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Chapter 9

Health-Facility Characteristics Influencing the Uptake of Sexual and Reproductive Health Services among Adolescents 15-19 years: A Case-Study of Homa-Bay County, Kenya

By

Faith Muhonja; Margaret Keraka; Phoebe Ndayala

Abstract

Health facility factors have been highly associated with the uptake of health servicer not only among adolescents but also to the general population at large. Nevertheless, because of special sexual and reproductive needs of the adolescents, these facility characteristics exacerbate it. Homa-Bay county is ranked high in early child motherhood, it account for 178 per 1000 adolescents' 15-19 years age specific fertility rate nearly twice the national level of 96 per 1000. Furthermore, Homa Bay County's child marriage is at 47.4% this figure is more than twice the national prevalence of 23%. There is high unmet need for contraceptives prevalence among adolescent 15-19 years at 62 %; this is three times the national prevalence of 23%. Consequentially, the County has the highest prevalence of HIV/AIDS, at 26 %; this is four times higher than the national prevalence of 6%. Given these poor indicators the study hypothesized that health facility characteristics could be the weaker link. The study endeavored to assess health facility characteristics influencing the uptake of reproductive health services among adolescent 15-19 years in Homa Bay County, Kenya. Descriptive study design was used. Stratified sampling of all the wards in Homa-bay sub-county was conducted. Systematic sampling was carried out in all the households with eligible participants. A sample size of 325 was determined by use of Fishers formula $n = z^2 pq/d^2$. A total of 306 (94%) participants were interviewed. Both quantitative and qualitative data were collected. Interviewer led structured questionnaire was carried out to collect quantitative data. Key informant interview guide was employed to collect qualitative data. The participants and the key informant gave self reported data. However, the study did not perceive any limitation since the topic was not very sensitive. Quantitative data was analyzed using Ms-excel package and Stata V 14. Chi-square and p-value of ≤ 0.05 determined significance at 95% confidence interval. The study recorded a strong association between health facility characteristics and uptake of adolescents reproductive health services, PV = 0.000, X^2 44.259, C.I. 0.247-3.19. Quantitative data was processed thematically and reported. Data was presented descriptively in bar, pie charts and graphs. Health facility characteristics have been found statistically significant in the uptake of sexual and reproductively health services by adolescents. There is need to encompass health facility characteristics when designing health promotion policies, programs and strategies of adolescents sexual and reproductive health.

Keywords: Access, Adolescents, facility, Health, Kenya, reproductive

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By

Faith Muhonja; Margaret Keraka; Phoebe Ndayala

1.1: Introduction

In spite of the world-wide recognition and appreciation of the need to ensure access to youth friendly sexual and reproductive health services at health facilities, there still exists a gap in achieving this noble initiative. Most of the health facilities lack the required infrastructure to guarantee ease in accessibility, acceptability, equitability, appropriateness and effectiveness in delivery of quality youth friendly health services and products (UNICEF, 2016). The consequence of poor adolescents' sexual and reproductive health is palpable with ever increasing number of adolescent pregnancy of approximately 21 million yearly (UNFPA, 2015).

More so, there are approximately 2.1 million adolescents living with HIV, with developing countries claiming the larger portion of the pie. Whereas there is a general decline in HIV prevalence among other ages, it remains high among the adolescents (WHO, 2018). Statistics indicate that the leading cause of adolescents 15-19 years old is complications from pregnancy and child birth, with adolescents claiming 11 % of all births in the world. The global adolescent birth rate is at 44 /1000 girls (WHO, 2018; WHO, 2016). In Africa, AIDS is the principal reason why adolescents succumb to death (UNFPA, 2015). Actually, over 50% of adolescents who are HIV positive live in only six countries: Kenya, Nigeria, Mozambique, South Africa, Tanzania, and India-non-Africa (UNICEF, 2015

Kenya's adolescent population is at 43 % of the total population. Adolescents face a many adverse SRH outcomes; about 1.6 million Kenyans are HIV positive of which approximately 16 % are below 19 years (KAIS, 2015). Adolescent maternal mortality rate is 260 per 100000 15-19 years and 190 per 100000 20-24 years (KNBS, 2014). The national adolescent pregnancy is at an average of 18%; with a total teenage fertility rate at 96 per 1000 girls (KDHS, 2014). Nearly 48 % of Homa Bay County's total population is below 15 years old, this implies that virtually 1 in 4 (26%) is between 10-19 years old (KDHS, 2014; NAAC, 2016).

