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RESEARCH ARTICLE

Utilization of Youth Friendly Health Services In Kerugoya and Kutus Health Centres in Kirinyaga County, Kenya

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Abstract

Objective: This study aims at assessing the utilization of youth friendly health services in Kutus and KerugoyaYouth Health Centres in Kirinyaga County. **Design:** A descriptive cross sectional study. **Setting:** Kutus and Kerugoya Youth Health Centers in Kirinyaga County.**Subjects:** Youth aged 15-24 years who reside in Kerugoya and Kutus towns, Kirinyaga County. **Results:** The study showed that socio-cultural factors, level of awareness and socio-economic factors were the challenges to utilization of reproductive health care services among the youth in Kerugoya and Kutus Health Centers in Kirinyaga County. Religious and cultural beliefs showed significant relationship to utilization of available reproductive health services. Mainstream media, parents and siblings had minimal contribution in educating the youth about youth friendly reproductive health services whereby the youth had to get reproductive health information from their friends. Reproductive health services not being affordable to the adolescents and the youths made the much needed services inaccessible. **Conclusion:** Socio-cultural factors, level of awareness and socio-economic factors had a significant influence on utilization of Youth Friendly Health Services such as family planning, counseling, voluntary testing of HIV and antenatal services.

1 | INTRODUCTION

A systematic review of interventions to increase young people's use of health services in developing countries has shown that a combination of interventions, including health service provider training, facility improvement initiatives and community-wide health education can lead to increased service uptake. The is also need for careful monitoring, evaluation and operations research on youth friendly services (Ferguson, Brabin, Chatter gee, & Ross, 2006)

Organized and systematic health services oriented to respond to youths' needs have a positive impact

in their health, through enhancing youths' trust and access to health care services and, to a certain extent through promoting health behaviours, e.g. safer sex practices (Tylee, Haller, Graham, Churchill, & Sanci, 2017). Globally Contraceptive use (any modern method) among sexually active girls 15-19 years, has increased from 20percent in 2003 to almost 25 percent in 2008-2009.Currently married women aged 15-19 mostly use the injectable contraceptive (14.4%) while unmarried women in the same age group commonly use the male condom (19.6%).Among currently married women, the unmet need for contraception among girls aged 15-19 years is 30 percent (KDHS,2019).Globally the 1994 International Conference for Population and Development (ICPD) set the stage for putting adolescent sexual and reproductive health (SRH) on the international agenda. In Africa it was recognized that reproductive health needs of young people had largely been ignored by existing health, education and other social programmers. There needs to be an adopted plan of action which is formed the basis for programmers addressing the SRH needs of adolescents in Africa (Godia, Olenja, Van der Broek, & Hofman, 2014). In Kenya the current population is estimated at 47.6 million (KNBS, 2019) andis projected to reach 56.5 million by the year 2025 (KNBS, 2019).Young people aged 15–24 years comprise almost 23 percent of the total population, out of which 51 and 49percent are female and male respectively (KNBS, 2019). The Kenya Demographic Health Survey (KDHS) has shown a reduction in the percentage of teenagers aged 15–19 whohave begun childbearing, from 23 percent (KDHS 2003) to18 percent (KDHS 2008–09), with no difference between urban and rural populations. Contraceptive use (any modern method) among sexually active girls aged 15–19 years, has increased from 20percent in 2003 to almost 25 percent in 2008–09.

Behavior initiated or learnt during adolescence maybe long lasting and have either negative or positive influences on young people's future lives. Efforts therefore have to be focused on promoting healthy and preventive behavior during this stage of life. Young people are at increased risk of contracting STIs and in many countries age specific incidence and prevalence rates of STIs tend to be highest in the age group 15–24 years (Faxelid, Mngadi, Zwane, & Hojer, 2018)

2 | MATERIALS AND METHODS

Study Design: This study used a descriptive cross sectional design

Study Area and Population: The population of study were the youth aged 15-24 years who resided in Kerugoya and Kutus towns formerly Kerugoya Kutus Municipality, Kirinyaga County. The Area of study lies on the -0.5662°S latitude and 37.3203°E longitude. The distance between Nairobi and Kutus is 117.6kms with the distance from Kutus town to Kerugoya being an additional 10.7kms. As per the 2019 census the population of Kirinyaga County was 610,411 whilst that of the Kerugoya and Kutus towns forms a combined 39,441.

