



Original Article

FACTORS AFFECTING UTILIZATION OF AVAILABLE SRH SERVICES BY YOUTH LIVING ON THE STREETS IN NAKURU TOWN, NAKURU COUNTY.

Irene K. Lumonje*, Florence Okwara & Wesley Too

*Kenyatta University, P. O. Box 43844, Nairobi, Kenya, khaveirene@gmail.com

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ABSTRACT

Purpose: The access and utilization of sexual and reproductive health care is a crucial concern surrounding the advancement of sexual and reproductive health and rights. Making clinical services attractive to the younger generation has remained a challenge. Sexual and reproductive health services remain underutilized by the youth living on the streets. Unfortunately, this group is exposed to a very hostile environment on the streets, have highly mobile and unprotected lifestyle often resulting in early sexual debut, physical and drug abuse, sexually transmitted infections and unwanted pregnancies. Recent years have experienced a sharp rise of these youth on the streets. Toward the Kenya government goal of attainment of Universal health for all Kenyans, there is need to explore the unique SRH needs of this group. This study sought to investigate the factors affecting utilization of available SRH services by youth living on the streets.

Methods: A descriptive survey research study was done in Nakuru town. Three core research tools were researcher administered questionnaire, group discussion and key informant interviews

Results: One hundred and eight study participants were recruited using cluster sampling from five sites identified

Conclusion: Demographic factors such as; parent's type of occupation, having relatives in the streets, whether parents are employed or not, and youth's level of education were associated with utilization of the SRH services. Economic factors like affordability of SRH services, costs charged by SRHF and Staffs in the health facility were associated with utilization of SRH services.

Recommendations: provision of information for YLOS on SRH need and the available SRH services to increase utilization, efforts should be made to establish and strengthen Youth friendly service Centre in Bondeni where a large number of the YLOS seek reproductive health services, and need to increase funding for reproductive e health services to these facilities so as all the services can be offered free of charge to the YLOS. This will further increase access and utilization as most of them do not have reliable sources of income.

1.0 INTRODUCTION

Recent years have seen an increase in street children and youths in Kenya. According to the Kenya Demographic & Health Survey (KDHS) of 2008 -2009, over 90% Kenyan youths are sexually active by the age of 20 years with the average age of first sexual activity being 16 years. The youth living on the streets have lacked opportunities to receive basic appropriate instruction on most of the social, cultural and health issues and needs. Many experiment with and use illicit drugs; as such their responses are varied and inconsistent. Being at risk of unconsented sexual exposures, abuse and even experimentations, they are less likely to be protected from the consequences of sexual activities, such as unwanted and unplanned pregnancies or sexually transmitted infections (STIs) that include HIV/AIDS. This makes them to be at a higher risk of contracting reproductive health problems. Hence, sexual and reproductive health continues to be an area of great concern has drawn close attention of all the health sectors, development partners and stakeholders as it is vital to Kenya's development strategy, the Kenya Vision 2030, African youth charter and the sustainable development goals (SDGs). Factors like harmful cultural and social beliefs, drug abuse, disabled young people, economic factors, little or no women's involvement, little or no male participation, and feeble health management systems interfere with the need for and use of reproductive health care. The access and utilization of SRH services is a main concern surrounding the promotion of SRH and rights, thus efforts in recent past years have focused on health service accessibility by making its provision youth friendly, accessible, acceptable, equitable, appropriate, and effective. Despite their greater sexual and reproductive health need and the ever-increasing availability of quality SRH services, these youth are not gaining access to the services in line with anticipated demands. This is partly due to access, costs and isolation. Consequently, the

burden of SRH challenges and their impacts have not been quantified in urban street dwellers. Therefore, the focus for this research is to gain deeper insight into factors affecting utilization of SRH services.

