manner that facilitated analysis. Quantitative raw data from questionnaires were coded and entered using Statistical Package for Social Sciences (SPSS) version 18.0 data entry program. After data entry, cross tabulation was done followed by chi square test to get the independent variables that were significantly associated with utilization of YFRHS $p < 0.05$. After chi square, Odds ratio was done to check the direction of association. Information generated was then presented in the text in the form of tables, bar graphs and pie charts. Qualitative data was transcribed and analyzed thematically and used in the discussion of results. The filled questionnaires and consent forms

was packaged well and stored under safe custody by the principal investigator i.e. under key and lock for at least a period of two years as evidence that the data was actually collected in case of any eventuality.

3.14 Ethical considerations

Permission to conduct the study was sought from Kenyatta National Hospital/ University of Nairobi- Ethics Review Committee **(KNH-UON-ERC),** and from the Medical superintendent, Rift Valley Provincial General Hospital. Informed consent was obtained from all the study participants; There were three consent forms of which one was for the participants who were 18 years and above, the second one was for those who were under 18 years, which was signed by the guardian of the respective respondent. And the last one was for the key informants. All the interviews were planned around participant's routine activities. The research aim and processes were explained to all participants as appropriate, and their informed consent obtained. Protecting the identity of participants at the point of data collection and reporting was implemented. During key informant interviews use of a group of actors rather than an individual actor was used to indicate the source of information without linking to a particular actor. The respondents got all the information contained in the questionnaire, clarifications as needed by the participants, duration of the study, risks and benefits of the study as stipulated in the consent form.

During the study the research ethical principles were observed at all levels which include anonymity of the subjects, confidentiality of information and participation was purely on voluntary basis. No incentives were provided to any participants and no intimidations were instituted for participants who declined to answer any or all question/s. Regarding risks; the participants were assured that the study had little discomforts, however, they were assured that as participants they had options of leaving any questions, they felt was making them uncomfortable or seeking further clarification on any issue they found confusing.

There was a clear message to the participants regarding benefits that; there was no any direct benefits for them as individual participants, but the information collected will help the facility to make policy which will improve the reproductive health services in the facility and also for the entire country.Only the participants who signed the consent forms were allowed to participate in the study.

CHAPTER FOUR: RESULTS

4.1 Introduction

This chapter demonstrates results and analysis of the study findings. It is organized as follows; descriptive information of the study variables, factors significantly associated to utilization of Youth Friendly Reproductive Health Services and perceptions of service providers.

4.2 Socio-demographic characteristics

The study involved a total of 160 participants aged 10-24 years who attended Youth Friendly Center and 5 Key informants who were health care providers working at a youth friendly reproductive centre at the time of the study. Table 4.1 summarizes the socio-demographic characteristics of the study participants.

TABLE 4.1: **Socio-demographic Characteristics of the participants in the study**

Factors	Frequencies	Percentages
Age (years)		
10-14	39	24.4
15-19	52	32.5
20-24	69	43.1
Gender		
Male	79	49.7
Female	81	50.3
Educational Level		
Primary	35	21.3
Secondary	45	28.2
Tertiary/college	80	50.0
Type of school		
Boarding	105	65.6
Day	55	34.4
Religion		
Christian	137	86.3
Muslim	10	5.6
Others	13	8.1
Parental employment		
Employed	88	55.0
Not employed	72	45.0

Table 4.1 shows that the young people aged 10-14 years were 39 (24.4%). Those who were 15-19 years added up to 52 (32.5%) and those who were 20-24 years were 69 (43.1%). The females

participants were 81 (50.6%) while their males counter parts were 79 (49.37%). The educational level of education for the participants was as follows; 34 (21.3%) in primary, 45 (28.1%) in secondary and 81 (50.6%) in tertiary. Out of the 160 participants interviewed, 104 (65%) were in boarding schools while 56 (35%) were day scholars. On religious affiliation, more than three quarters of the participants interviewed 137 (86.3%) were Christians, 10 (5.6%) were Muslims and 13(8.1%) had no religion or belonged to various religions which were not falling under either Christianity or Muslim. On parental employment, 88 (55.0%) said their parents were employed while the rest 72(45.0%) were not. Of those employed, 55% were in formal employment like civil service, teaching, NGO among others. Fourthy five (45%) parents of the youths were in self employment and farming.

4.3 Utilization of the YFRHS

The main youth-friendly reproductive health services utilized by the youth were; Family Planning, Counseling Services, Voluntary Counseling and Testing (VCT) and Antenatal Services. The results indicated that 58 (36.2%) of youths utilized counseling services, 50 (31.2%) utilized VCT, 47 (29.4%) utilized family planning and 8(5.0%) utilized antenatal or pregnancy services. No STIs services were available. Table 4.2 summarizes the number of youths and how they utilized each of the reproductive health services mentioned above.

Table 4.2: Utilization of Youth Friendly Reproductive Health Services

Reproductive Health Services	**Frequencies**	**Percentages**
Counseling		
Utilized	58	36.2
Not utilized	102	63.8
VCT		
Utilized	50	31.2
Not utilized	110	68.8
Family Planning		
Utilized	47	29.4
Not utilized	113	70.6
Antenatal		
Utilized	8	5.0
Not utilized	152	95.0
STIs treatment		
Utilized	0	0
Not utilized	160	100

Table 4.2 above indicates that the most utilized YFRHS by the youth 58 (36.2%) was the counseling services which was followed by VCT 50 (31.1%), Family Planning 47(29.4%), Antenatal services 8 (5.0%) and no youths reported having used STIs treatment services since the center was not providing such services.

4.4 Demographic factors and utilization of YFRHS

In order to establish the relationship between demographic and utilization of YFRHS, chi square test was carried out. The demographic factors were compared with the utilization of family planning, counseling services, VCT and antenatal services.

Table 4.3: The Relationship between age and gender on Family Planning utilization

Factor	Utilized	Percentage	Not -utilized	Percentage	Chi square	P- value
Age						
10 – 14	3	8.7	36	91.3	102.430	**0.001**
15 – 19	16	30.4	36	69.6		
20 – 24	42	60.9	27	39.1		
Gender						
Male	34	43.5	45	56.5	21.431	**0.001**
Female	46	56.5	35	43.5		

The results of the chi square test are shown in tables 4.3 above and table 4.4 below which shows that age influenced utilization of the four major reproductive health services. Age had significant association to utilization of family planning and VCT whereby older youths aged 20-24 years utilized these services more than those aged 10-14 and 15-19 years, respectively. On gender and utilization, significance was noted in gender and utilization of family planning, more females than males utilized this service. Odds was done to show the direction of this relationship and the result showed the Odds that females had used family planning more than males, further proving the influence the gender of the youths had on utilization of FP.

Table 4.4: The Relationship between age and gender on Counseling Services

Factor	Utilized	Percentage	Not –utilized	Percentage	Chi square	P- value
Age						
10 – 14	15	39.6	24	60.4	5.513	**0.009**
15 – 19	14	27.3	38	72.7		
20 – 24	23	33.1	46	66.9		
Gender						
Male	35	44.8	44	55.2	0.008	0.930
Female	45	55.2	36	44.8		

As shown in table 4.4 above, there was a significance association between Age and utilization of counseling services with a **P-value = 0.009**, however in this case the younger age group 10-14 years utilized the services more than the other cohorts. However gender had no significance in the utilization of counseling services.

Table 4.5: The Relationship between age and gender on VCT Services

Factor	Utilized	Percentage	Not -utilized	Percentage	Chi square	P- value
Age						
10 – 14	9	21.9	30	79.1	60.971	**0.001**
15 – 19	14	27.1	38	72.9		
20 – 24	35	51.0	34	49.0		
Gender						
Male	41	52.0	38	48.0	2.574	0.11
Female	39	48.0	42	52.0		

As illustrated in table 4.5 above, Age had a significance association with utilization of VCT services where by the youths aged between 20 -24 utilized VCT services more as compared to the adolescents/youths age group 10-14years and 15-19 years that shows a significant association between the age and the utilization of the services. However the gender had no significance in the utilization of these services giving a P-value = 0.11

Table 4.6: The Relationship between age and gender on the Antenatal Services

Factor	Utilized	Percentage	Not -utilized	Percentage	Chi square	P- value
Age						
10 – 14	0	0	39	100	25.11	**0.001**
15 – 19	3	5.7	49	94.2		
20 – 24	5	7.2	64	92.7		
Gender						
Male	0	0	79	100	5.178	**0.023**
Female	8	9.87	73	90.1		

Table 4.6 above shows that there was significance relationship between the age and utilization of the antenatal services with a P-value = 0.001 where Youths between 20 and 24 years utilized the antenatal services more that the other younger age groups of 10-14 years and 15-19 years. There was also a significant relationship between gender and the utilization of antenatal services where none of the male participant utilized this service as illustrated in table 4.6 above.