Sample and sampling technique

Fifty (50) patients visit the hospital in a day, since the sample size was 40, distributed over 10 working days for data collection was 10 days, this meant 4 patients were interviewed per day for 10days.

Inclusion Criteria

The participants were adolescents and youth aged 15-25 years who were fully informed about the study and were willing to participate in the study.

Supplementary information: The online version of this article (https://doi.org/10.15520/arjmcs.v8i10471) Contains supplementary material, which is available to authorized users.

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Exclusion Criteria

Those who declined to give informed consent and who were seriously ill at the time of data collection.

Variables

Dependent Variables

- Utilization of youth friendly reproductive health services

Independent Variables

- Socio-Cultural Factors Influencing Utilization of Youth Friendly Reproductive Health Services
- Level of awareness towards the utilization of Youth Friendly Reproductive Health Services
- Socio-Economic factors influencing utilization of Youth Friendly Reproductive Health Services

Data collection procedure

Data collection was done by use of questionnaire that was administered to the respondents that consent. Questionnaires being the only instrument of data collection, self-administered standard questionnaire were used to collect data.

Data processing and analysis

Descriptive statistics such as mean and percentages was used to describe data. Presentation was in form of tables, graphs and text. Frequency percentage distribution tables, graphs were the main form of presentation and analysis for the study to ensure quality. Data were analyzed using statistical package for the social sciences.

Sample Size determination and Sample Size

Sample size will be determined using fisher's et alformula

$$n=\frac{Z^2PQ}{d^2}$$

Where;

n = sample size (where population >10000)

z = standard deviation at the desired confidence interval which is 95%, Z values at 1.96

p = proportion of the population with desired characteristics (it assumed 50% will be taken since the proportion of the population with same characteristics is not known).

q = proportion of the target population without the desired characteristics i.e. (1-p)

d = degree of freedom and a maximum of 5% is required which 0.05

$$n=\frac{1.96^2x0.5(1-0.5)}{0.05^2}$$

$$\frac{3.8416\times0.5\times0.5}{0.0025}$$

$$=\frac{3.8416x0.25}{0.0025}$$

$$=\frac{0.9604}{0.0025}$$

= 384.16

=384

Since the target population is less Than 10,000, the sample size is adjusted using the following formula.

$$nf=\frac{\text{n}}{1+\text{n/N}}$$

NF = the desired sample size for population < 10000

n = the calculated sample size

N = the estimate total population

NF = 384/ (1+ 384/45)

= 384/ 1+ 8.5

= 384/9.5

= 40.4

= 40

3 | RESULTS

Demographic Data

The bar graph below represents the percentage of Male and Female respondents who participated in the study

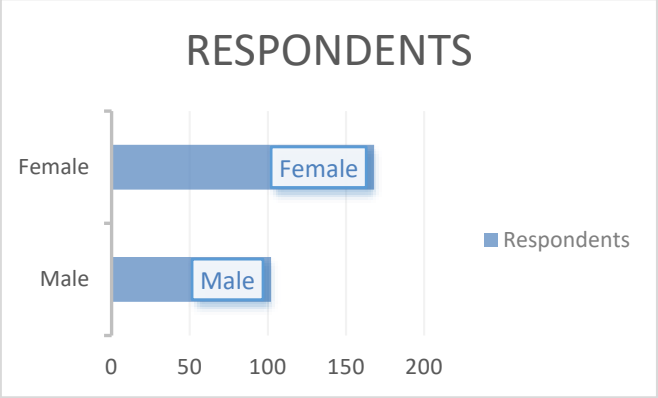

Figure 1

Socio- Cultural factors influencing utilization of youth friendly health services

Cultural practices, religion and beliefs combined put youth at risk of potential infections with HIV/AIDS, STIs and unwanted pregnancies and did not allow people to adopt protective behaviors. These factors were assessed by seeking opinions of what the youth perceived to be responsible for non-consumption of RH.