A stable and responsive adolescent sexual and reproductive health facility provides a window of opportunity in addressing the adolescents' sexual and reproductive health needs. Having a youth friendly health care facility is pivotal in ensuring accessibility, acceptability, equitability, appropriateness and effectiveness in delivery of quality youth friendly health services and products (UNICEF, 2016).

1.2: Statement of the Problem

Regardless of the unprecedented and intolerable levels of high prevalence of poor indicators of adolescents sexual and reproductive health in Homa-bay County in Kenya including early child motherhood 178 per 1000 adolescents' (KDHS, 2014); over 62% unmet need for contraceptives (KDHS, 2014; NAAC, 2016) and 26% HIV/AIDS prevalence (KAIS, 2015; NAAC, 2016); statistics indicates that the uptake of adolescent sexual and reproductive health services is low, (KDHS2014). It is from this background that the study endeavours to assess the health facility characteristics influencing the uptake of adolescents' sexual and reproductive health.

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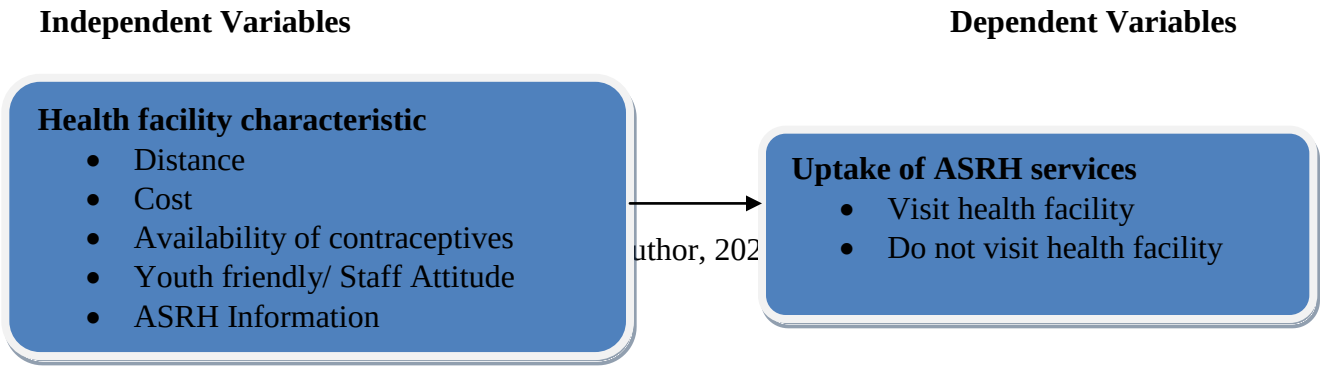

Source: Field survey, 2020

2.1: Cost

A study conducted in Uganda on the determinant of the uptake of adolescent sexual and reproductive health services indicated cost as a predictor variable in the uptake of health services. This cost includes access to the health facility cost and user fee cost and procurement of supplies cost, (Saad et al., 2016).

2.2: Distance

Investigation carried out in Ghana pointed at physical distance to the health facility was highly associated with the utilization of maternal and reproductive health services. Similar findings were echoed by a study in Yemen, Sidze et al., 2014; Smith 2015; Global Public Health, 2015).

2.3: Availability of Supplies

The consumption of health supplies and commodities has been linked directly to their availability. Over 80% of the maternal and reproductive health clients reported out of stock of supplies and deliverables as a hindrance in their consumption, (Geary et al., 2014; Cavallaro et al., 2016)

2.4: Youth friendly / Staff Attitude

Studies have associated the attitude of health care staff towards adolescents as a predictor of procurement of health care services. Some studies have echoed that prejudicial and punitive and dismissive attitude of the staff is an obstacle to the uptake of adolescent sexual and reproductive health services (Ochako et al., 2015). Adolescents desire the health facility to meet them on their own terms, an adolescent-centred health facility (Thomée et al., 2016). Many studies have been conducted on adolescents reproductive health status however, majority have concentrated on the prevalence of adolescent morbidity and mortality associated with sexual and reproductive health and their causes (WHO, 2018). In another study by Themee, the study has focused more on the health professional perspective (Thomée et al., 2016). However, with limited focus on the adolescents' perspective of the youth friendly health facility determinant as a predictor in seeking sexual and reproductive health services. It is from this premise that the study endeavours to assess the influence of health facility characteristics on the uptake of adolescents' sexual and reproductive health services.