Table 4.7: The relationship between age and gender on knowledge of YFRHS

Factor	Utilized	Percentage	Not -utilized	Percentage	Chi square	P- value
Age						
10 – 14	7	17.6	32	82.4	63.977	**0.001**
15 – 19	17	32.4	35	67.6		
20 - 24	35	50.0	34	49.9		
Gender						
Male	37	46.68	42	43.2	6.178	0.123
Female	43	53.4	38	46.6		

Table 4.7 above indicates that age was also significantly associated with knowledge of YFRHS and their utilization. Youth aged 20-24 years had higher level of knowledge of YFRHS and utilization of the services more than those aged 15-19 years and 10-14 years respectively. There was no significant association between gender with knowledge of YFRHS and their utilization.

Table 4.8: Socio-economic and utilization of ANC Services

Factors	Utilized No. (%)	Not Utilized No. (%)	Total No. (%)	Chi Square	P value
Education Level					
Primary	0	35(100)	35(100)	25.299	**0.001**
Secondary	3(6.0)	42(94.0)	45(100)		
Tertiary	5(6.9)	75(93.1)	80(100)		
Type of School					
Boarding	5(4.8)	100(95.2)	105(100)	5.525	**0.0151**
Day	3(5.5)	52(94.5)	55(100)		
Employment Status	6(6.8)	82(93.2)	88(100)	5.525	**0.019**
Employed	2(2.8)	70(97.2)	72(100)		
Not-Employed					

Table 4.8 above shows the socio-economic status of the study participants and the utilization of ANC services. There was a significant association between education with utilization of ANC services level P =0.001, type of school attended and with utilization of ANC services P = 0.0151 and parent's employment status and with utilization of ANC services P = 0.019. More youths did not utilize the ANC services compared to the ones that did utilize the services.

Table 4.9: Socio-Cultural Factors and Utilization of Family Planning

Factors	Utilized No. (%)	Not Utilized No. (%)	Total No. (%)	Chi Square	P value
Religion					
Christian	36 (26.8)	101 (73.2)%	137 (100)	5.506	0.239
Muslims	2 (20.0)	8 (80.0)%	10 (100)		
Others	3 (23.1)	10 (76.9)%	13 (100)		

The chi square test was carried out to show the relationship between socio-cultural factors and the utilization of family planning services and the results were shown in the table 4.9 above. The results revealed that religion did not have any significance association in the utilization of family planning with a p value of 0.239.

Table 4.10: Relationship of Socio-cultural factors and utilization of VCT Services

Factors	Utilized No. (%)	Not Utilized No. (%)	Total No. (%)	Chi Square	P value
Religion					
Christian	20 (14.4)	117(85.6)	137(100)	5.814	0.214
Muslim	2 (20.0)	8 (80.0)	10 (100)		
Others	2 (18.0)	11(82.0)	13(100)		

In the table above the results of the chi square shows no significance association between religion and utilization of VCT services having a p value of 0.214.

Table 4.11 Association of Socioeconomic Factors and Utilization of VCT Services

Factors	Utilized No. (%)	Not Utilized No. (%)	Total No. (%)	Chi Square	P value
Education level					
Primary	3(6.4)	36(93.6)	39(100)	63.694	**0.001**
Secondary	5(10.8)	47(89.2)	52(100)		
Tertiary	15(21.5)	54(78.5)	69(100)		
School attended				5.015	**0.025**
Boarding	26(24.9)	79(75.2)	105(100)		
Day	8(13.8)	47(86.2)	55(100)		
Employment Status				0.059	0.809
Employed	26(29.2)	62(70.8)	88(100)		
Not Employed	7(9.5)	65(90.5)	72(100)		

A chi square test was carried out to establish the relationship between socio-economic factors and utilization of VCT services as illustrated in table 4.11 above. The results showed that there was a significant relationship between education and the utilization of the YFRHS with a p value of 0.001. The youths in secondary and tertiary institution utilized more as compared to those ones in primary level. The type of school had also significance on the utilization of the services. The youths who had undergone boarding schools utilized the services more as compared to those ones in the day school. However the status of employment of the parents had no any significance on utilization.

4.5 Knowledge of youths on YFRHS

The adolescents/youths knowledge on YFRHS was assessed by asking them whether they knew any facility offering youth Friendly reproductive health services and the services being offered. Those who knew about the YFRHS services were further asked to state their source of information and their responses are reflected in figures 4.1 and Fig.4.2 below respectively. .

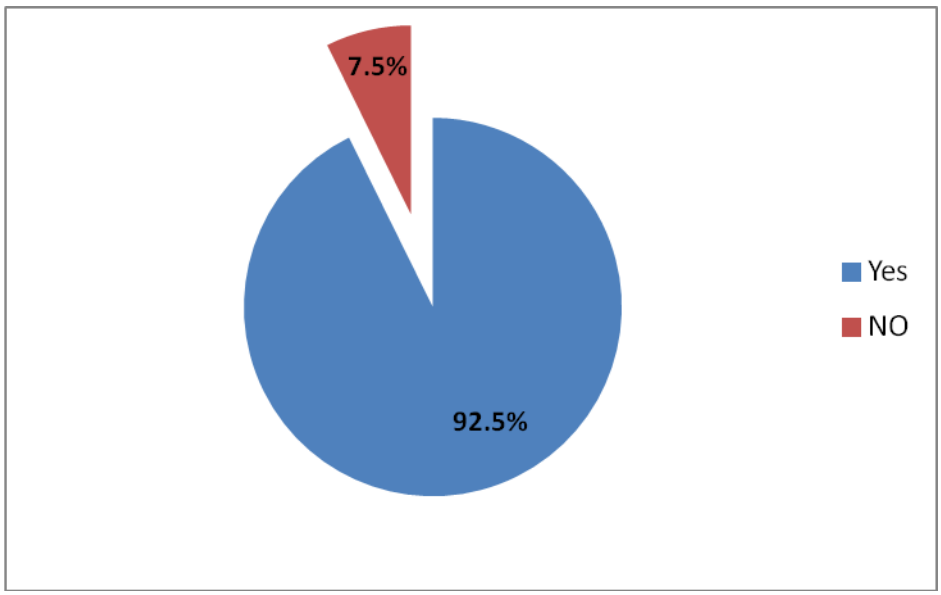

Figure 2: Show The Knowledge of the Youth On YFRHS

Figure 4.1 above shows the level of knowledge of the youths on the youth friendly reproductive health services. The majority of the youths 92.5% said yes when asked whether they had knowledge on YFRHS, while a few 7.5% said were not. When asked about the source of the information on YFRHS, 46% of the youths received the information from their parents, 20% got the information from their friends, 28% got the information by their own while 4% and 2% asked their teachers and their siblings respectively as illustrated by figure 4.2 below.

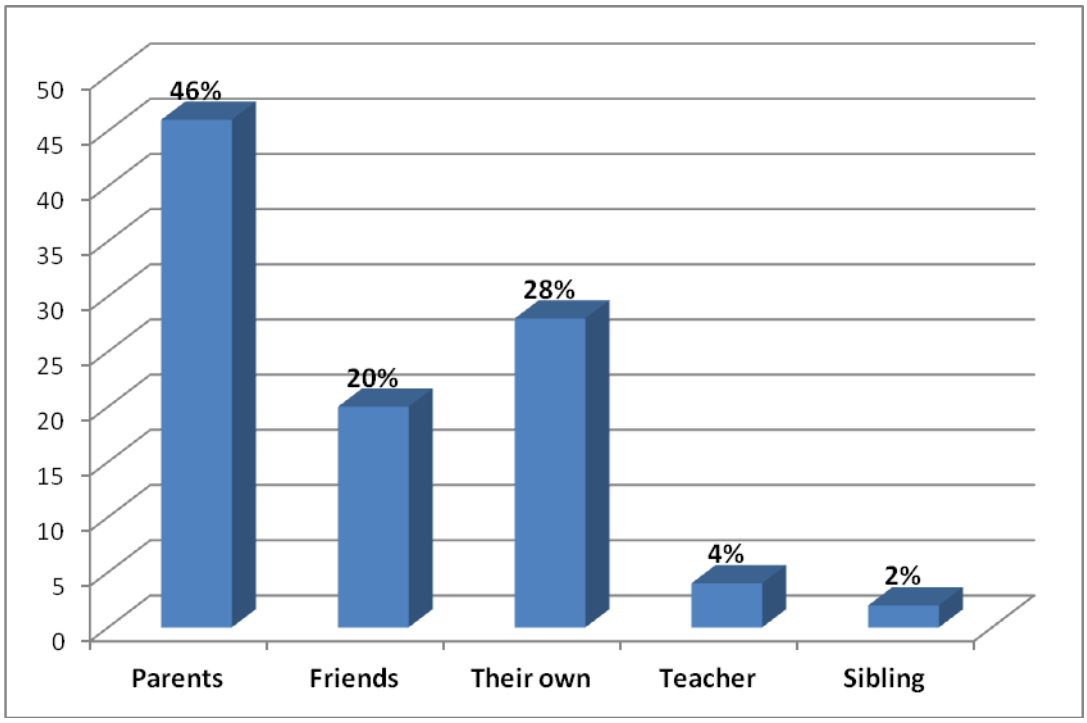

Figure 3: Sources of Information on YFRHS by The Youths

4.4.1 Health System factors and utilization of YFRHS.

Health facility factors that encouraged or discouraged the youths from utilizing YFRHS were investigated. Factors such as availability of reproductive health services within the facility, distance to reproductive health facility, health facility organization, Service providers' attitudes towards the youths and cost of the services was assessed. The youths were asked whether there was a reproductive health facility near their homes and the distance to a nearest facility was estimated in-terms of the fare.