Table 1: *Respondents' view on utilization of reproductive health services*

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

Table 1 above shows that most youths were not consuming RH services because of their cultural beliefs which accounted for 26.7% of the respondents. This is considered high due to traditional and cultural beliefs and practices of the Kenyan society where individuals' choice of some health services is shaped by the wider view and perspective of family members over health matters. This finding also agrees with studies which showed that Kenyan youth in some cultures were not seeking immediate help from health centers when they suspect reproductive health problems (MOH, 2013).

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

Table 2: *Respondents opinion on cultures allowing use of reproductive health services*

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

Table 2 above shows that, majority of respondents (80.8%) felt that their culture did not support the use of some RH services as compared to those who felt culture allows use of RH services (19.2%). This means that many people would be convinced by their cultures not to go for the services.

Level of Awareness of Youth Friendly Health Services

The understanding of some facts or information on health services can determine utilization of reproductive health services, level of awareness, and understanding of reproductive health services and individual's ability to utilize it to better their health.

Youth's Awareness of different reproductive health services

Study participants were asked whether they have ever sought or utilized the listed reproductive health services and their responses are summarized in table 3 below.

Table 3: *Youth's awareness of reproductive health services*

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

Table 3 above shows that majority of the respondents understand general counselling services (36.67%), Voluntary Counselling and Testing, provider initiated counselling and testing services (24.2%) and family planning services

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

Main sources of receiving reproductive health information

Those who were aware of the youth reproductive health services were further asked to state their main source of information and their responses were reflected in Figure 2 below.

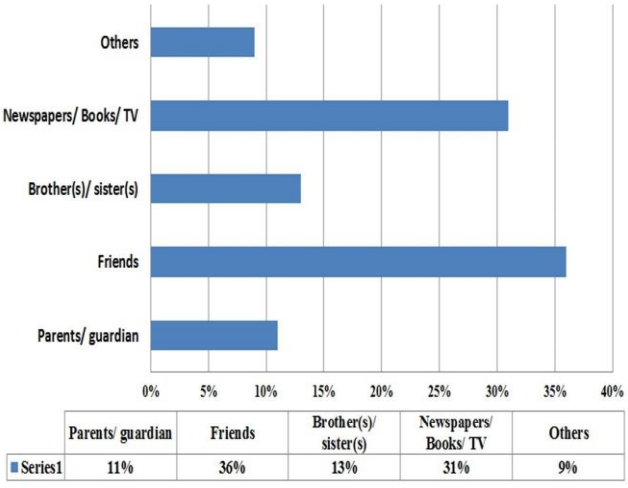

Figure 2: *Main sources of information on reproductive health services*

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

Awareness on reproductive health information in health facilities

Adolescents' opinion on whether they would use the reproductive health services was assessed by inquiring whether they would visit health facilities/centers offering youth friendly reproductive health services and use the services being offered.

Table 4: *Youth's awareness of existing reproductive health information by sex*

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

The table 4 shows that majority of the youths (80%) said they would go for reproductive health services that are locally available, while a few (20%) said they would not go for the services.

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

Socio-economic factors influencing utilization of youth friendly health services

Factors related to socio-economic status may account for variations in use of reproductive health care. The cost, geographical location and quality of health services are important as they interact in different ways to determine use of reproductive health services. Income and savings was considered to have an influence on consumption patterns of reproductive health services and a question was asked to establish this relationship.

Table 5: *Savings and income status of youth in relation to utilization of services*

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

The table 5 above indicates that that majority of the respondents (80.8%) had some form of income or

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

4 | DISCUSSION

Many people would not to go for reproductive health care services based on their cultural beliefs and traditions. Most cultural groups prohibit premarital sex and pregnancy and youth were reprimanded for using family planning. It also agreed with the common practice on communication where sexuality in some cultures were prohibited and seen as a taboo, allowing only persons such as aunts and uncles to discuss the subject with the young people (Addisu & Aynalem, 2019).