Previous researches have shown that factors such as; Knowledge factors, Socio- cultural Factors, economic and health system factors play a key role in the utilization of reproductive health services by the youths. Greater access to education especially for women creates opportunities in life around which young people want to plan their families. Educated men and women are more likely to know about what SRH services are available and have more confidence to seek and use them (UNFP, 2010). A poor understanding of sexual and reproductive health is related to early pregnancy, early marriage, and a growing rate of risky sexual activities according a study done in Bangladesh. Consideration of the Socio-cultural aspects is important as it affects the sexuality of the youths. Cultural perspectives affect the decisions on the use of SRH services like family planning services and use of condoms. Some religion prohibits the use of any artificial method and to "be fruitful and multiply". Any artificial method of birth control is viewed as contrary to divine directions (WHO, 2014). Youths from low economic families drop out of school before they completed their studies hindering them from accessing the health information provided at higher education levels. Inability to afford the costs of reproductive health services hinders utilization (Ayehu, Kassaw, &Hailu, 2016). Health System associated factors like distance of the health facilities, low service quality, and inconvenient operation hours hinder utilization of SRH services. Supportive health system policies are essential in addressing youth reproductive health concerns for example the comprehensive national Reproductive Health policy through MOH's Department of Reproductive Health launched by the Kenyan government of Kenya.

2.0 METHODS

The study adopted a descriptive cross-sectional research design. The core research tools used were structured questionnaire, focused group discussion guide and key informant interview guides. A total of 150 YLOS are currently organized into formal groups in the given sites. Cluster sampling was done where each study site (base) formed a cluster. Individual study participants in each cluster were selected through simple random sampling. Participants who met the criteria and provided consent were recruited and directed to a room to fill the questionnaire. Afterward, three FGDs based on age categories were organized (10-14, 15-19 and 20-24 years) and sex. FGD sessions consisting of 6-10 members were held in selected venues for each group. The sessions were audio-recorded and both English and Swahili languages were used.

Ten nurses and clinical officers offering services at MCH/FP, ANC, VCT, and Youth friendly Centre, maternity wards were purposively selected to participate in Key Informant Interviews at the Nakuru County Hospital and Bondeni Maternity.

The independent variable in the study were demographic factors such as; age, sex, occupation and residence. Socio-economic and cultural factors were the education level, religion, income source,

marital status security issues, and drug use and survival strategies. The knowledge factors such as need assessment, awareness SRH services and facilities. The intervening variable was the health care system factors which are availability and accessibility of SRH services, facility organization, health workers attitude and confidentiality. The dependent variable was the utilization of reproductive health services.

3.0 FINDINGS

3.1 Demographic and cultural factors associated with the utilization of SRH services

The study found out that the demographic associated with utilization of SRH services among youth living on the streets in Nakuru County, Kenya include parent's type of occupation ($X^2=2.8$, $p 0.094$); having relatives in the streets ($X^2=2.975$, $p 0.072$); whether parents are employed or not ($X^2=5.608$, $p 0.018$) and youth's level of education ($X^2=10.558$, $p 0.005$).The study established that a higher percentage of youths who utilized SRH services over the last one year were males (18.5%) compared to 7.4% of females. The study revealed that there was association between YLOS having a culture that forbid use of SRH services or not and the utilization of the services. Religion had no influence on utilization of SRH Services.

Table 1: Youths demographic factors associated with utilization of SRH services

		Not Utilized	Utilized	X ²	P-value
Occupation	Casual laborer	3	6	2.8	0.094
	Self-employment/ business	4	1		
Relatives in streets	Yes	18	11	2.975	0.072
	No	62	17		
Parents employed	Yes	7	7	5.608	0.018
	No	36	8		
Level of education	Not been to school	21	13	10.558	0.005
	Primary school	55	10		
	Secondary school	4	5		
Culture prohibit SRHS	No	51	5	36.75	0.000

		Not Utilized	Utilized	X ²	P-value
	Yes	29	23		

3.2 Knowledge on SRH and the utilization of SRH services

The study found among the knowledge-based factors associated with the utilization of SRH

services among YLOS includes: Knowledge of safe sex (X²=6.413, p 0.011); whether they practice safe sex (X²=7.289, p 0.007); and perception on use of SRH services (X²= 3.863, p 0.049).