4.4.2 Availability of Reproductive Health Facility

The youths were asked whether they had a reproductive health facility near their homes and 82.3% said they had YFRH facility while 17.7% said the facility was far as illustrated in Figure 4.3 below**.**

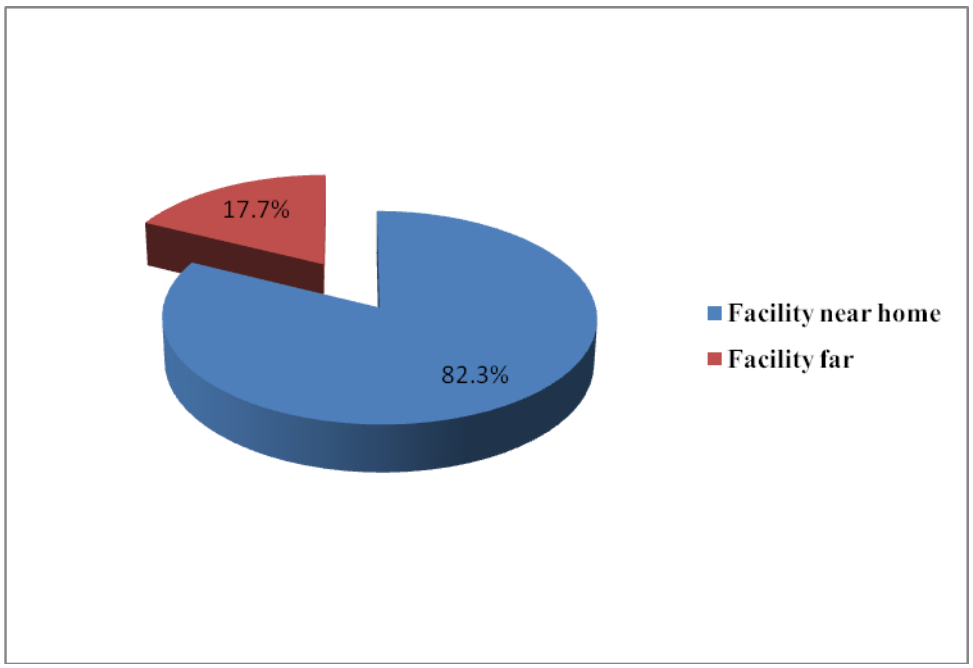

Figure 4 : Availability of Reproductive Health Facility

4.4.3 Distance of YFRHS Facility and Utilization of YFRHS

The respondents were further asked to estimate the distance from the nearest facility using transport fare as an estimate. Table 4.12 shows that most youths resided near the Youth Friendly Center as suggested by 132 (82.5%) of the youth. Those youths who required Khs.20.00 to reach the facility were 20(12.5%) while a smaller portion of the respondents who required transport fare of Khs.50.00 Kenya were 8(5.0%).Fare/money was used as an estimate for distance.

Table 4.12 Distances of YFRH Facility

Category	Frequency	Percentage
Walking Distance	132	82.5
Near require 20/=Fare	20	12.5
Far require 50/=Fare	8	5.0

4.4.4 Health Facility System

The youths were asked if they had ever sought for YFRHS but did not get them and 52.1% of the youths indicated that they actually did not get the services. Those who sought but did not get the services were asked to state the reasons that made them miss the services. The reasons were; long queues at the facility 31.5%, facility closure at the time of arrival at the facility (16.0%),

lack of money to pay for the services 23% while 12.4% said they met neighbors/relatives at the facility and felt embarrassed. Some 17.1% of the youths were turned back by service providers because the timing was bad and some of the services needed were not there like treatment of STIs.

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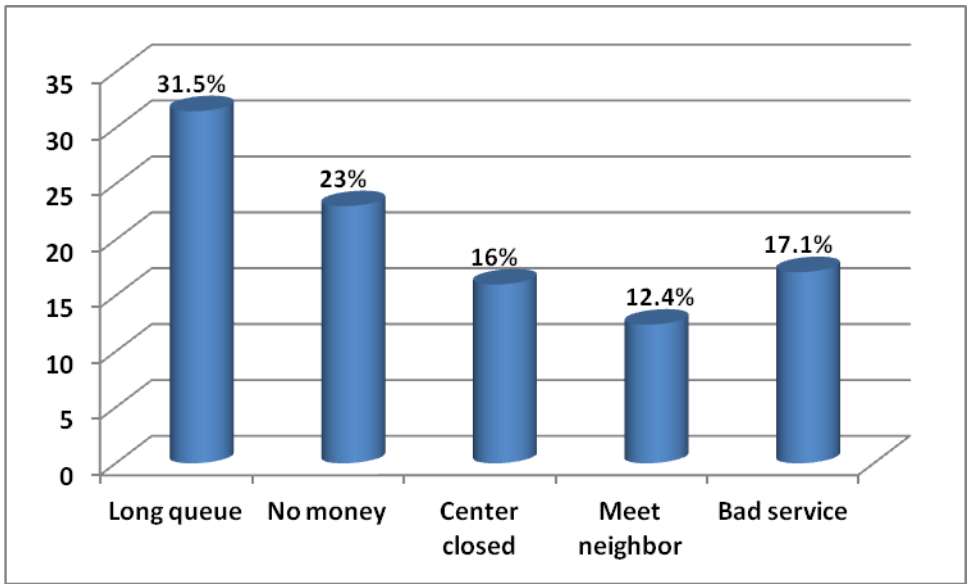


Figure 5: **Reasons Cited by the Youths for not Receiving the Services Required**

4.4.5 Health Service Provider Attitude

The attitude of health service providers was captured by asking the youths who had utilized reproductive health services how they were handled by the staff when they sought reproductive health services. Majority (66.4%) who had utilized the services said the providers were good and friendly, (33.6%) felt they were not friendly as illustrated by figure 4.5 below.

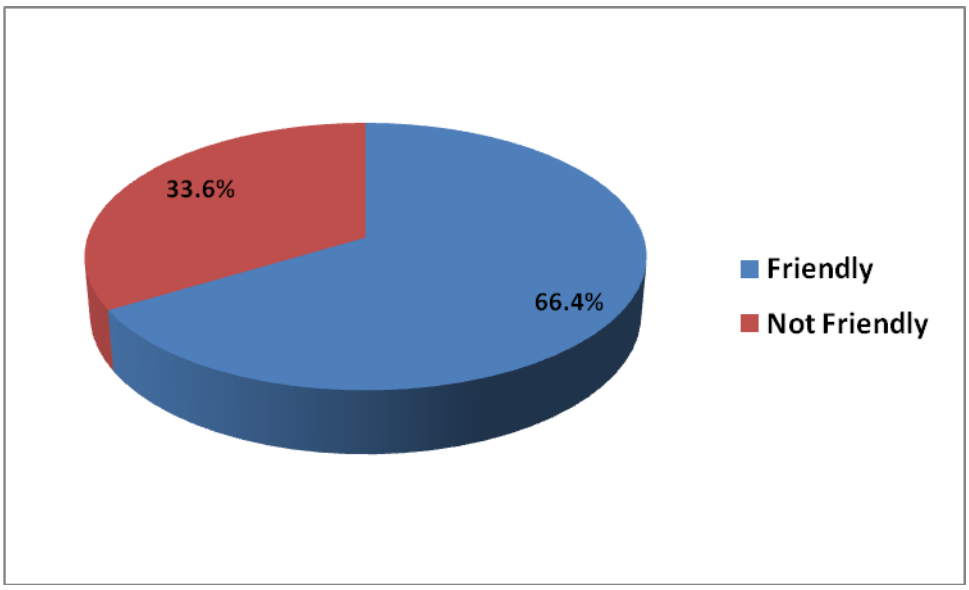


Figure 6 Attitude of Health Service Provider

4.4.6 Perception of Health care providers regarding utilization of YFRHS

The health care service providers were also involved in the study through Key informant interviews to find out their views about reproductive health service delivery to the youths. The themes that were discussed were; Perceptions of the service providers on youth factors on utilization of the services. Health system factors that determined the adolescents youths' utilization of the YFRHS. The youths factors included their age, sex and type of services most preferred by the adolescents/youths. On the health system factors, the knowledge of health service providers on YFRHS and their perception on provision of the services to the youths.