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3.0: Methodology

Community-based descriptive study design was employed. The study population was all adolescent 15-19 years old. The target population was adolescents 15-19 years within Homa-Bay sub-county, Homa bay County. The County was purposively chosen due to high prevalence of poor indicators of adolescent sexual of reproductive health. Homa-bay Sub-county was purposively chosen due to high adolescent population rate. Stratified sampling was employed where the sub-county was stratified in the four administratively existing wards: East, West, South and Central. A half (50%) of the wards was randomly identified- West ward and central ward. More so, a half 50 % of villages from every ward were randomly identified for the study; and also a half 50 % of households from each village were included in the study randomly.

All the households with eligible adolescents 15-19 years were mapped out to generate a sampling frame of 1292. A sampling interval of arrived at by dividing the total number of population in the sampling frame 1292 by the sample size of 325, equals 3.975. Through systematic sampling, every 4^{th} household with eligible adolescent was selected in the study, where a total of 306 (94%) participants were interviewed. Research instruments were structured questionnaire and key informant interview guide. Quantitative data was collected from the participants by use of a structured closed ended interviewer led questionnaire. Qualitative data was gathered by use of key informant interview guide. Cross-cutting themes were organized and presented verbatim. Quantitative data was analyzed by used of Ms-excel package and Stata V-14. Descriptive data were presented in bars, figure and tables. Chi-square and p-value of ≤ 0.05 were used to determine significance. For Sample Size determination, the study adapted the standard Fischer's Formula is $n = Z^2 pq/d^2$ formula where p=0.26, to arrive at the desired sample size.

n =sample size
z =Standard deviation which corresponds to confidence interval (1.96)
p = Proportion of study units
d = Degree of accuracy, (0.05).

4.0: Findings

4.1: Demographic Characteristics of the Participants

Both male and female adolescents participated in the study, male adolescents claimed the highest proportion 198 (65%) of the study with female adolescents claiming 108 (35%) of the study, N (306). The age distribution was minimum age of 15 years old with maximum age of 19 years and the mean age of 17 years with a standard deviation of 1.4 was recorded, (figure 3.1)

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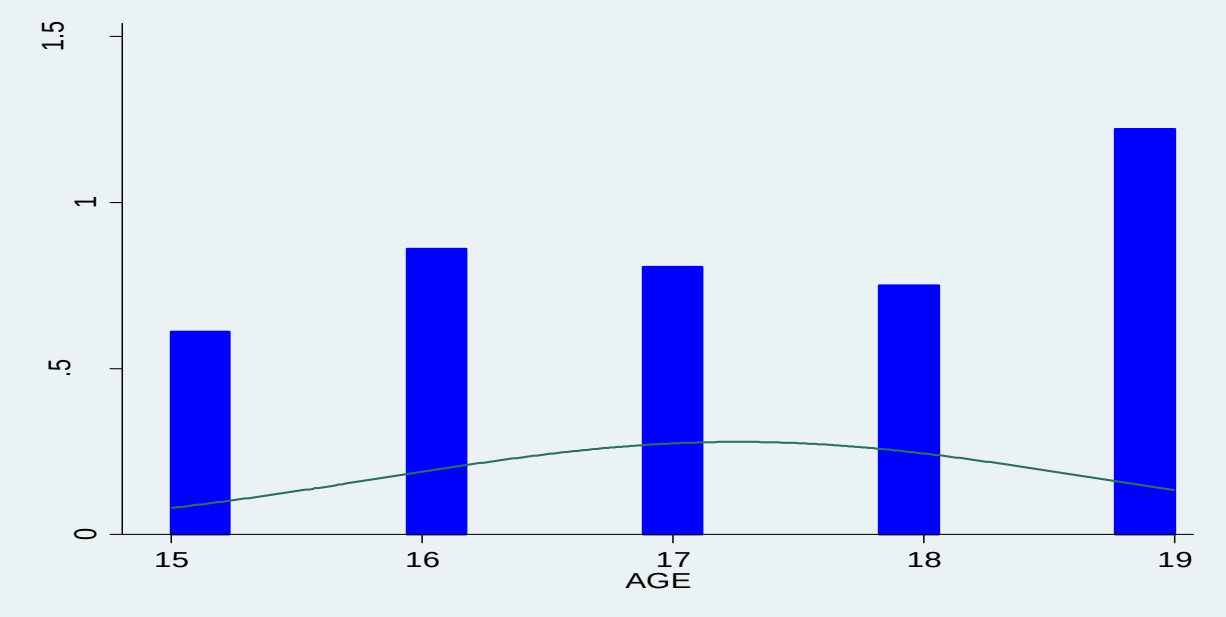