Culture and belief systems are important factors that determine consumption of reproductive health services and this has been a concern to policy makers. The belief system, better understanding of diseases, illnesses and health as well as planned education may assist in proper utilization of reproductive health services. Communities on the other hand should encourage and mobilize members to appreciate available health facilities provided by the government and go seek health care services. In order to reduce the challenge of reproductive health, cultural awareness and health education must be continuously enhanced. Information from the key informants indicated that some communities continued to face challenges in their efforts to assist the young people due to the restrictive nature of some cultural and religious practices. For instance, the youths in some churches are discouraged from using condoms as this was considered to promote promiscuity and irresponsible sexual behaviors.

Discussions with key informants indicated that issues related to sex, sexuality and family planning were not openly discussed by the youth due to socio-cultural and religious related factors. As a result, adolescents lack basic knowledge and understanding of reproductive issues such as how pregnancy or STIs/HIV transmission occurs, how to prevent them and where to obtain necessary information and services among others. In some cases, parents and adults may feel ill-prepared, uncomfortable, or awkward discussing about reproductive health issues with their children. Key informants further noted that the youths feel embarrassed and are not willing to discuss sexuality with parents and other close persons in the community. This is a barrier in implementation of reproductive health programs targeting adolescents and the youth. Youths are unable to acquire relevant knowledge and skills they need to make healthy decisions, thus limiting their ability to seek relevant reproductive health services.

Non-involvement of parents and lack of their proper guidance place people at huge risks of contracting and spreading of HIV. Early marriages especially involving older men marrying young girls are a risky cultural practice (UNAIDS, 2013). In concussion, it is necessary to reduce stigma around discussing sex and sexuality, break the barriers to communication and form new behaviors with the aim of opening up dialogue in the society especially on issues related to adolescent reproductive health.

This also agrees with findings of a similar study done in Kenya and Zimbabwe where researchers found that most adolescents did not obtain reproductive health services because they did not know where to obtain such services (Erulkar et al. 2015). This finding also agrees with (Francis et al.'s 2011) study of school girls in India. He found out that the most common source of information on reproductive facts were books (53.8%) followed by friends (47.3%). This finding is in contrast to our study where friends were the most common source

of information followed by newspapers and televisions and relatives. Youth generally had low knowledge on reproductive health services which consequently led to low levels of utilization of the services.

Those who reported knowing of specific reproductive health services provided and the health facilities registered increased utilization of a variety of reproductive health services offered than those who did not know as confirmed by the above analysis. This finding is in agreement with studies by (Biddlecom, et al., 2012) and (Godia, Olenja, Van der Broek, & Hofman, 2014) which found out that inadequate knowledge by the young people caused underutilization of youth reproductive health services. They stated that lack of understanding of the importance of sexual health care or knowledge of where to go for care may discourage the youth from using the reproductive health services.

This study shows that most of the young persons are likely not going to seek medical care and treatment for reproductive health infections in time which can lead to serious reproductive health complications such as infertility in future. Implementation of youth friendly reproductive health services should be done in totality such that no fee should be charged at all for all services offered at the health facility. This finding is similar with a study by (UNFPA, 2018) which found that there was some relationship between consumption of reproductive health and employment. This suggests that some form of earning could contribute to consumption of healthcare services through empowerment. It further agrees with another study which found out that working individuals are more likely to use some health care services than non- earning individuals (Ferguson, Brabin, Chattergee, & Ross, 2006).

5 | CONCLUSIONS

Socio-cultural factors, level of awareness and socio-economic factors had a significant influence on utilization of Youth Friendly Health Services such as family planning, counselling, and voluntary testing of HIV and antenatal services. The study also established that income and savings of the youth played an important role in utilization of all reproductive health services in terms of affordability. The Level of education played a big a role in the utilization of all youth friendly reproductive health services as youths in tertiary level/ college registered increased utilization as compared to the school youths in both primary and secondary school. It can be concluded that young adolescents below 19 years have not been adequately reached with reproductive health information and services.

The integrated model adopted in both the government and private health facilities to deliver reproductive health care services have not favored the youth. Cost and affordability is responsible for low levels of utilization of this important reproductive health services among the youth. Inadequate knowledge and low levels of awareness on existing reproductive health services among the youth also contributes to the poor utilization of reproductive health services. On socio-cultural factors the study established that utilization of reproductive health services were affected by tradition and cultural beliefs

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