The health service providers were also asked to give their suggestions on how YFRHS delivery to the youths can be scaled up. Most health service providers (key informants) suggested the issue of mobilizing youths at their respective places like; schools, churches so that they are informed about YFRHS. When asked what are their views about offering services such as family planning to the youths, three (60%) out of 5 (100%) of the service providers felt uncomfortable to give the services to the youths below 18 years. Two of them (40%) however, said that they had no problem giving the youths the commodities as it was the right of everyone to get the services so long as proper information was given and there was no contraindication. When asked which gender of the youths access their services, 5 (100%) said the females visited more than the males.

Majority of the service providers 3(60%) said that the females tend to come for counseling services and VCT services. On operation time and the hours, all the 5 (100%) health providers said that YFRHS services operate from 8.00 am to 4.00 pm daily Monday to Friday including lunch time. They also said that all services were integrated and offered within the same building although the space was small. On challenges facing the service providers, majority said that the youths hardly identified themselves and many times were not open to say what exactly they wanted. Others than personal problems the service providers cited too much workload which makes them have burn out hence reducing the quality time with the youths.

Three of the service providers said that it was a challenge communicating with youths, that is, language barrier due to age difference between them and the youths. The service providers suggested that to address issues on the barriers; the government and employers need to add more staffs, train them on how to handle the youths and increase the space in the centre which currently is the main problems. This will reduce the congestion and help youths served with a lot of privacy and with no sense of feeling ashamed or intimidated.

They suggested that reproductive health should be taught actively in the primary school and secondary school curriculums and that reproductive health specialists or lecturers be engaged in teaching the youths instead of the regular school teachers who may not be well versed with the area of reproductive health. They also suggested that the current hospital budgetary allocation, done does not come out clear on what projects are meant for the youths. And therefore, the hospital administration allocates resources specifically meant for the youths.

CHAPTER FIVE: Discussion

5.1 Introduction

This chapter discuss the findings from quantitative data and recommendations based on research findings of the independent variables studied as follows; Demographic, socioeconomic and school factors, socio-cultural factors and Health system factors as they influence the utilization of youth friendly reproductive health services(YFRHS) amongst the adolescents/youths. Finally implication the key findings are also outlined. The findings demonstrate clearly that there are a lot of obstacles to successful utilization of YFRHS. Results show that demographic, economic and facility barriers are still scaling down the utilization of YFRHS.

5.2 Demographic factors and utilization of YFRHS

Descriptive statistical tests (Chi square analysis) showed that age and sex of individuals were greatly associated with utilization of almost all reproductive health services by the youths. Except for counselling services, utilization for all the reproductive health services increased with age. The older youths in age group of 20-24 years utilized all the YFRHS more than those who were younger. This finding is normal and expected because younger youths have lower knowledge of reproductive health issues and this is in agreement with a study by Sendowitz (2003) which reported low utilization of RHS among young people due to poor understanding of their changing bodies and insufficient awareness of risks associated with early sexual debut like; STIs/HIV and unintended pregnancies. The findings also agree with KDHS 2008/09 which revealed an increased uptake of family planning services among older youth, 20-24 years as compared to 10-19 year olds. This is further supported by key informants who when asked the common age group they tended to serve most, majority of health service providers answered that, majority of the youth who sought services were above 18 years as suggested by above 80% of the respondents. Therefore this means that the younger youths in the age below 18 years rarely utilized reproductive health services. This finding therefore reveal a need to reach the younger youths with age appropriate YFRHS message to enlighten and help them make right decisions as some are already sexually active as reported that the adolescents get into sexual debut early and that many have had sex by age of 15 years (KDHS 2008/2009 in ICF Macro,2010). The older youths 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 the services. The study

also found out that the adolescents/youths had a tendency to trust and consult their parents as their main source of information which is a good sign. This needs to be strengthen and encouraged by informing the parents the right information on YFRHS. This tells us why the youths who are in colleges and other institution of higher learning are utilizing YFRHS especially FP, VCT, and antenatal services as per this study findings. This is in agreement with KDHS, 2008/9 which pointed out those youths who are at colleges/ tertiary institute of learning had higher utilization of contraceptives as compared with those who are in primary and secondary. The employment/or occupation of the youths' parents showed no significant association to utilization of YFRHS.

5.3 Socio-economic factors and utilization of YFRHS.

On socioeconomic factors, the study established that parent's employment and type of employment did not play a significant role in the utilization of all YFRHS. Level of education played a big significant role in the utilization of all YFRHS as youths in tertiary level/ college registered increased utilization as compared to the school youths in both primary and secondary. Conclusion is that the adolescents/youths 19 years and below have not been adequately been reached with YFRHS information and services. The type of school also had significant relationship to utilization of these services as more youths who had undergone boarding schools had more knowledge over the day school counterparts hence utilized the services more. Thus concluding that utilization was higher among the boarding and college youths due to exposure and the freedom that they had and they could use these services without much fear of being reprimanded by parents.

5.4 Socio- cultural factors and utilization of YFRHS

Religion had no any association to some YFRH services. This was evidently brought out when, chi square test showed no significant relationships. Religious institutions needs to be strengthened to create forums through which YFRHS messages are passed to the youths and to teach them to be responsible over sexual issues and to make informed and safe choices.

5.5 Knowledge and awareness on utilization of YFRHS

Adolescents/youths at all levels had generally some knowledge on YRFHS services a fact that led to significant utilization of these services. The ones who reported not knowing of the services

given registered low utilization than those who knew as it was also confirmed by the chi square tests and Odds analyses. These findings agree with studies by Biddlecom, et al.,(2007) and Godia (2010) that reported lack of knowledge by the youth was a major factor that caused underutilization of youth friendly reproductive/sexual services. Godia (2010) further stated that lack of understanding of the importance of sexual health care or knowledge of where to go for care may discourage the youths from using YFRHS. This is opposed to one of the goals set out in Adolescent Reproductive policy 2007 which intended that reproductive information should be made available to the youths. In this study the Chi square analysis showed significant association between awareness and knowledge of RHS and services to utilization and this therefore mean that increasing the knowledge base of the youths by creating awareness concerning the services can greatly improve utilization.

5.6 Health system factors and utilization of YFRHS

On health system factors, the study established that utilization of YFRHS was 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 youths who have come for the services being turned back by service provider and missing very important services like treatment of sexually transmitted infections (STIs). Missing of medical services at time of need is a bitter experience for anyone to undergo not only youths but by any human being. And therefore in view of these findings it is obvious that the youth friendly reproductive health services indeed were not youth friendly as it is stipulated in the adolescent/youth policy guideline which requires all the aspects of reproductive health services to the adolescents/youths to be free, available, accessible and be friendly all the time. The findings are also in agreement with (WHO, 2004). Which pointed out similar reasons such as unfavorable operation hours which do not accommodate the youths' schedules, lack of clear directions and services on offer, crowding, lack of space as the main impediments to utilization of reproductive health services by the youths. Negative attitudes from the service providers also featured, some respondents said service providers were moderate welcoming.

5.7 Health service provider attitude

The attitude of health service providers was captured by asking the adolescents/youths who had utilized reproductive health services how they were handled by the staffs when they sought

reproductive health services. Majority 106 (66.4%) who had utilized the services said the providers were friendly, while 53 (33.6%) said the service providers were not friendly. It Also came out from the majority of the key informants who said that they were not comfortable in offering the family planning services to adolescents/youths who were under the age of eighteen years old. This reveals that there was a disconnect between the service providers and the adolescent/youths in-terms of service provision. This means that the attitude of the service providers was negative and they need to be trained about youth friendly services.

5.8 Implications of the findings

The study findings showed that the uptake of YFRHS by adolescents/youths is still very low and this has serious implications of the future of the country. It further showed there is a challenge in the achievement of the adolescents/youths health policy's objectives. The adolescents/youths especially those who are schooling stand at a great risk of suffering the consequences of poor health care services on reproductive health system; such as Sexually Transmitted Infection, HIV and AIDS, unwanted pregnancy and abortions, and high levels of school drop outs, especially among females who are more vulnerable than boys.