Figure 3.1: Age Distribution of the Respondents. (Source, Field Survey, 2020)

4.2: The Adolescents' Sexual Intercourse Profile

Follow up on the adolescence sexual and reproductive profile, the study found out that majority, 202 (66%) of adolescents were sexually active, against a minority of 104 (34%) who claimed not to be sexually active. Consequently, the study found out that a considerable number 18 (6%) of adolescents were already parents with one child with a maximum of three children reported. At the time of the study, some were expectant.

4.3: Health Seeking Status of Adolescents' Sexual and Reproductive Health Services

The study recorded slightly above 162 (53%) a half of the adolescents claiming they had ever sought sexual reproductive health services from a health facility against 144 (47%) who claimed never to have sought adolescent sexual and reproductive health services from a health facility (figure3.2).

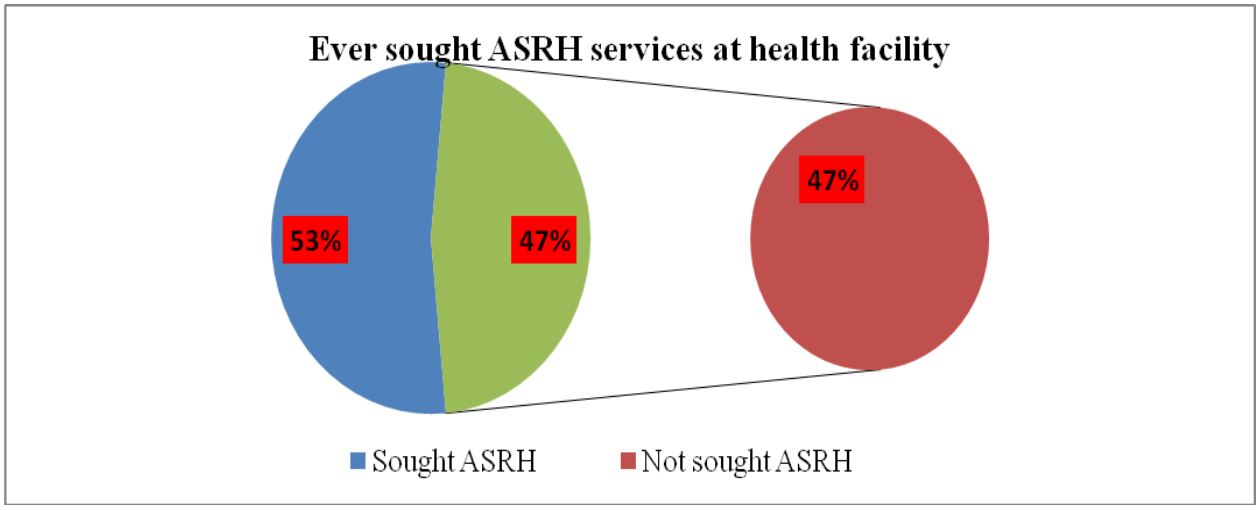

Figure 3.2: Health Seeking Status of Adolescents' Sexual and Reproductive Health Service

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Source: Field survey, 2020

This statistical finding that adolescents do not seek reproductive health services as they ought to was affirmed by one of the key informant from a health facility when she was asked on whether she felt that adolescents had reproductive needs yet they do not visit health facility.

The Key Informant 3 recounted:

> …Oh yes they do. Many of them are not coming for reproductive health services. Actually, less than a half come to the health facilities. Some fail to come due to fear for their privacy while others lack information on the need for sexual and reproductive health services. We are not reaching out to every adolescent. Others feel like coming but access is a problem, they live far from the facility. What is presented is far much less than a half (she reiterates), there is a bigger burden of sexual and reproductive health need among the adolescents than what is presented in the facility.