Table 2: SRH practices associated with utilization of SRH services among YLOS

		Not Utilized	Utilized	X ²	P-value
Knowledge of safe sex	Yes	46	20	6.413	0.011
	No	16	0		
Source of knowledge on SRHS	Parent/guardian	7	2	0.703	0.294
	Friend / peer/ others	36	17		
Practice of safe sex	Yes	31	17	7.289	0.007
	No	30	3		
Opinion on use of SRHS	Beneficial	64	27	3.863	0.049
	Not beneficial	15	1		

3.3 Economic and Health system factors influencing with the utilization of SRH services by YLOS

The study found despite 83.3% of the respondents having SRH facility in their locality, only 21.5% utilized SRHS. It was also established though 38% of the respondents indicated a walking distance exists between their residence and SRH facility, only 10.19% utilized these services. Friends and peers are an important source of information

regarding SRHS with 27.42% of respondents who got information from friend/peer utilizing SRHS. Among those who utilized SRHS services, 55.6% were positive to utilizing the same health facility in future and 42.86% reported to be satisfied with staff care. It was found 25.93% of respondents who reported SRHS services as free actually utilized while those who reported some fee is paid did not utilize SRH services. The study finally found long queues, lack of money and harsh health provides limit utilization of SRHS.

Table 3: Health system factors

		Utilized SRHS	
		Not Utilized	Utilized
Is there SRHS in your area	Yes	67 (62.6)	23 (21.5)
	No	13 (12.15)	4 (3.7)
Distance to SRHF	Nearby (Less than 1 Km) walking distance	29 (26.85)	11 (10.19)
	Pays transport (>1 Km)	51 (47.22)	17 (15.74)
Who told you about SRHS	Parent/guardian	7 (11.29)	2 (3.22)
	Friend / peer	36 (58.06)	17 (27.42)
Would you go to the same facility again	No		15 (55.56)
	Yes		12 (44.44)

		Utilized SRHS	
		Not Utilized	Utilized
Have you ever visited SRHS	Yes		28 (25.9)
	No		80 (74.1)
Staffs care	Excellent/Good/ very good		12 (42.86)
	Satisfactory		2 (7.14)
	Poor/pathetic		14 (50)
Are SRHS charged	No, its Free	0	28 (25.93)
	Yes, some costs	80 (74.07)	0
How were you handled when receiving SHRS	Good		2 (7.14)
	Moderate		17 (60.71)
	Bad		9 (32.14)
Reasons for not getting the service	Queue was long		2
	Had no money for the service		2
	Service provider was harsh		2

Chi-square test showed an association of economic and health system factors in terms of affordability of SRH services ($X^2=7.741$, p 0.005); costs charged by SRHF ($X^2 = 14.321$, p 0.000) and Staffs in the health facility ($X^2 = 5.079$, p 0.017). Distance to the nearest SHRF does not affect utilization of SRH

services ($X^2 = 0.164$, p 0.686). Health care provider’s attitude (Well trained and dedicated staff) and availability of the health facility and the utilization of SRH services ($X^2 = 5.079$, p 0.017). As shown in table 4.7.

Table 4: Economic and Health facility associated with utilization of SRH services among YLOS

		Not Utilized	Utilized	Utilized SRHS	
				X^2	p-value
Afford SRHS	No	38	7	7.741	0.005
	Yes	43	21		
Cost of SRHS charged	Some cost	51	10	14.321	0.000
	Free	30	19		
Health facility factors	No qualified staffs	49	12	5.079	0.017
	Well trained and dedicated staff	31	16		
Distance to SRHF	Walking distance	29	11	0.164	0.686
	Pays transport	51	17		
Is there SRHS in your area	Yes	67	23	0.062	0.496
	No	13	4		

3.4 Binary multivariate analysis of factors associated with Utilization of SRH among YLOS in Nakuru County

Chi-square test of association and binary multivariate regression was used to test for the association between utilization of SRH services by YLOS and demographic characteristics, and knowledge-based factors. Variables that were associated with utilization of SRH services were entered in Binary multivariate to determine odds ratio (OR).