The suggestions brought forth by health service providers that the services need to be made accessible to all adolescents/youths through campaigns mobilizations to schools and others institute of learning, adjustment of operation hours are all valid, if scaling up the utilization of the YFRHS by the youths need to be realized. The high level of awareness of YFRHS among the adolescents/youths and yet low consumption as shown in fig.2 page 29. mean that there is a big gap between policy making and its actual implementation at the community level. This calls for overall assessments of structures and styles of policy implementation by respective institutions to identify gaps which will eventually be worked on and improvement made.

5.9 Suggestions to overcome barriers to utilization of YFRHS

The health service providers were asked what they thought could be done to enable adolescents/youths to increase access and utilization of reproductive health services, they unanimously agreed that; more space is needed in the facility to reduce congestion, which is perceived by the service providers as the cause of long queues. They also said that more space will also increase the level of privacy in the facility.

Training of the service providers on Youth Friendly Reproductive Health Services,was also mentioned as a positive influence to utilization of these services.

The Service Providers interviewed suggested that the government should improve on staffing so that reproductive health service delivery is effective and efficient to avoid unnecessary delays leading to crowding and long waiting time.

The Service Providers also suggested that the hospital administrators should allocate money specifically for intensifying school health services to nearby schools and other institution of learning.

CHAPTER SIX:

CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

Based on the results of this study, age, sex, level of education, and knowledge of YFRHS had significant influence on utilization of almost all YFRHS such as family planning, counseling, voluntary counseling and testing for HIV and antenatal services. The findings also revealed the very important services were not offered in the centre, for instance treatment of STIs.

The study established that parent's employment and type of employment did not play a significant role in the utilization of all YFRHS. However, level of education played a big a role in the utilization of all YFRHS as youths in tertiary level/ college registered increased utilization as compared to the school youths in both primary and secondary. Conclusion is that the adolescents/youths 19 years and below have not been adequately reached with YFRHS information and services. The type of school also had significant relationship to utilization of these services as more youths who had undergone boarding schools had more knowledge over the day school counterparts hence utilized the services more. Thus concluding that utilization was higher among the boarding and college youths due to exposure and the freedom that they had and they could use these services without much fear of being reprimanded by parents.

Adolescents/youths at all levels had generally low knowledge on YRFHS services a fact that led to low utilization of these services. On health system factors, the study established that utilization of YFRHS 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 revealed that the attitude of health service providers, was negative towards young people as some of the service provider were not willing to serve the adolescents/youths who were aged 19 years and below with family planning services.

6.2 Recommendations

The recommendations that came out of this study were;

1) The study has revealed that there was lack of reproductive health information amongst young people and it therefore recommends active sensitization of the youth in schools, through school health programs.
2) To train more school and college peer educators to compliment the health service providers in passing the youth friendly reproductive health information to their peers.
3) Train more service providers in dealing with the youths so that they provide friendly health services.
4) The health care Service Providers should be mandated to adjust the working days and hours, that is, the facilities should remain open for longer hours up to 6.30 pm and be operated on weekend days to accommodate the school youths schedule.
5) Treatment of sexually transmitted infections which is missing in the youth centre need to be integrated in the other youth friendly services.

6.3 Areas of further research

Areas for further research include:

1) Similar studies need to be done in other districts to generate more supportive evidence.
2) Comparative study between the urban and rural adolescents/ youths should be done to gauge their utilization patterns for reproductive health services and to inform policy adjustments and formulation.
3) Analytical research needs to be done to cater for specific problems affecting the adolescents/youths.

REFERENCES

Andersen, R. and John, F. (2005) Societal and Individual Determinants of Medical Care Utilization in the United States. Milbank Memorial Fund Quarterly– Health and Society,51(1),pg.95-124.

Biddlecom, A. Munthali, S. Woog,V. (2004) Adolescents' view of and preferences for sexual and reproductive health services in Burkina Faso, Ghana, Malawi and Uganda. African Journal of reproductive health, 11(3), pp. 99-110

Braeken, D. and Ilka R. (2012) Sexual and reproductive health needs of young people: Matching needs with systems. International Federation of Gynecology and Obstetrics.

DRH (2006).Situation Analysis of Adolescent Reproductive Health and Stakeholder Analysis in Nyanza Province. Nairobi: Government Printers.

FHI (2006).Meeting the health needs of young clients: A guide to providing reproductive health services to adolescents

Godia, P. (2010) Youth Friendly Sexual and Reproductive Health Services Provision in Kenya. What is the best model? Nairobi: MOH.

Hargraves, D. Franz P. (2003) The New Contextual Therapy: Guiding the Power of Give and Take. The New York Times.

KNBS and ICF Macro (2010) Kenya Demographic and Health Survey 2008-09. Calverton, Maryland.

KNBS and ICF Macro (2003) Kenya Demographic and Health Survey 2003. Calverton, Maryland.

Kombo, D. and Tromp,D (2006) Proposal and Thesis Writing. An Introduction: Nairobi. Pauline Publication Africa.

MOH (2007) Adolescent Reproductive Health and Development (ARH&D) Policy 2005-2015 Plan of Action. Nairobi: Government Printers.

MOH (2005) Adolescent Reproductive Health Development Policy. Plan of Action. Nairobi: Government Printers.

MOH (2003)International Conference on Population Development 1994. Nairobi: Central Bureau of Statistics.

MOH (2010) Kenya Service Provision Assessment. Nairobi: Ministry of Health

MOH (2005) National Guidelines for provision of Youth-Friendly Services in Kenya. Nairobi:Central Bureau of Statistics. LVCT and UNFPA.

MOH (2007).National Reproductive Health Policy: Enhancing reproductive health status of all Kenyans. Nairobi: Ministry of Health

MOH (2007) National Reproductive Health Strategy 1997-2010. Nairobi. Government Printers.

MOH (2010) National Road Map for Accelerating the Attainment of the MDGs Related to Maternal and Newborn Health in Kenya. Nairobi: Central Bureau of Statistics.

MOH (2009) National School Health Policy. Nairobi: Government Printers

MOH (2010) Policy Brief. A publication of the National coordinating Agency for Population and Development. Nairobi: Government Printers

MOH (2006) Situational Analysis of Adolescent. Reproductive Health and Stakeholder Analysis in Nyanza Province. Nairobi: Government Printers.

Mugenda, O.and Mugenda, A (2003) Research Methods: Quantitative and Qualitative Approaches. ACTS Press Nairobi.

NACADA, (2002) Social and Legal Aspect of Substance Abuse in Kenya. Paper Presented at the Drug Advisory Service Conference. Nairobi. Unpublished.

NCAPD and MOH (2010) Policy Brief No. 11 April 2010.Protecting the Reproductive

Health of Young People. An Investment in Kenya's future. Nairobi: NCAPD

Njoroge, P.and Olenja, J. (2004) Needs assessment of Obstetric Fistula in Kenya. MOH/DRH and UNFPA. Nairobi: Government Printers.

Polit, D.F. (2009). Essential of Nursing: Appraising Evidence For Nursing Practice.International edition.UK

Population Reference Bureau (2006) The Power of Young People: Youth Sexual and Reproductive Health and Policy Change After International Conference on Family Planning. Kate Gilles.

Senderowitz, J. Gwyn H. Cathy S. (2003) A Rapid Assessment of Youth Friendly Health Services: Pathfinder International Technical Guidance Series Number 4 September 2003

Taylor,M.Jinbhai,C. Naidoo, K. Kleinschmidt, I. Dlamini, S.(2003) Epidemiological Perspective of Substance Use Among High School Pupils in Rural KwaZulu-Natal. South Africa Medical Journal, Feb 2003;93(2):136-40

Warenius, L. Faxalid E. Chishimba, P. Musandu,J. Ongany A. Nissen, E. (2005). Nurse-midwives' attitude towards Adolescent Sexual and Reproductive Health needs in Kenya and Zambia. Reproductive Health Matters.2006; 14(27):119-128

Warenius,L. Petterson K. Nissen E. Hojer,B. Chishimba, P Faxalid ,E. (2006).Vulnerability and Sexual and Reproductive Health among Zambian Secondary School Students. Karolinska Institute, Stockholm, Sweden.

WHO (2004).Adolescent Friendly Health Services in South East Asia Region: Report of 9 Regional Consultation, 9-14 February 2002, Bali, Indonesia

APPENDIX-I: CONSENT FORM

Title: Factors influencing utilization of Youth Friendly Reproductive Health Services among adolescents/youths in Nakuru Provincial Gen. Hosp.