4.4: The Influence and Association of Health Facility Characteristics on the Uptake Of Sexual And Reproductive Health Services.

Table 4.1 shows a strong association of distance and cost on the health seeking behavior. Similar findings were echoed on the association of transport cost to the health facility. The association was significant PV< 0.05

Table4.1: The Influence and Association of Health Facility Characteristics on the Uptake of Sexual and Reproductive Health Services.

Characteristic	Category	Visit facility	Not visit facility	Chi-square	P-Value
		Fre (%)	Fre(%)		
Distance N=306	Less 1km	127 (80.38)	32 (19.62)	X^2 (1) = 96.37	0.0000
	More 1km	35 (23.80)	112 (48.55)		
Cost N=306	Less ksh.100	128 (81.01)	30 (18.98)	X^2 (1) =128.50	0.0000
	More Ksh.100	34 (22.97)	114 (77.02)		

Source: Field survey, 2020

4.5: Adolescents Comfortable Seeking Sexual and Reproductive Health Services

The findings recorded slightly higher portion 93 (57%) of adolescents were okay with their decision for first visit to the health facility in order to seek sexual and reproductive health services against relatively high proportion 71 (43%) who reported that they were scared, n=164. Most 89 (54%) of the participants were escorted during their first visit to the health facility for sexual and reproductive health services against 75 (46%) who claimed that they went alone. One of the key informant asserted that adolescents were scared of seeking sexual and reproductive health services at the facility.

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The Key Informant 2 stated:

> One of the challenges is that they depend on their peers' advice. When they come to the facility, they do not want to open up; sometimes they give wrong information on when they had unprotected sexual intercourse for fear. We could do something to prevent a worse health outcome but there is fear due to stigma. An adolescent may come to the facility for reproductive health services, however, when they find someone they know back in the community, they will pretend they were looking for something else. They fear disclosure of content.

4.6: Stage of Seeking Sexual and Reproductive Health Services

A great proportion 84 (56%) of adolescents sought sexual and reproductive health services after being sexually active against 65 (44%) who sought the services before being sexually active, n=149, (figure 3. 3)

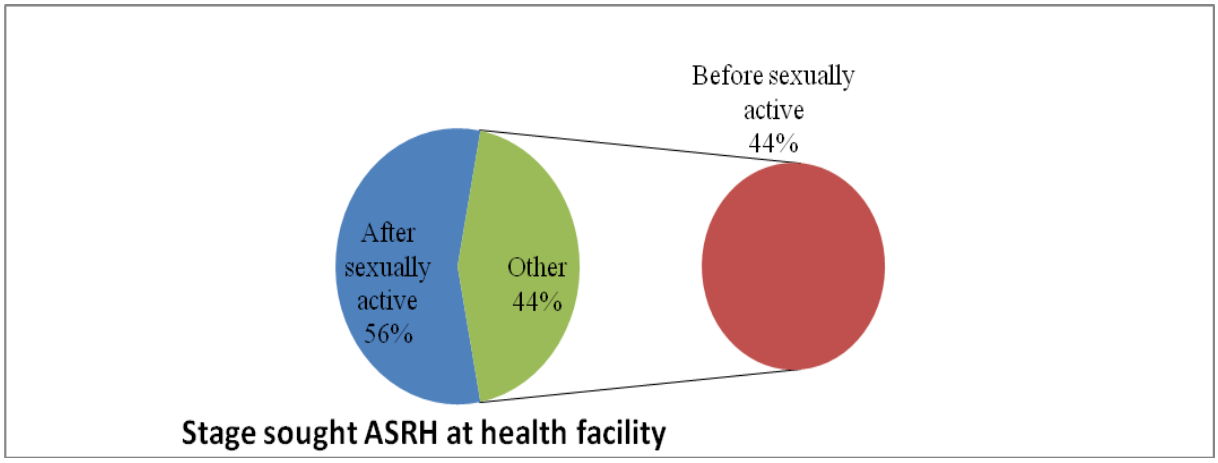

Figure 3.3: Stage Sought ASRH at Health Facility

Source: Field survey, 2020

4.7: The Adolescents Access to Contraceptives at Health Facility

The study sought the opinion of one of the key informant on provision of contraceptives to prevent risky sexual behaviours and limit the consequences of adolescent indulgence in sexual intercourse given that the study had already registered 18 (6%) the participants having children and more than 202 (66 %) reported to be sexually active.