From the multivariate regression analysis, YLOS whose parents are casual were 8 times likely utilize SRH services compared with those whose parents were self-employed (OR 8.000; CI: 3.199, 20.008; p .026). YLOS with relatives in the streets were 2.229 times likely utilize SRH services compared to those with no relatives (OR 2.229; CI: 1.609, 3.088; p .016) and those with primary level of education were 2.435 times more likely utilize SRH services compared to those with no education (OR 2.435; CI: 1.775, 3.34; p 0.006). YLOS who had protected sex were 4.836 times likely utilize SRH services compared to those whose previous sex encounters were protected (OR 4.836; CI: 3.166, 7.39; p 0.000) while those who has previous pregnancies were 11.5 times likely utilize SRH services (OR 11.5; CI: 6.01, 22.00; p 0.000). The study also established

that YLOS suffered from SRH problems were 14.26 times likely utilize SRH services compared to those who didn't have previous SRH problems (AOR 14.26; CI: 8.708, 23.3; p 0.000). Those whose had previous suffered from SRH problems and sought help were 18 times more likely utilize SRH services compared to those who had previous problems but did not seek assistance (OR 18; CI: 5.875, 55.153; p 0.000). Youths who practice safe sex are more likely utilize SRH services compared to those who don't utilize safe sex (OR 5.484; CI: 3.431, 8.764); p 0.000). YLOS who believed use of SRHS is beneficial were 6.38 more times utilize SRH services compared to those who did not believed it's not beneficial (OR 6.38; CI: 3.04, 13.17; p 0.000).

The study established that YLOS who believed cultures do not prohibit SRHS were 8.94 times likely utilize SRH services (OR 8.94; CI: 4.089, 819.543) compared to those who believed they do not. Those who reported to afford SRHS were 2.58 times likely utilize compared to those who do not (OR 2.58; CI: 1.307, 5.108) and YLOS who believed SRHS is free were 3.33 times utilize SRH services compared to those who believed there is some cost (OR 3.33; CI: 1.758, 6.32). Finally, YLOS who reported YLOF has well trained, available and dedicated staffs were 2.11 times likely utilize the services compared to their dissimilitude (OR 2.11; CI: 1.137, 3.908).

Table 5: Binary multivariate analysis of factors associated with Utilization of SRH among YLOS in Nakuru County

	Utilization of SRH services	Not Utilized	Utilized	Utilization of SRH services	
				AOR	p-value
Socio demographic characteristics	Parents are self-employed	4	1	Reference category	
	Parents are casual	3	6	8.00 (3.199, 20.008)	0.026
	Doesn't have relatives in the streets	62	17	Reference category	
	Have relatives in the streets	18	11	2.23 (1.609, 3.088)	0.016
	Never went to school	21	13	Reference category	

	Attained primary level of education	59	15	2.44 (1.775, 3.34)	0.006
Knowledge and perceptions	Do not practice protected sex	33	4	Reference category	
	Practices protected sex	29	17	4.84 (3.166, 7.39)	0.000
	Never had previous pregnancy	23	2	Reference category	
	Had a previous pregnancy	6	6	11.50 (6.01, 22.00)	0.000
	Have not suffered from SRH problems	77	18	Reference category	
	Has suffered from SRH problems	3	10	14.26 (8.708, 23.3)	0.000
	Do not seek SRH help	2	1	Reference category	
	Seeks help on SRH problems	1	9	18.00 (5.875, 55.15)	0.000
	Do not practice of safe sex	30	3	Reference category	
	Practice of safe sex	31	17	5.48 (3.431, 8.764)	0.000
	Believes use of SRHS is not-beneficial	15	1	Reference category	
	Believes use of SRHS is beneficial	64	27	6.38 (3.04, 13.17)	0.000
	Cultural factors	Culture prohibit SRHS	29	24	Reference category
Culture do not prohibit SRHS		51	4	8.94 (4.089, 19.543)	0.000
Economic and Health system factors	Does not afford SRHS	38	5	Reference category	
	Can afford SRHS	42	23	2.58 (1.307, 5.108)	0.006
	SRHS is payable	50	10	Reference category	
	SRHS is free	30	18	3.33 (1.758, 6.320)	0.000
	No qualified staffs	35	10	Reference category	
	Well trained, available and dedicated staffs	45	18	2.11 (1.137, 3.908)	0.018

3.5 Qualitative reports from FGDs and KII with health workers

Key informant interviews were conducted with the health care personnel to find out about utilization of SRH services by the YLOS. The aspects discussed were; factors that affect utilization of SRH services and health system factors that encourage or discourage the utilization of the services. The challenges they face in providing services to these youths and their suggestions on how the SRH services utilization by the YLOS can be scaled up. On the health systems factors, all said they operate from Monday to Friday from 8 AM to 5 PM. All the SRH services are provided in the facility according

to majority of them. Most indicated that services for the YLOS are waived except for special services intrauterine devices insertion, manual vacuum aspiration (MVA) and deliveries. All interviewed said they do not have a specific room for attending this special group of youth except for the VCT services. Also, the waiver sometimes takes long to be signed.