Principal Investigator: Kennedy Kibani Ontiri

Introduction: I am a second year master student in community health in the University of Nairobi carrying out a study on factors influencing utilization of youth friendly reproductive health services among adolescents/youths in Rift Valley Provincial Gen. Hospital, Nakuru county.

Purpose:

You are invited to participate in answering question exercise as part of a research study, carried out to determine the utilization of reproductive health services by the adolescent youths in Nakuru Provincial General Hospital.

The reproductive health services include family planning services, treatment of sexually transmitted infections (STIs), voluntary counseling and testing. Accessing information materials on reproductive health issues. These services empower the young people to take responsibility over their health so as to minimize cases of unintended pregnancies, transmission of STIs like HIV/AIDS, drug abuse, massive school drop outs, abortions, orphans, maternal and infant mortality and even street families.

The purpose of this research study is to establish the level of utilization of reproductive health services and factors that are influencing the uptake of these services and at the end of it all find ways of scaling up the uptake. Feel free to exercise your voluntary nature of participation in this study.

II. Procedures:

All the clients who meet the criteria will voluntarily sign the consent in the presence of researchers before the commencement of the study. The participate will be interviewed using a structured questionnaire for about 20-30 minutes. All the filled questionnaires will be collected by the researcher, checked for completeness and entered in the data base. During the exercise participant will be interviewed without anybody interfering or influencing . The information given will be treated confidentially.

III. Risks

We believe that this study is safe and do not expect that you will suffer any harm or injury because of your participation in it. However, you might find that some of the questions are about private matters. You are free to ask me to stop or decline to answer any questions that you are uncomfortable with.

IV. Benefits:

Regarding benefits, there may not be any direct benefits for you as an individual participant, but the information collected will help us to better understand Issues sorrounding us as young people about reproductive health,and take necessary measures for the betterment of the services.You will, however, not receive money or reward of any kind if you agree to be interviewed.

V. Voluntary Participation and Withdrawals

Remember, your participation is entirely voluntary. Should you change your mind, you have the right to drop out at any time.

VI. Confidentiality:

The interview is confidential and will be conducted in private. We will not record your name or address on the forms and your responses will be combined with responses from other people in this area so that no one will be able to identify your specific responses. This form will be kept under lock and key. The information gathered will only be used for the stated purpose.

VII. Contact Persons:

You will be given a card to take with you containing contact information for the Principle Investigator of this study (Kennedy Kibani Ontiri of the University of Nairobi, school of Nursing. If you should have questions or concerns about the content of this study or about your rights as a participant, please feel free to contact him directly or the KNH/UON-ERC.**The contacts are as follows;**

KENNEDY KIBANI ONTIRI-0723-81-15-21 or 0738-50-92-94

KNH/UON-ERC; P .O Box 20723 Code 00202, Tel: 02-726300-9

VIII:Confirmation of Consent.

PARTICIPANT STATEMENT: I have read or have been read to the above considerations regarding my participation. I have been given a chance to ask any questions and my questions have been answered to my satisfaction. I understand that the information I give will be kept

private. I understand that I may withdraw from this study at any time. My withdrawal from the study or my refusal to participate will in no way affect my or my family's receiving medical care from any health facility. I agree to participate in this study as a volunteer.

Sign……..Date……..

Serial no……..

Witness's sign…….Date……. (Researcher/researcher assistant

APPENDIX-II: **YOUTH ASSENT**- Only for under 18 years old

Title: Factors influencing utilization of Youth Friendly Reproductive Health Service among Adolescents/Youths in Nakuru Provincial Gen. Hosp.

Principal Investigator: Kennedy Kibani Ontiri

Dear Guardian,

My names are **Kennedy Kibani Ontiri,** a second year master student in community health at the University of Nairobi carrying out a study on factors influencing utilization of youth friendly reproductive health services among adolescents/youths in Rift Valley Provincial Gen. Hospital, Nakuru county.

Purpose:

You are invited to participate in answering question exercise as part of a research study, carried out to determine the utilization of reproductive health services by the adolescent youths in Nakuru Provincial General Hospital.

The reproductive health services include family planning services, treatment of sexually transmitted infections (STIs), voluntary counseling and testing. Accessing information materials on reproductive health issues. These services empower the young people to take responsibility over their health so as to minimize cases of unintended pregnancies, transmission of STIs like HIV/AIDS, drug abuse, massive school drop outs, abortions, orphans, maternal and infant mortality and even street families.

The purpose of this research study is to establish the level of utilization of reproductive health services and factors that are influencing the uptake of these services and at the end of it all find ways of scaling up the uptake. Feel free to exercise your voluntary nature of participation in this study.

II. Procedures:

All the clients who meet the criteria will voluntarily sign the consent in the presence of researchers before the commencement of the study. Each participant will be interviewed using a structured questionnaire for about 20-30 minutes by researcher/ assistant researcher. All the filled questionnaires will be collected by the researcher, checked for completeness and entered in the data base. During the exercise participant will be interviewed without anybody interference or influence. The information given will be treated confidentially.

III. Risks:

We believe that this study is safe and do not expect that you will suffer any harm or injury because of your participation in it. However, you might find that some of the questions are about private matters. You are free to ask me to stop or decline to answer any questions that you are uncomfortable with.

IV. Benefits:

Regarding benefits, there may not be any direct benefits for you as an individual participant, but the information collected will help us to better understand Issues sorrounding us as young people about reproductive health,and take necessary measures for the betterment of the services.You will, however, not receive money or reward of any kind if you agree to be interviewed.

V. Voluntary Participation and Withdrawals.

Remember, your participation is entirely voluntary. Should you change your mind, you have the right to drop out at any time without losing any benefits accrued to this study.

VI. Confidentiality:

The interview is confidential and will be conducted in private. We will not record your name or address on the forms and your responses will be combined with responses from other people in this area so that no one will be able to identify your specific responses. This form will be kept under lock and key. The information gathered will only be used for the stated purpose.

VII. Contact Persons:

You will be given a card to take with you containing contact information for the Principle Investigator of this study (Kennedy Kibani Ontiri of the University of Nairobi, school of Nursing. If you should have questions or concerns about the content of this study or about your rights as a participant, please feel free to contact him directly or the KNH/UON-ERC.**The contacts are as follows;**

KENNEDY KIBANI ONTIRI-0723-81-15-21 or 0738-50-92-94

KNH/UON-ERC; P . O Box 20723 Code 00202, Tel: 02-726300-9

VIII: Confirmation of Consent.

GUARDIAN'S STATEMENT:

I have read or have been read to the above considerations regarding my child's participation in this study. I have been given a chance to ask any questions and my questions have been answered to my satisfaction. I understand that the information given will be kept under lock and key. I understand that my child will withdraw from this study at any time if so wish. The withdrawal from the study or refusal to participate will in no way affect the respondent's family in receiving medical care from any health facility. I agree my child to participate in this study as a volunteer.

Guardian's Name……Date……Sign……

Serial no…….

Witness's sign…….Date……

(Researcher/researcher assistant

APPENDIX III: CONSENT FORM FOR THE KEY INFORMANT

Title: Factors influencing utilization of Youth Friendly Reproductive Health Services among Adolescents/Youths in Nakuru Provincial Gen. Hosp.

Principal Investigator: Kennedy Kibani Ontiri

Introduction: I am a second year master student in community health in the University of Nairobi carrying out a study on factors influencing utilization of youth friendly reproductive health services among adolescents/youths in Rift Valley Provincial Gen. Hospital, Nakuru county.

Purpose:

You are invited to participate in answering question exercise as part of a research study, carried out to determine the utilization of reproductive health services by the adolescent youths in Nakuru Provincial General Hospital.

The reproductive health services include family planning services, treatment of sexually transmitted infections (STIs), voluntary counseling and testing. Accessing information materials on reproductive health issues. These services empower the young people to take responsibility over their health so as to minimize cases of unintended pregnancies, transmission of STIs like HIV/AIDS, drug abuse, massive school drop outs, abortions, orphans, maternal and infant mortality and even street families.

The purpose of this research study is to establish the level of utilization of reproductive health services and factors that are influencing the uptake of these services and at the end of it all find ways of scaling up the uptake. Feel free to exercise your voluntary nature of participation in this study.

II. Procedures:

All the clients who meet the criteria will voluntarily sign the consent in the presence of researchers before the commencement of the study. The participate will be interviewed using a structured questionnaire for about 20-30 minutes. All the filled questionnaires will be collected by the researcher, checked for completeness and entered in the data base. During the exercise participant will be interviewed without anybody interfering or influencing . The information given will be treated confidentially.

III. Risks

We believe that this study is safe and do not expect that you will suffer any harm or injury because of your participation in it. However, you might find that some of the questions are about private matters. You are free to ask me to stop or decline to answer any questions that you are uncomfortable with.