The Key Informant 3 voiced that:

> ….We cannot deny them contraceptives because for an adolescent to come to the health facility to get the contraceptives, she knows what she wants. She knows she can get pregnant and she would like to prevent it. She knows she is sexually active, so better prevent pregnancy than end up with this criminal abortion. I have no objection to giving adolescents contraceptive at all….so long as when it is

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given, it is given with informed choice. We give pros and cons. We will be evading unnecessary abortions.

4.8: Choice of Health Facility

The study sought to find out the reason why the participants chose any one given health facility over the other. Most 95 (60%) of the participants claimed friends' recommendation followed by adverts at 40 (24%) with distance and personal choice at 12 (7%) and 15 (9%) respectively, n=164. A follow up on where the ASRH services are sought, the findings showed that greater part 151 (93%) of the adolescents sought their sexual and reproductive health services from government health facilities, followed by private health facilities at 7 (4%), the VCT centres claimed 4 (3%), N= 163.

Findings showed that most adolescent do not seek sexual and reproductive health services due to issues such as accessibility and stigma at 86 (41%) and 34 %16%) respectively, n=208 (figure 3.4). Others claimed lack of privacy 10 (16%), lack of time 8 (12%), distance 5 (8%), stigma 4 (6%) with smaller portion claiming bad attitude from health care providers and lack of supplies/condoms at 2% N=62. On whether they ever visited the same facility again; 98 (60%) claimed to have visited while 66 (40%) claimed not to have ever visited the facility again. There was a significant statistical relationship between health facility characteristic and health seeking behavior at PV=0.003, X^2 21, 1 DF, CI=0.3249 at 95% C.I. These sentiments were reinforced by one of the key informant.

The response from the Key Informant 1 was:

> ….We are the worst hit. Our supplies are very erratic. Most adolescents fear coming to our health facilities because they care about their privacy. Unfortunately, a few who gain courage to come, in most cases they are disappointed when they find there is no supplies like condoms. We would like to help but sometimes our hands are tight, but sometimes we share, we refer or link them to other stakeholders like NGOs or another facility.

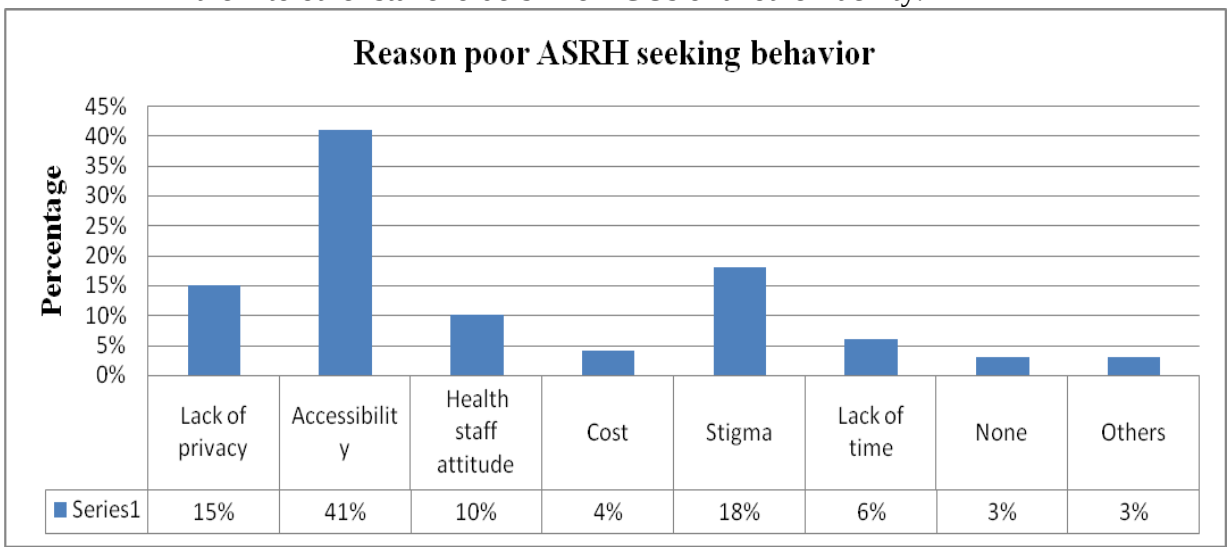

Figure 3.4: Reason For Poor ASRH Seeking Behavior

Source: Field survey, 2020

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4.9: Health Care Providers' Capacity