When asked on the on barriers hindering utilization of SRH services, majority said the YLOS are uncooperative and unwilling to follow hospital rules thus may not be attended to. Some come unkempt and sniffing glue making health care providers apprehensive attending to them. Moreover, the health providers have huge workload

thus experience burnout which makes them not to provide quality health care and attention to these youth. The hospital room's setup does not provide adequate privacy especially at Bondeni maternity hospital according to. Follow-up of management is difficult because it's risky and hard to access their bases and experience violence/abuse from their sexual partners especially in STI management. On how to scale up SRH services utilization by the YLOS, most suggested that health education programs on reproductive health services should be rolled out and done in bases where these YLOS live. The YLOS should be sensitized on the availability of the SRH services. At Bondeni maternity hospital, they suggested the introduction of a youth friendly service centre to encourage these youths to come for health services. They also suggested the recruitment of mother mentors and counselors to help these youth and especially the young mother.

4.0 DISCUSSION

4.1 Demographic factors and utilization of SRH Services

Statistical tests of Chi square and Odds ratio showed that parent's type of occupation, having relatives in the streets, whether parents are employed or not and youth's level of education were associated with utilization of the SRH services. Those with higher level of education were likely to utilize the SRH services. This agrees with studies done in Gondar town, Ethiopia. This is most likely due to the fact that educated youth have information about the available services, their benefit, and likely to accept new health-related (Feleke, Koye, Demssie, & Mengesha, 2013). Findings of KII showed that female comes for the services more than male. This implies that social support from relatives and providing basic education to the YLOS will help increase utilization of SRH services.

4.2 Knowledge on SRH and the utilization of SRH services

The study found among the knowledge-based factors such as; knowledge of safe sex, practice safe sex and perception on use of SRH services is associated with the utilization of SRH services among YLOS. Therefore, increasing the knowledge base about SRH needs and services will lead to higher uptake of the services.

4.3 Economic factor and utilization of SRH services

The study found the utilization of SRH services among YLOS is associated with affordability of SRH services, costs charged by SRHF and Staffs in the health facility. According to health workers interviewed, the services for the YLOS are waived except for special services intrauterine devices insertion, manual vacuum aspiration (MVA) and deliveries. Therefore, these SRH services need to be made more affordable for the YLOS.

4.4 Social cultural factors and utilization of SRH services

The study revealed that YLOs who believed cultures do not prohibit SRHS were more likely utilize SRH services compared to those who believed they do not. There is need for continued thorough health education especially in communities which are still holding onto the harmful practices that forbid use of family planning and seeking hospital services. Religious institutions need to be strengthened to provide health education messages especially on reproductive health in relation to responsible sexual behaviors.

4.5 Health system factors and utilization of SRH

The study showed that SRH facilities are available in the area to majority of YLOS. Chi-square test showed an association of the health system factors in terms of health care provider's attitude -well

trained dedicated staff and availability of the health facility and the utilization of SRH services. YLOS who reported well trained, available and dedicated staffs were more likely utilize the services compared to their dissimilitude. Among those who had utilized SRHS from hospitals, availability of competent staffs with positive attitude and would go back to the facility for the same services. Those who were handled well were likely to seek services from the same facility. Non -use of the same facility was due to untrained, prejudice and unskilled personnel. In the FGDs with these youth, negative attitude from health workers is the main e reason for not going for the SR services. This is in agreement with a study in 2010 that identified negative attitude of health service providers as one of the barriers to seeking or going back for health care services ((Pamela, Joyce, Jan & Nynke, 2014).

This shows that poor handling of these YLOS and negative attitude of the health care providers would discourage the use of the SRH services. These findings agree with other studies that showed the same reasons hindered SRH service utilization by the youth. These include lack of knowledge of the services on offer, prejudice and lack of privacy and confidentiality (MOH, 2005). Therefore, Health care providers should improve on the quality of available SRH services in terms privacy and change their perception about the YLOS and handle them properly to encourage them to come for the services.