IV. Benefits:

Regarding benefits, there may not be any direct benefits for you as an individual participant, but the information collected will help us to better understand Issues sorrounding us as young people about reproductive health,and take necessary measures for the betterment of the services.You will, however, not receive money or reward of any kind if you agree to be interviewed

V. Voluntary Participation and Withdrawals

Remember, your participation is entirely voluntary. Should you change your mind, you have the right to drop out at any time without losing the benefits accrued to this study.

VI. Confidentiality:

The interview is confidential and will be conducted in private. We will not record your name or address on the forms and your responses will be combined with responses from other people in this area so that no one will be able to identify your specific responses. This form will be kept under lock and key. The information gathered will only be used for the stated purpose.

VII. Contact Persons:

You will be given a card to take with you containing contact information for the Principle Investigator of this study (Kennedy Kibani Ontiri of the University of Nairobi, school of Nursing. If you should have questions or concerns about the content of this study or about your rights as a participant, please feel free to contact him directly or the KNH/UON-ERC. **The contacts are as follows;**
KENNEDY KIBANI ONTIRI-0723-81-15-21 or 0738-50-92-94

KNH/UON-ERC; P . O Box 20723 Code 00202, Tel: 02-726300-9

VIII: Confirmation of Consent.

PARTICIPANT STATEMENT

I have fully read/or read to me the consent-explanation and understood its contents. I have been given an opportunity to discuss all my concerns with the researcher. I do agree voluntarily to participate in the study on the Factors influencing the utilization of the youth friendly reproductive health services among adolescents/youths in Rift Valley Provincial Hospital.

I also understand that all the information I give will be for the purposes of this study only.

Participant's

Name……Date……Sign……

Serial no…….

Witness's sign…….Date……

(Researcher/researcher assistant

APPENDEX-IV: KIPAJI CHA RUHUSA

LENGO: UPOKELEZAJI WA HUDUMA WA MASWALA NYETI YA VIJANA KATIKA HOSPITALI KUU YA MKOA WA BONDE LA UFA.

MTABITHI MKUU: Kennedy kibani Ontiri.

SABABU:

Umealikwa katika kujibu maswali yanayo changia utabithi kuhusu huduma ya maswala nyeti ya vijana katika hospitali kuu ya mkoa wa bonde la ufa.

Lengo kuu ni kujua kiwango cha utumishi kuhusu huduma kwa vijana na kiini hasa cha kuzuia vijana kutotumia huduma hizi.

Umekaribishwa katika utabithi huu na lolote utakalolifanya litakuwa la manufaa na kuchangia katika uboreshaji wa huduma hii ya vijana.

Unatakiwa kujibu maswali vile unavyoyaelewa na hakuna mtu yeyote atakaye kulazimisha Kinyume na maoni yako.

Chochote utakachokiandika kitasalia kuwa siri yako.Uko na uhuru wa kujibu swali lolote na kuacha lile ambalo haulijui ama lile linalo kusumbua.

Hakuna faida ya binafsi inayo ambatana na utabithi huu,lakini kuna manufaa chungu nzima katika kuboresha huduma ya vijana inayotokana na utabithi huu.

Kumbuka hakuna kulazimishwa katika utabithi huu.Uko na uhuru wa kutoshiriki au kushiriki.

Yale yote utakayoandika kama majibu yatasalia kuwa siri na hakuna mtu yeyote atajua,kwa vile hatuandiki jina lako ila tu nambari.

Utapewa kipaji ambacho kina majina kamili ya mtabithi mkuu ambaye ni Kennedy Kibani Ontiri,wa Chuo kikuu cha Nairobi. Na kama una swali lolote tafadhali una uhuru wa kuuliza.

Je,unataka kuhusishwa katika utabithi huu?

Ndio…….La……

Kama ni ndio weka sahihi**……** **Date……..**

Sahihi…….(Mtabithi mkuu) **Date……..**

Asante sana

APPENDIX-V: QUANTITATIVE DATA COLLECTION QUESTIONNAIRE

Date……... Study Site…….Code of the interview…….

INSTRUCTIONS FOR PARTICIPANTS

Do not write your name; tick only one correct response and multiple responses where applicable. Only youths aged between 10-24 years are eligible for this study. The acronym YFRHS stands for youth-friendly reproductive health services

Part One-Socio-demographic, economic, school and socio-cultural Information

1. What is your Sex/Gender?
    a. Male
    b. Female
2. What is your age in years?
    a. 10-14 years
    b. 15-19 years
    c. 20-24 years
3. What is your current level of education?
    a. Primary school
    b. Secondary school
    c. College/Tertiary institution
4. What is the type of school you attended?
    a. Boarding school
    b. Day school
5. What is your religious status?
    a. Christian (catholic protestant)
    b. Muslim
    c. Others specify
6. Does your religion restrict utilization of YFRHS?
    a. Yes
    b. No
7 What is your ethnicity?
    Please specify

8. Is there any part of your culture that prohibits utilization of YFRHS?
    a. Yes
    b. No
9. Is your parent(s) employed?
    a. Yes
    b. No

10. If employed, what is his/her/their occupation?
    a. Formal employment (Teacher, civil servant, NGO worker etc)

b. Casual laborer
c. Self employment/business
d. Farmer.

11.Who is the main bread winner in your house-hold?

a. Mother
b. Father.
c. Both Father and Mother.
d. Others. Specify.

12.The main occupation of the breadwinner in your household is:

a. Unemployment/looking for a job
b .Working in informal sector (e.g hawker)
c. Self-employed (formal sector/
d. Employed (professional, technical/managerial)
e. Employed (Clerical/sales)
f. Employed (skilled, manual)
g. Employed (Unskilled manual/domestic services/Agriculture)

13. If a person become ill in your household and Ksh.1000/= is needed for treatment or medicine,would you say it will be

a Very difficult to find the money.
b Difficult to find the money.
c Easy to find the money
d Very easy to get the money

14. Which services are being offered in reproductive health facility? Tick all correct answers

i. Family planning services (Contraceptives, condoms

ii. Voluntary Counseling and Testing(VCT)

iii. Treatment of all the diseases

iv. Treatment of sexually transmitted Infections/diseases

v. Care of pregnant young persons

vi. General health information/counseling

vii. Sports and recreational activities

15. Have you ever used any of these services?

a) Yes
b) No

16. Family planning

a) Yes

b) No

17. VCT services

a) Yes

b) No

18. Treatment of STI

a) Yes

b) No

19. Antenatal services

a) Yes

b) No

Part two: Health System Factors

20. Is there youth-friendly reproductive health (YFRHS) facility in your area?

a. Yes

b. No

21. How far is YFRH facility from your home?

a. Near, a short walking distance

b. Near but requires about ksh.20 for transport

c. Far, requires ksh.50 and above for transport

22. If you have ever used a reproductive health service facility, how would you describe how you were handled by service provider?

a. Good-Friendly, welcoming, handled me well and gave me the service I required

b. Moderate-welcomed me but asked too many unnecessary questions before giving me service

c. Bad, he/she was harsh rude and denied me service

23. Have you ever visited YFRHS and missed the service you required?

a. Yes

b. No

24. If yes in no.21, state the reason for not getting the service

a. The queue was long

b. I had no money for the service

c. I found neighbors and felt ashamed

d. The service provider refused to give the service/ was harsh

e. The clinic was closed

25. Can you identify factors that make you come to the Youth Friendly Center.(tick appropriately)

a To meet with other youths

b Persuasion by friends

c Persuasion by parents

d.To pass time/kill boredom

e.Influenced by friendly service providers.

f.To get information

g.Fear of infections

h.Fear of unintended pregnancy

i. Free and friendly services

j. Presence of recreational services.

25. What do you think make many adolescents/youths not to come to the Youth Friendly Services.

a. Lack of information.

b. Stigma (not to be seen by others)

c. Inaccessibility of services.

d. Religious beliefs.

e. Cultural beliefs

f. Pear influence.

g. Ignorance

h. Privacy not guaranteed

APPENDIX –VI: KEY INFORMANT INTERVIEW GUIDE

TITLE: ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Position _____ Date: _____/___/_____
dd/mmm/yyyy

1.Do you understand what are adolescent reproductive health services?

Yes……No……

2. If yes do you offer these services to the adolescents

Yes……No…….

3. What kind of services do you offer?

……..……..

4. Are you trained on youth friendly services?

Yes……NO…….

5. What reproductive health services do you offer in your facility?

4. What are your operation hours?

5. Would you say that the adolescents/youths are utilizing the RHS?

6. If yes what is the average age of the young persons seeking RHS?

7. What is the gender who seeks RHS most?

8. Which RHS are mostly sought for by adolescents/youths?

9.Do you feel comfortable when you are serving a 16 year old girl with a contraceptive method?