Given that most of the adolescents reported not to seek sexual and reproductive health services, the study sought to find out whether the health facilitate had capacity to deliver adolescent sexual and reproductive health needs. One of the key informants voiced on the same as reported below.

The Key Informant 3 response was:

> ….yes, the health care providers have the capacity to provide adolescent sexual and reproductive health services to some extent. Personally, I still need to get some training. However, about three of our colleagues have undergone the training on how to handle adolescents. There is still a gap in capacity building for clinicians to improve service delivery.

Nevertheless, the study recorded differential uptake of sexual and reproductive health services by the adolescents in relation to their age and sex. The findings signified that there was a statistical association between sex seeking adolescents sexual and reproductive health services at PV=0.004, X^2 21, 2 d f, CV=0.3187 at 95% C.I. The age of the participants was also statistically significant to poor adolescent sexual and reproductive health seeking behavior at PV=0.013, X^2 47, 1 DF, CV=0.2379 at 95% C.I. The sentiments of one of the key informant echoed similar outcome on the sex of an adolescents being as a challenge to seeking sexual and reproductive health services.

The Key Informant 2 stated:

> Male adolescents (hesitates)…well male adolescent are very few that come to the facility However, we encourage male adolescents to come for reproductive health services and products. We have even created special days for adolescents like on weekend when majority are out of school. This way, they will not mingle with many people in the facility. That way their privacy is assured, their numbers are still few but they have improved.

4.10: Main Source of Sexual and Reproductive Knowledge

The participants' main source of sexual and reproductive health was documented mainly as school at 187 (61%), mother at 42 (14%) and health facility at10 (3%). However, the preferred source of sexual and reproductive health information by the participants was mainly reported as social media 102 (33%), school 84 (27%), mother 49 (16% and Health facility at 25 8%, N=306. (Figure 3.5)

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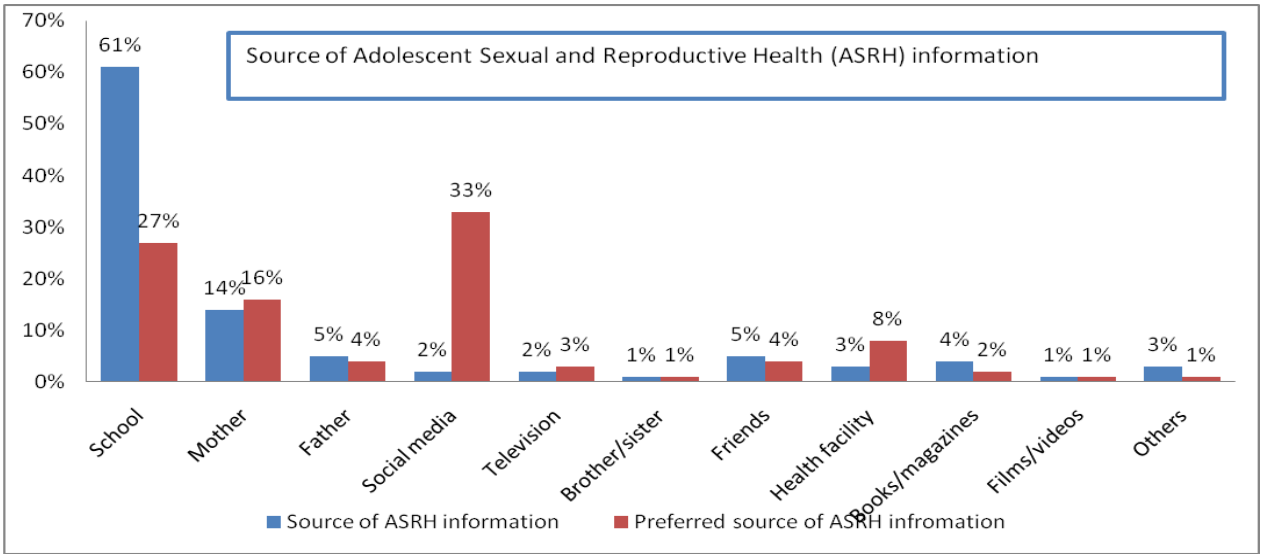