The KII findings revealed that the facilities do not have private rooms for SRH services. This could be discouraging these youth who are mostly brought by in social workers.

There is need to encourage health care providers to develop positive attitudes and facilities to come up with private spaces where these youths can come for the services.

5.0 CONCLUSION

Demographic factors such as; parent's type of occupation, having relatives in the streets, whether parents are employed or not, and youth's level of education were associated with utilization of the SRH services. Economic factors like affordability of SRH services, costs charged by SRHF and Staffs in the health facility were associated with utilization of SRH services. Socio-cultural factors were significantly associated with utilization of SRH service. Health system factors in terms of health care provider's attitude-well trained and dedicated staff and availability of the health facility were associated with utilization of SRH services.

In the KII suggestions on how to scale up SRH services utilization by the YLOS included provision of health education programs on reproductive health services in their bases. The YLOS should be sensitized on the availability of the SRH services and recruitment of mother mentors and counselors to help these youth and especially the young mothers Also introduction of a youth friendly service Centre at Bondeni maternity hospital to encourage these youths to come for health services.

6.0 RECOMMENDATIONS

The Ministry of Health in Nakuru County should:

1. Come up with SRH education programs to help provide YLOS with information on SRH needs and the available SRH services to increase utilization.
2. Make efforts to establish and strengthen Youth friendly service Centre in Bondeni where a large number of the YLOS seek reproductive health services.
3. Increase funding for reproductive e health services to these facilities so as all the services can be offered free of charge to the YLOS. This will

further increase access and utilization as most of them do not have reliable sources of income.

REFERENCES

- Ayehu, A., Kassaw, T., & Hailu, G. (2016). Level of Young People Sexual and Reproductive Health Service Utilization and Its Associated Factors among Young People in Awabel District, Northwest Ethiopia. *PLoS ONE*, *11*(3), e0151613. <http://doi.org/10.1371/journal.pone.0151613>
- Feleke SA, Koye DN, Demssie AF, Mengesha ZB (2013) Reproductive health service utilization and associated factors among adolescents (15–19 years old) in Gondar town, Northwest Ethiopia. *BMC Health Services Research* 13:294 pmid: 23915299
- KNBS. (2010). The Kenya Demographic and Health Survey 2008-2009. *Nairobi: KNBS.*
- Ministry of Planning and National Development. (2007) Kenya Vision 2030. *Nairobi: Government Press.*
- MoH. (2007). Adolescent Reproductive Health and Development Policy (plan of action 2005–2015). *Nairobi: National Coordinating Agency for Population and Development*
- National Council for Population and Development. (2013). Kenya Adolescent Reproductive Health and Development Policy Implementation Assessment Report. *Nairobi: National Council for Population and Development, Division of Reproductive Health, and Population Reference Bureau.*
- Pamela M Godia, Joyce M Olenja, Jan J Hofman & Nynke van den Broek. (2014). Young people's perception of sexual and reproductive health services in Kenya. *BMC Health Services Research* 2014**14**:172 <https://doi.org/10.1186/1472-6963-14-172>
- UNFPA. (2000). Opportunities and Choices. Policies and Practice Gap in Young People's Reproductive Health Interventions in Malawi. www.popcouncil.org/pdf/frontiers accessed on 13th December 2015
- Villarreal .M (2006). Adolescent Fertility: Social-Cultural Issues. www.fae-org/sd/wpdirect/wp
- WHO. (2004). Reproductive Health Strategy to Accelerate Progress towards the of International Development Goals and Targets. Geneva: WHO
- WHO, (2014). Adolescents: Health Risks and Solutions. Fact sheet No. 345. Geneva: WHO. 87.
- UNICEF (2013). *The state of the world's children: Children with disabilities*: New York, USA. Author.
- UNICEF (2010). *Child-friendly schools manual*: Nairobi, Kenya. Author.
- UNICEF (1989). *United Nation Convention on the rights of a child*. Author.
- World Bank (2004). *Inclusive Education: An EFA Strategy for All Children*. Washington, DC. USA. Author.