10. In your view what would you say hinder/encourage the youth to utilize RHS?

11. What are the challenges you face as a health provider of RHS?

12. Suggest ways to scale up utilization of YFRHS by the adolescents/ youths.

13. Are you involved by the hospital administration in annual operation plan.

14. If yes,in this quarterly budgetary allocation, how much did you allocate to the adolescents activities?

15. How can the hospital assist you to improve the youth friendly services.

THANKS

APPENDIX -VII: LETTER OF AUTHORITY FROM KNH/UON ERC

UNIVERSITY OF NAIROBI
COLLEGE OF HEALTH SCIENCES
P O BOX 19676 Code 00202
Telegrams: varsity
(254-020) 2726300 Ext 44355

KNH/UON-ERC
Email: uonknh_erc@uonbi.ac.ke
Website: www.uonbi.ac.ke

KENYATTA NATIONAL HOSPITAL
P O BOX 20723 Code 00202
Tel: 726300-9
Fax: 725272
Telegrams: MEDSUP, Nairobi

Ref: KNH-ERC/A/187 Link:www.uonbi.ac.ke/activities/KNHUoN 12th June 2014

Kennedy Kibani Ontiri
H56/68174/2011/12
School of Nursing Sciences
College of Health Sciences
University of Nairobi

Dear Kennedy

RESEARCH PROPOSAL – FACTORS THAT INFLUENCE THE UTILIZATION OF YOUTH FRIENDLY REPRODUCTIVE HEALTH SERVICES AMONG ADOLESCENTS/YOUTHS IN RIFT VALLEY PROVINCIAL GENERAL HOSPITAL, NAKURU COUNTY (P101/02/2014)

This is to inform you that the KNH/UoN-Ethics & Research Committee (KNH/UoN-ERC) has reviewed and **approved** your above proposal. The approval periods are 12th June 2014 to 11th June 2015.

This approval is subject to compliance with the following requirements:

a) Only approved documents (informed consents, study instruments, advertising materials etc) will be used.
b) All changes (amendments, deviations, violations etc) are submitted for review and approval by KNH/UoN ERC before implementation.
c) Death and life threatening problems and severe adverse events (SAEs) or unexpected adverse events whether related or unrelated to the study must be reported to the KNH/UoN ERC within 72 hours of notification.
d) Any changes, anticipated or otherwise that may increase the risks or affect safety or welfare of study participants and others or affect the integrity of the research must be reported to KNH/UoN ERC within 72 hours.
e) Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. (*Attach a comprehensive progress report to support the renewal*).
f) Clearance for export of biological specimens must be obtained from KNH/UoN-Ethics & Research Committee for each batch of shipment.
g) Submission of an *executive summary* report within 90 days upon completion of the study
This information will form part of the data base that will be consulted in future when processing related research studies so as to minimize chances of study duplication and/or plagiarism.

For more details consult the KNH/UoN ERC website **www.uonbi.ac.ke/activities/KNHUoN.**

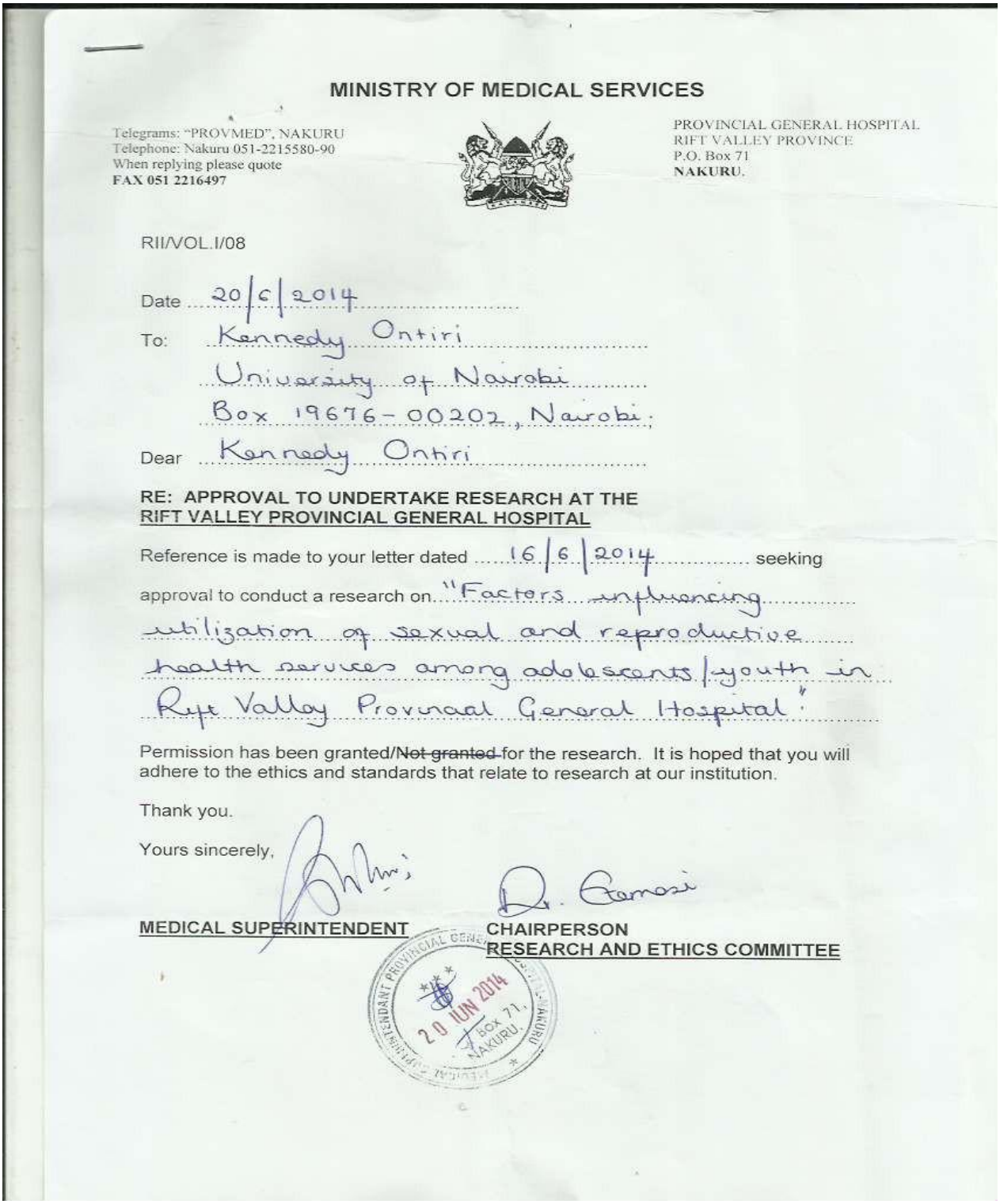
Protect to Discover

Yours sincerely

PROF. M.L. CHINDIA
SECRETARY, KNH/UON-ERC

c.c. The Principal, College of Health Sciences, UoN
The Deputy Director CS, KNH
The Chairperson, KNH/UoN-ERC
The Assistant Director, Health Information, KNH
The Director, School of Nursing Sciences, UoN
Supervisors: Mr. Anthony Bernard Ayieko Ong'any, Mrs. Theresa M.A.Odero

APPENDIX VIII: LETTER OF PERMISSION FROM RIFT VALLEY PROVINCIAL GENERAL HOSPITAL



MINISTRY OF MEDICAL SERVICES

Telegrams: "PROVMED", NAKURU
Telephone: Nakuru 051-2215580-90
When replying please quote
FAX 051 2216497

PROVINCIAL GENERAL HOSPITAL
RIFT VALLEY PROVINCE
P.O. Box 71
NAKURU.

RII/VOL.I/08

Date 20/6/2014

To: Kennedy Ontiri
University of Nairobi
Box 19676-00202, Nairobi.

Dear Kennedy Ontiri

RE: APPROVAL TO UNDERTAKE RESEARCH AT THE RIFT VALLEY PROVINCIAL GENERAL HOSPITAL

Reference is made to your letter dated 16/6/2014 seeking approval to conduct a research on "Factors influencing utilization of sexual and reproductive health services among adolescents/youth in Rift Valley Provincial General Hospital".

Permission has been granted/~~Not granted~~ for the research. It is hoped that you will adhere to the ethics and standards that relate to research at our institution.

Thank you.

Yours sincerely,

MEDICAL SUPERINTENDENT

CHAIRPERSON
RESEARCH AND ETHICS COMMITTEE

20 JUN 2014
BOX 71, NAKURU

APPENDIX IX: MAP OF KENYA SHOWING LOCATION OF NAKURU COUNTY