4.5: Source of Adolescent Sexual and Reproductive Health Information
Source: Field survey, 2020

5.0: Conclusion

The results indicate that there is a strong statistical association between health facility characteristics and the uptake of adolescents sexual and reproductive health services, P = 0.000, X^2 44.259, C.I. 0.247 (95%). The study brought to the surface a disconnect between the adolescents' view and key informants view in operationalization of youth friendly services. The precarious state of health resources including human and material resources compounded the difficulties in ensuring quality service delivery as health facility. The key informants voiced intermittent supplies as a major concern. The health care providers' attitude towards adolescents seeking reproductive health services was profound from the adolescents' perspective as an influence on the uptake of reproductive health services.

6.0: Research Limitations

The study carried out a community survey where the participants and the key informant gave self reported data. The study did not perceive any limitation in gathering the data since the topic was not very sensitive. However, there could be misreporting although to a lesser extent hence not consequential to the overall outcome of the study findings. Participation into the study was voluntary and no participant was coerced to answer question that they were not comfortable to. The participants consent and assent for the minors was sought. The study assured the privacy, anonymity and confidentiality of all the participants.

7.0: Implications

7.1: Practical Implications

The findings of the study will help to inform decision making by the government both at county level and national level to consider when planning and allocation of resources including financial, material and human resources and infrastructure in order to fuel the actualization of Adolescents sexual and reproductive health policy. This will ensure availability of supplies

dealing with intermittent supply due to insufficient financing in turn improve the uptake of adolescents sexual and reproductive health services and products. The study will also contribute in making amendments to the adolescents' sexual and reproductive health policy to capture the adolescents' perspective in designing their sexual health facilities. The findings will help the county government of Homa-bay as it will contribute in designing health promotion and health education programs to align with the contextual uniqueness of county that makes it vulnerable to poor adolescents' sexual and reproductive health indicators.

7.2: Social Implications

Having a responsive health system will capture the needs of the adolescents hence culminate in better health even for generations. It is a human right and not a privilege for adolescents to access reproductive health (UNICEF, 2016). The study will contribute in reducing the unprecedented morbidity and mortality associated with adolescent sexual and reproductive health in Homa Bay County. The study has brought out the health facility gaps that the local government can implement in the quest to achieve universal health care. The study will add value to the research fraternity for other researchers in similar context and areas of research.

8.0: Originality

The study is unique in the manner that it addresses the contextual health facility gaps that have put the adolescents in Homa Bay County at a disadvantage compared to other adolescents at national level. The study has put more emphasis on the participants' point of view in the uptake of reproductive health services and merged it with the key informants hence managing the nitty gritty that are bottlenecks to access of adolescent sexual and reproductive health. Most studies concentrated on dealing with components in isolation unlike looking at the whole pie (Guttmacher Institute 2018; Pandey, 2019). The study has considered all this by including the participants in the local community settings, the key informants from the county government of Homa-Bay, the civil society led health facilities and the government health facilities.

9.0: Recommendation

There is need to carry out a study on weather employing younger health care providers could improve the uptake of adolescent sexual and reproductive health services. This could be the cure to health care provider's attitude which in real sense it could be just their age gap factor at play.

Could employing strangers also improve the uptake of adolescents' sexual and reproductive health services? Most adolescents turned away on noticing they knew the health care provider and they could easily meet in the village. This could cure the lack of privacy and confidentiality factor.

10.0: Competing Interests

The authors declare that they have no competing interests.

11.0: Authors Contribution

The author, Faith Muhonja, was the principle investigator in designing, planning and coordinating the investigation and executing the study. The Principle Investigator (P.I)

developed the manuscript and submitted the draft for publication. Authors Prof. Margaret Keraka and Dr. Phoebe Ndayala as core others.

12.0: Acknowledgement

The study wishes to acknowledge Homa-bay County for allowing the researcher to conduct the study in its area. The researcher is grateful the support of Kenyatta University.

13: **How to Cite this Article**

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